

“The whole world's watching”: 10,000 New York City nurses prepare to strike, as NYSNA blocks united struggle

Our reporters
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Ten thousand New York City nurses across five hospitals are set to strike on Monday after the expiration of their contracts last week. Nurses are fighting for better pay and higher, safer staffing ratios amid a “triple-demic” and historic inflation.

The New York State Nurses Association (NYSNA) is breaking the unity of nurses by announcing tentative agreements (TA) throughout this week at three other hospitals, New York-Presbyterian, Maimonides Medical Center and Richmond University Medical Center. These contracts contain raises well below inflation, equating to cuts in real wages and only vague language surrounding understaffing. Workers at these hospitals are currently voting on whether to accept or reject the agreement, with the vote at New York-Presbyterian concluding on Saturday.

NYSNA is in last-minute negotiations with management with the remaining five hospitals—Mount Sinai, Mount Sinai Morningside and West, Montefiore, BronxCare and Flushing Hospital Medical Center—while doing everything it can to continue to divide up workers and shut down what would undoubtedly be a powerful, unified struggle. At a private press briefing on Friday, NYSNA President Nancy Hagans said “we are hoping” to avert any strike actions and arrive at deals at the five remaining hospitals before Monday.

On Friday, a team of reporters for the *World Socialist Web Site* spoke with healthcare workers outside New York-Presbyterian Hospital on 168th Street on the struggle by nurses and their demands, the current TA nurses are voting on and the potential strike.

Doug, whose name has been changed due to a request for anonymity, is a nurse who's been working at New

York-Presbyterian since 2020.

“One thing I wanted to see in the contract is safe staffing, first and foremost. You can't have a hospital without safe patient care. And then our pay. I think at the beginning of the pandemic, we were glorified as heroes, but when it came down to the bargaining table we were demonized for wanting more. And we're not wanting much more besides a standard raise on top of what's been inflated. Nursing is how we take care of our family, so it was a priority on my list. Also tuition reimbursement, for somebody like myself who's trying to advance their career beyond just being at the bedside.”

Doug said he voted “no” on the New York-Presbyterian TA. “This hospital I feel like sets the standards for a lot of nurses. I wouldn't feel right voting yes. I wouldn't want to leave anyone hanging. I'm prepared for the worst. Since I started working at New York-Presbyterian, we were always prepared to potentially go on strike.”

Asked whether he would support a strike by nurses at other New York hospitals, Doug replied, “Yes, I would support it. If you don't stand for anything, you'll fall for anything. So I think this is a time where we have to look for more.”

“Hospitals have almost turned into a customer service checkbox. And we want to be valued not only for what we provide, but the help that we give everybody else. This used to be a glorified profession that everybody loved. I come to work taking pride in taking care of people. The last thing I want to do is not be valued for that.” Doug added, “We see now more than ever when there is global crisis, we are placed at the forefront.”

A young nurse, **Ben**, whose name has also been

changed, only recently started working at New York-Presbyterian. Ben said he voted “no” on the TA because his older coworkers thought it was a bad agreement. He agreed. “Nurses went through a lot and feel that they deserved a lot more than what they’re getting. The whole world’s watching. If they wait until the next contract, they might not get as good a deal as they could get right now. They’re angry with the union for agreeing with the hospital so soon after the strike notice for this agreement, which includes vague language about staffing.”

Ben also said the he and his coworkers objected to the fact that NYSNA came up with a TA with New York-Presbyterian while it left other hospitals to negotiate alone. He said he thought that nurses had a lot of leverage which was wasted, dividing hospitals up instead of fighting together.

Another nurse rushing to an evening shift with their coworker said, “We voted no. Right now everything is on the rise. Inflation is over seven percent. All private hospitals should strike. even Uber is striking. Short staffing affects every area. If even just one is short, then they pull staff away.”

Betsy, a lab technician at New York-Presbyterian and a member of a different union, 1199 SEIU, said, “I would support the nurses if they went on strike.” Speaking about the TA for nurses at New York-Presbyterian, Betsy said she’s seen disappointing union contracts in the past as well and agreed that unions have served the role of dividing healthcare workers from a common struggle.

Alison, a dental receptionist in 1199 SEIU, said, “We just got a contract three months ago with just a three percent raise. My experience is like many of the hospital workers. We have been overworked and underpaid. There is lack of staff, so we have to take on more responsibility. When I started at a new area, I had to take on a two-person desk by myself, with poor training. I support the nurses. We all share the same problems. My pay increase feels like pennies after taxes and inflation.”

Sylvia, a research coordinator at New York-Presbyterian, explained, “I am affected by the short staffing, too. If patients are not well taken care of, then they do not feel like volunteering for medical research program when invited. I am not in the nurses’ union. I am in [SEIU] 1199 but I and most workers here would

support their strike. I would not cross a picket line.”

An EMT buying from a food vending truck outside the hospital told the WSWS, “I am from Bronxcare Hospital, not the nurses union, but we do not have a contract. The hospital would not have these patients without us. I would support the strike of nurses. Everyone deserves a fair pay and a safe, staff-to-patient ratio, in all hospitals.”



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