

# Walter Reed military hospital formalizes deal with Kaiser Permanente to prepare for mass casualties in future wars

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As 31,000 Kaiser healthcare professionals stage a historic strike across California and Hawaii, an event on February 13, 2026 that has received virtually no media coverage reveals the deeper political context of their struggle. On that day, Walter Reed National Military Medical Center announced the formalization of a strategic partnership with Kaiser Permanente of the Mid-Atlantic States, a first-of-its-kind alliance between the military health system and a major civilian healthcare provider.

On its face, this partnership promises increased clinical experience for military medical personnel. But analyzed in context, particularly the trajectory of U.S. military policy over the past year, the alliance is best understood as a direct preparation for large-scale war and a warning to workers that the ruling establishment is mobilizing every institution, including health systems, for conflict abroad and repression at home.

The roots of the Kaiser-Walter Reed partnership trace to March 11, 2025, when the Senate Armed Services Committee held a hearing titled “Stabilizing the Military Health System to Prepare for Large-Scale Combat Operations” (S.Hrg. 119776).

Twenty-seven senators participated; thirteen were Democrats, including prominent figures like Jack Reed and Elizabeth Warren. Both parties articulated a shared premise: the U.S. military’s health apparatus has been weakened by decades of peacetime prioritization and counter-insurgency wars, leaving it unprepared for conflict with great powers such as China or Russia.

Senators across the aisle argued that future wars would produce “mass casualties,” requiring high-level trauma care and surgical proficiency that current military medical personnel, focused largely on ordinary illnesses and peacetime care, no longer possess. The document explicitly states that “reforms” and resources are needed to ensure the system is “ready for the potential demands of large-scale combat operations in the future.”

This bipartisan consensus openly reframed military medicine away from beneficiary care (treating service members and their families) and toward battlefield readiness: “combat casualty care is the primary purpose of the Military Health System,” Senate leaders declared.

This hearing was the culmination of a concerted project within the Pentagon and Congress to treat the Military Health System (MHS) as an instrument for future wars. Witnesses and lawmakers repeatedly warned of the “peacetime effect,” a decline in proficiency that will leave the military unprepared when a major war erupts against a “near-peer adversary.” The message was unambiguous: medical training must be fully oriented toward preparing for new wars, with the most likely targets being Iran, Russia and China.

In September 2025, the Defense Health Agency (DHA) issued a competitive “Call for Solutions” seeking private sector partners to help revitalize military medical readiness. Out of 30 applicants from the private healthcare industry, Kaiser Permanente of the Mid-Atlantic States was selected to develop a collaborative model that would leverage the unused clinical capacity of struggling military treatment facilities to provide care for complex civilian cases.

This was hailed as a way to give military clinicians the exposure they need to handle severe traumas and surgeries they might lack in purely military contexts. According to official reports, the partnership will provide Walter Reed’s clinical staff with greater exposure to complex medical cases, particularly in specialized areas like neurosurgery, to maintain and enhance battlefield trauma competencies.

Kaiser, one of the largest integrated healthcare systems in the United States, has slashed staff to the bone for the sake of profit. But in the Pentagon’s view, its resources and case volume made it a prime partner to strengthen “combat casualty care” skills among military staff. In other words, Walter Reed and Kaiser will function as a vast laboratory for military medical training, drawing on civilian caseloads to

keep military clinicians “combat ready.”

In December 2025, Congress passed an unprecedented military budget within the National Defense Authorization Act (NDAA) totaling over \$1 trillion when combined with supplemental war appropriations. The Democratic leadership voted overwhelmingly for this gargantuan military spending.

Among its provisions were specific reforms tied to military health system readiness, including Military?Civilian Medical Surge Programs, enhanced notification and readiness requirements for military medical facilities and safeguards against reductions in medical billets. These provisions directly responded to concerns raised at the March hearing about the need to prepare the health system for large?scale combat operations.

Implicit in these measures is the assumption that the United States is edging toward confrontation with a major foreign adversary. The language of “surge capacity,” “readiness” and “definitive care” leaves no doubt: the military is reorganizing healthcare around the logistics of war on a scale not seen since World War II.

The Kaiser-Walter Reed alliance adopts the Pentagon’s readiness rhetoric. But beneath the bureaucratic language lies a sobering truth: civilian healthcare systems, already under strain, are being mobilized to serve the strategic requirements of US imperialism.

The concept of “Total Force,” introduced under the Obama administration in 2010 with Department of Defense Instruction 1100.22, increasingly blurs the line between civilian and military roles; civilian healthcare workers could be deployed alongside troops in conflicts, potentially receiving statuses such as prisoner of war protections, special pay and disability benefits if captured or killed. (This language is being circulated in defense readiness planning documents.)

Programs like the National Disaster Medical System (NDMS) purportedly designed for domestic emergencies are being repurposed to integrate military and civilian medical response capabilities for large?scale conflict scenarios.

It is against this backdrop that healthcare workers in California and Hawaii have walked off the job. Their grievances (understaffing, healthcare quality, wages, burnout and workplace safety) intersect with a broader political reality: the struggle of the working class against a new imperialist war.

The eruption of working class struggle comes as the ruling class, under Trump, is seeking to prepare American society for such a war through dictatorship. The murder of ICU nurse Alex Pretti during Immigration and Customs Enforcement raids has become a rallying point for opposition to the Trump administration’s genocidal and authoritarian policies. Kaiser nurses have also opposed their

company’s contracts with private prison operators such as CoreCivic and GEO Group.

In this crisis, labor bureaucracies serve as enablers. While UNAC/UHCP has published a report detailing Kaiser’s extensive investments in ICE and “national security” contractors, it is appealing to Kaiser management for “partnership,” claiming organized labor is “central to its identity.” The bureaucrats who control the union are integrated with management through the Labor Management Partnership and other “joint” bodies through which they receive millions in corporate funding.

These financial interests are why UNAC/UHCP and the other Kaiser unions have helped to impose one round of concessions after another. The trade union bureaucracy nationwide plays the same role, and has long been vocal supporters of wars and “America First.”

Above all, they fear broader action, such as one linking Kaiser nurses with thousands of their brothers and sisters on strike in New York City, which could provide a spark for a broader movement in the working class against inequality and dictatorship.

There is only one way out for working people: independent working?class organization on the basis of rank?and?file committees that unite across sectors. The Kaiser strikes should not be isolated skirmishes; they must become the ignition point for a broader stoppage involving healthcare, education, logistics, public services and more.

The fight for safe staffing is connected with the struggle against war, since trillions are being pumped out of healthcare and other social goods to pay for the military as well as the ICE gestapo. The logic of this fight leads in the direction of a general strike pitting the working class against the entire political and economic establishment. To prepare, Kaiser nurses and other workers must form networks of rank-and-file committees capable of mobilizing their power over the opposition of both the union officials and the Democratic Party.



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