

# Expanding nurses strikes in California and New York raise need for unified struggle

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As the strike of 31,000 Kaiser healthcare workers in California and Hawaii is in its fourth week and nurses at NewYork-Presbyterian Hospital continue their struggle in defiance of efforts by the New York State Nurses Association (NYSNA) to force through a sellout, new battles are erupting across the country.

More than 2,000 registered nurses in Los Angeles have announced strike actions beginning February 19, the latest expression of deep and growing opposition to a healthcare system that subordinates life itself to profit.

At the center of the new actions are two separate walkouts by nurses represented by the California Nurses Association/National Nurses United (CNA/NNU). Roughly 1,800 nurses at Keck Hospital of USC and USC Norris Cancer Center will launch a seven-day strike starting February 19. Another 800 nurses at Centinela Hospital Medical Center will carry out a one-day strike the same day.

The USC nurses have been in contract negotiations since May 2025 with no meaningful progress. Central issues include comprehensive and affordable health coverage, safe staffing levels and retention measures to address high turnover. Instead of addressing these demands, USC has proposed restructuring employee health plans in ways that would sharply restrict where nurses and their families can seek care.

Since January, nurses have faced higher out-of-pocket costs and the loss of a no-premium plan that allowed access to a broad regional network. Forcing hundreds of healthcare workers into USC's own provider system will further clog an already strained hospital network, producing longer wait times and delayed treatment for employees and patients alike.

At Centinela, nurses cite chronic understaffing and unsafe conditions that endanger patients and exhaust

staff. Their strike follows a near-unanimous authorization vote in January, reflecting widespread anger over deteriorating working conditions.

The Centinela strike is part of a broader wave of actions at Prime Healthcare facilities. Nurses are striking or preparing walkouts at Shasta Regional Medical Center in Redding, CA; Saint Mary's Regional Medical Center in Reno, NV; and West Anaheim Medical Center in Anaheim, CA. Hundreds more nurses are involved, represented by various affiliates of National Nurses United.

In addition, nurses and licensed professionals at Providence Cedars-Sinai Tarzana Medical Center began a five-day strike on February 16. Represented by SEIU Local 121RN, these workers have been laboring under an expired agreement since July 2025.

These actions are unfolding alongside a prolonged dispute involving 2,200 additional healthcare workers at USC (respiratory therapists, nursing assistants and technicians) represented by the National Union of Healthcare Workers (NUHW). They have been kept on the job without a contract since April 2024.

The geographic spread of these struggles underscores that this is not a series of isolated disputes. It is a national confrontation between healthcare workers and a corporate system that has transformed hospitals into profit centers.

Yet in every case, the unions have kept their members divided. Kaiser workers remain separated from New York nurses. USC nurses are isolated from Prime Healthcare nurses. Different unions control different bargaining units, each confining the struggle within narrow institutional channels and, in most cases, limited strike actions. The enormous potential power of tens of thousands of healthcare workers acting together is deliberately suppressed.

On the Kaiser picket lines, workers articulated an understanding of the broader social crisis driving these battles.

Kathy, an inpatient pharmacy technician with 19 years at Kaiser in Anaheim, recalled the experience of the pandemic. “During COVID we were essential workers. We were heroes. The whole world was relying on nurses and pharmacies and doctors ... we fought through it ... and now ... to be treated like this, just wanting to be silenced and shut down. It isn’t how it should be.”

The trauma and burnout remain, but staffing levels have not recovered. “I absolutely believe” there are “two Americas,” she said. “There’s the working class, and then there’s corporate.” She pointed to the staggering compensation of Kaiser’s CEO—\$17 million a year—while frontline staff are forced onto picket lines without strike pay.

“It’s got to be the working class,” she said of who should control society. “The entire nation was built on the working class.”

Susan, an oncology nurse with 25 years of experience, described conditions that expose the lie that cost-cutting is necessary. “Cancer patients are getting younger and younger. We have more patients coming in, but we don’t have enough staff. ... Sometimes we run out of medications. ... We work eight-hour shifts, but sometimes we end up working 12 or even 16 hours.”

Her comments reveal the human cost of profit-driven healthcare: delayed treatment, exhausted caregivers and mounting risk to patients. Referring to the killing of ICU nurse Alex Pretti by federal agents, she asked, “Why did they have to shoot him?”

Jennifer, a nurse in Riverside, linked the strike to broader attacks on democratic rights. She described her teenagers seeing immigration agents near their school and living in fear. “It feels like anyone can get grabbed,” she said.

Corporate media portray nurses as greedy, she explained. “That’s not true. We’re fighting for patient safety ... safe staffing ratios. Yes, wages and pensions are part of it, but that’s not the heart of it.” The real issue, she said, is the defense of safe care and basic social rights.

Vanessa, another Riverside nurse, situated the struggle in a global context. Healthcare costs in the

United States continue to rise while shareholder profits expand. “Those profits should be reinvested in patient care and staffing,” she says. Instead, resources are siphoned upward.

Across these voices runs a common thread: a growing awareness that the crisis in healthcare reflects the crisis of the entire social order. Workers confront not merely stingy employers but a system organized around private accumulation.

The objective conditions for a unified national struggle are present. Tens of thousands of healthcare workers are in motion. Educators, logistics workers and other sections of the working class are also engaged in battles over wages, staffing and democratic rights. The idea of a general strike is no longer abstract. “We’re the ones saving lives,” Susan says. “If we’re not there, who’s going to take care of people?”

Healthcare workers are not simply demanding higher pay. They are raising fundamental questions about who controls society and for what purpose. Their experiences during the pandemic shattered illusions that corporations and governments place public health above profit. The present strike wave expresses a determination that the sacrifices of recent years will not be answered with further austerity.

To realize the full potential of this movement requires the building of independent rank-and-file committees in every hospital and workplace. Such committees can provide the framework for linking up workers across unions, regions and industries, breaking down artificial divisions and formulating demands based on human need, not corporate balance sheets.



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