

UNAC/UHCP bureaucrats shut down Kaiser Permanente strike without a contract

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On Monday, officials from the United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP) abruptly ordered an end to the four-week strike of 31,000 healthcare workers at Kaiser Permanente in California and Hawaii. The walkout began January 26 against rising workloads, chronic understaffing, unsafe conditions and declining real wages.

The strike was shut down without a contract, without a membership vote and without any substantive details about negotiations. Workers were instructed to return to their jobs by 7:00 a.m. Tuesday morning.

The union justified this betrayal with the deliberately vague claim of “significant movement at the bargaining table.” But rank-and-file nurses, pharmacists and clinicians had been told repeatedly that the strike would continue until a “fair contract” addressing wages, staffing and patient safety was secured. Instead, they were directed to stand down without knowing what, if anything, had been won.

By labeling the strike “suspended” rather than concluded through a ratified agreement, the leadership relied on its discretionary authority to order a return to work at what it described as a critical juncture in bargaining. This maneuver effectively bypassed democratic procedures, allowing the apparatus to demobilize the strike without submitting any tentative deal to a vote.

This is a flagrant violation of members’ basic democratic rights, and healthcare workers should organize to overturn this decision made over their heads. They must continue the strike, under new leadership drawn from rank-and-file healthcare workers rather than career officials, with democratic control over all future talks to prevent a betrayal.

The order to shut down the strike came the same day

that 500 operating engineers at Kaiser from the International Union of Operating Engineers (IUOE) launched their own strike. By ending the larger strike, UNAC/UHCP is isolating and betraying fellow Kaiser workers.

The shutdown of the strike comes after similar maneuvers by the New York State Nurses Association (NYSNA) to shut down a strike by 15,000 nurses in New York City. After 6 weeks, NYSNA forced an end to the last holdouts at NewYork-Presbyterian with a sellout contract. The strike went on another week at that hospital after workers overwhelmingly rejected a contract which had been brought to a vote in violation of the union bylaws.

Both strikes are part of a broader resurgence of the class struggle, driven by impossible social conditions, which is intersecting with mass opposition to the Trump administration’s rampage against democratic rights. Tens of thousands of workers across California are poised to strike in the coming weeks, including teachers at the Los Angeles Unified School District and graduate students across the University of California system.

The mass protests against ICE raids point to a growing radicalization in the United States. During the mass protests in Minneapolis following the ICE murders of Renée Good and Alex Pretti, people around the country began discussing the need for a general strike. This shows that broad layers, disgusted with the inaction of the Democrats, are turning to the working class as the new basis for a fight against fascism and oligarchy.

UNAC/UHCP is ordering an end to the strike as Kaiser deepens its integration into state and corporate power structures. The healthcare giant recently concluded a strategic partnership with the Walter Reed

National Military Medical Center, aligning itself more directly with preparations for large-scale war. Kaiser nurses have already raised opposition to the company's contracts with private prison operators, such as CoreCivic and GEO Group, underscoring the deeper political dimensions of their struggle.

This convergence is creating the objective potential for a broader movement of the working class. But the union bureaucracy is doing everything it can to sabotage and disrupt this. It is shutting down the strike at precisely the point where it could have been reinforced by mass strikes by California educators. Above all, the bureaucracy is terrified of a growing movement from below that could escape their control and jeopardize their relations with both management and the Democratic Party.

For nearly three decades, relations between UNAC/UHCP and Kaiser management have been governed by the so-called Labor Management Partnership, which was explicitly founded to prevent strikes. Kaiser even threatened to walk away from national contract talks on the grounds that the union's modest criticisms violated the LMP agreement's commitment to "norms and behaviors reflective of mutual respect, trust, and the Parties' joint commitment to creating a workplace culture of collaborative problem solving."

The strike itself, however, shows that there can be no "collaboration" between nurses fighting for the right of their patients to high quality healthcare and corporate executives seeking to maximize profits by slashing spending to the bone.

The fight at Kaiser is not just over wages and staffing ratios at one network—It is against the domination of US healthcare by profit interests. Recent court cases have exposed the "non-profit" sham of Kaiser and other major healthcare providers. The corporation agreed to pay \$556 million to settle allegations of Medicare fraud involving the inflation of patient risk scores to obtain higher government reimbursements, a scheme that federal investigators said generated roughly \$1 billion in improper payments.

Even after paying the settlement, Kaiser sought to recover \$95 million from insurers through litigation, an attempt to offset losses and preserve surpluses. Just weeks ago, it reached another \$28 million settlement over failures to provide adequate mental health

services.

The fight at Kaiser requires the activation of wide layers of the working class because it is a fight against the domination of the corporate oligarchy over society. This can be organized only by a fight against attempts by the union bureaucrats to isolate workers and limit their power.

This requires new organizational forms grounded in democratic control: structures that enable direct oversight of bargaining, transparent communication and collective decision-making free from bureaucratic obstruction. Rank-and-file committees can link clinicians across facilities, prevent isolation and connect the Kaiser struggle to wider movements of healthcare workers and the working class as a whole.

Ultimately, the decisive issue is: What social interests dominate the healthcare system? The financial oligarchy that subordinates care to profit and war, or the workers whose labor sustains safe and humane treatment for patients? The experience of the Kaiser strike demonstrates that this question demands that workers themselves assume conscious leadership of their struggle.



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