

UNAC/UHCP rams through sellout for tens of thousands of Kaiser Permanente nurses

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The United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP) has announced the ratification of its agreement with Kaiser Permanente on March 20. This follows the expiration of the previous contract on September 30, 2025 and an open-ended strike launched on January 26, 2026.

That strike, embracing tens of thousands of healthcare workers in California and Hawaii, was abruptly shut down by the union bureaucracy on February 24, on the basis of claims that “significant movement” had been achieved, even as no concrete agreement was presented. It was not until March 11, more than two weeks later, that the details of the tentative agreement were finally released.

This sequence of events constitutes a calculated betrayal. Workers were ordered back on the job without the most basic democratic right to review, discuss or vote on a contract, because one did not exist. The blackout of information was a deliberate tactic to isolate the rank and file and create the conditions for the imposition of a *fait accompli*.

This strike was shut down at the point where it was at its strongest. It unfolded amid a powerful resurgence of class struggle across the United States. Massive protests broke out in Minneapolis, where ICE killed Renée Nicole Good and nurse Alex Pretti. In New York, 15,000 nurses carried out a month-long strike. In California, approximately 35,000 teachers in the Los Angeles Unified School District are now preparing strike action, alongside 30,000 classified school workers.

At the same time, 40,000 University of California graduate student workers are fighting against the prospect of another sellout tentative agreement announced by the United Auto Workers. In Greeley, Colorado, some 3,800 meatpacking workers, mostly

immigrants, are on strike against slave-labor conditions. Altogether, well over 100,000 workers are either already on strike or poised to enter into a struggle.

These are the expressions of the tendency towards a generalized movement of the working class. They also reflect mounting opposition to the fascistic policies of the Trump administration: war abroad, austerity at home and the intensification of repression.

The actions of the UNAC/UHCP bureaucracy were a political intervention aimed at derailing a broader process of working class radicalization. The convergence of struggles across industries raised the objective possibility of a far wider confrontation, developing toward a general strike. It is precisely this danger that the union apparatus moved to preempt.

The content of the ratified agreement confirms this assessment. Far from representing a victory, the contract entrenches the very conditions that provoked the strike, while strengthening the corporatist framework that binds the union to management.

At its center is the preservation of the Labor Management Partnership, which remains fully intact. This structure institutionalizes the subordination of workers’ interests to the financial and operational imperatives of Kaiser Permanente. It is a mechanism through which the union bureaucracy has been transformed into a co-administrator of cost-cutting and “efficiency” measures.

The union has presented the alignment of contract expiration dates and the restructuring of bargaining as a “historic” achievement. In reality, the shift of wages, benefits, staffing and other core issues to local bargaining tables represents a deliberate fragmentation of the workforce. Instead of unifying tens of thousands of workers in a national struggle against a massive

healthcare corporation, the union has divided them into isolated units, each forced to confront management separately.

This decentralization allows the bureaucracy to control and contain struggles on a piecemeal basis, imposing concessions unit by unit while preventing the emergence of a unified movement that could challenge the corporation as a whole. The so-called “alignment” of contracts is meaningless when the decisive issues are removed from national bargaining.

The wage provisions, touted as “historic,” are equally deceptive. The original demand of 38 percent was reduced to a measly 21.5 percent, spread over four years, with no retroactive pay. The increase fails to compensate for the erosion of real wages driven by inflation, particularly in California.

On the critical question of staffing, the central issue for many healthcare workers, the agreement offers no enforceable guarantees. Instead, it relies on committees, task forces and local processes that leave ultimate control in the hands of management. Through these structures, the dangerous patient loads, burnout and declining standards of care that drove workers into struggle remain fundamentally unchanged.

The role played by UNAC/UHCP is the expression of a broader pattern. Across industries, union bureaucracies are working to isolate struggles, limit demands to what corporations deem acceptable and shut down strikes before they can develop into broader confrontations. Their overriding concern is not the advancement of workers’ interests, but the preservation of their own institutional position and their relationship with management and the Democratic Party.

The events of the past months demonstrate that the decisive obstacle facing workers is not a lack of willingness to fight but the stranglehold exercised by these bureaucratic apparatuses. Tens of thousands of healthcare workers showed their readiness to wage a sustained struggle. That struggle was derailed by the conscious intervention of the union leadership.

At the same time, the broader movement of the working class continues to develop. The struggles of nurses, teachers, logistics workers, graduate students and industrial workers point to a growing convergence. Workers across sectors confront the same fundamental issues, which must coalesce into a broader confrontation between the working class and the

corporate oligarchy.

What is required is the development of rank-and-file committees, new forms of organization democratically controlled by workers themselves and independent of the bureaucracy. Such committees must unify workers across facilities, regions and industries, breaking down the divisions imposed by the unions and preparing for a common struggle. The statement by healthcare workers in Greeley, Colorado, in support of the 3,800 striking meatpacking workers is a powerful expression of the growing interconnectedness of these struggles.

The issues confronting healthcare workers cannot be resolved within the framework of a profit-driven system. The fight for safe staffing, decent wages and quality care is inseparable from the broader struggle against capitalist healthcare itself.

The same forces that have driven workers into struggle, from war and social inequality to corporate exploitation and the erosion of democratic rights, still are intensifying. The crucial question is to develop this movement into a unified and conscious challenge to the existing order.



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