

Vote "no" on the tentative contract!

Kaiser strike betrayed: UNAC/UHCP ends 31,000-worker walkout, advances sellout agreement

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On the morning of February 24, before heading into what would have been the fifth week of the strike, the United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP) released a press statement headlined “KAISER NURSES END HISTORIC STRIKE AGAINST 76 BILLION HEALTH CARE GIANT, RETURN TO WORK WITH HARD-WON PATIENT SAFETY PROTECTIONS.”

This statement would have been more appropriately titled “UNION BUREAUCRACY ENDS HISTORIC STRIKE AGAINST 76 BILLION HEALTH CARE GIANT, WORKERS FORCED TO RETURN TO WORK WITHOUT ANY GUARANTEE ON DEMANDS.”

More than two weeks after forcing an end to the strike without having secured a tentative contract or allowed the workers to vote on a return to work, the union leadership has presented a partial report on its miserable sellout. Kaiser workers should treat this betrayal with the contempt it deserves and reject it with a massive “no” vote.

The Kaiser strike of over 31,000 healthcare workers in California and Hawaii emerged as one of the largest strikes of healthcare workers in the nation. However, fearful of an expansion of the strike in confluence with growing labor action nationwide, the UNAC/UHCP bureaucracy ordered strikers back to work at exactly the point when they were gaining the most leverage, with operating engineers and thousands of pharmacy/lab workers poised to join the strike. In a move that could only benefit Kaiser, the workers were sent back to work under the following pretext from the union leaders:

Returning to work is not the end of this fight. It is a new phase. UNAC/UHCP members carry with them everything they fought for on the picket line—not just the contract language, but the conviction that patients deserve better than what Kaiser had been delivering. The wins secured mean nothing if they are not enforced. And enforcement began the moment caregivers walked back through those doors.

UNAC/UHCP turns reality on its head. The decision to abruptly shut down the strike is a massive betrayal.

Even before the shutdown of the strike, the union bureaucracy utilized its control over funds to withhold strike pay in order to economically pressure the workers to accept inferior terms. UNAC/UHCP provided limited hardship grants to workers rather than strike pay, despite the fact that the union leadership received six-figure salaries in 2024, including \$293,282 for President Charmaine Morales and \$267,031 for Executive Vice President Parminder Sidhu.

By shutting down picketing, the union deprived the workers of their leverage, fractured their unity, and opened the door to concessions imposed behind their backs. The scale of the betrayal is underscored by the fact that UNAC/UHCP shut down the strike without presenting a tentative agreement to the membership and holding a rank-and-file vote.

On March 11, after more than two weeks of silence, UNAC/UHCP released a national bargaining update that only partially revealed the details of a tentative agreement.

The “historic wins” claimed by the union leadership fall far short of meeting the workers’ demands or addressing the crisis in the healthcare industry. The workers’ wage demands of nearly 30 percent were slashed to 21.5 percent over four years, barely keeping up with inflation. Added to this, the union failed to secure any retroactive pay to win back income previously lost to inflation. The bargaining update stated:

Your team fought for retroactive pay and Kaiser refused. We held out on this important issue until the end, and there is no doubt you deserve it. After hearing from your local leaders, we made a deliberate choice to put money in your pockets faster.

The demand for safe staffing levels, the crux of the strike, was met with empty promises from the union of “improved recruitment strategies” and “stronger retention strategies,” secured through “provisions specifically designed to give patients better care and give you a sustainable workload.”

Such cynical and deceptive language is a cover for institutionalizing under-staffing. The union claims to have ended “paper staffing,” a practice whereby a hospital’s scheduling records appear to show sufficient staff on duty to meet regulatory requirements and safety standards, while the actual number of nurses and healthcare professionals on the floor is insufficient to provide safe care. However, without enforceable rank-and-file control, patient safety and employee workloads will remain subordinated to corporate profits.

The sellout contract that has been imposed on the membership will only intensify the conflict between the rank-and-file and the union bureaucracy. Across the country, workers are increasingly entering into struggle. In the past two months, 38,000 Los Angeles Unified School District (LAUSD) teachers, 30,000 LAUSD support workers, and 40,000 University of California academic and research workers have voted overwhelmingly in favor of strike authorization. Also, 15,000 nurses in New York waged a bitter strike before being betrayed by the leadership of the New York State Nurses Association. Some 3,800 workers at the JBS meatpacking plant in Greeley, Colorado are waging the first major strike at a US beef slaughterhouse in 40 years.

On March 18, more than 23,000 Northern California

Kaiser nurses in the California Nurses Association (CNA) will hold a 24-hour sympathy strike in support of a strike waged by approximately 2,400 mental health therapists, psychologists and social workers who are covered by the National Union of Healthcare Workers (NUHW).

The growth of strike authorization votes and strike action among meatpackers, teachers, support workers, academics and researchers demonstrates that the buildup of anger and militancy is not isolated to healthcare workers but is spreading across the working class in California and nationally. The degradation of healthcare, education and other social services is directly tied to the capitalist agenda of funneling resources to repression and war.

From New York to Michigan, California to Minneapolis, workers are raising demands that conflict with the foundations of the profit system under capitalism. The strikes and mobilizations of healthcare workers communities are not isolated disputes but are an expression of wider class conflicts that are unfolding across the US.

The fight waged by healthcare workers is directly linked to a struggle over democratic and social control over basic services. This means opposing the perfidy of the companies, the two ruling parties and the union bureaucracy to ensure that workers’ demands are met.

The lessons must be drawn from experiences such as the betrayal of the Kaiser Permanente strike. The immediate task is to vote “no” on the UNAC/UHCP’s sellout tentative agreement. However, this is only a point of departure for workers to take the fight out of the hands of the union bureaucracy and into their own hands.

Workers must form rank-and-file committees, independent of the union apparatus, in every hospital, on every campus and in every factory. These committees will coordinate with workers across the country and internationally. Their aim is the overthrow of the union bureaucracy and establishment of workers’ control. This must be combined with a break from the Democratic Party, one of the two parties of the corporate oligarchy and US imperialism and the fight for workers’ power and socialism.



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