

Mass General Brigham, Massachusetts' largest health system, to cut 1,500 jobs

T.J. Garrison
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Mass General Brigham, Massachusetts' largest health system, has announced the biggest layoff in its history, with the *Boston Globe* reporting MGB will cut about 1,500 jobs, mainly in “non-patient-facing” positions. MGB has not publicly specified the exact number of employees it plans to lay off in cuts that began the week of February 10 and will continue with a second round in March. MGB also plans to consolidate positions and eliminate existing vacancies.

MGB CEO Dr. Anne Klibanski, who was paid \$6 million last year, claimed in an email to employees that “the current healthcare landscape,” including the Trump administration’s cuts in funding to the National Institutes of Health, has resulted in what MGB claims is a projected loss of \$250 million over the next two years.

The regional healthcare giant has been expanding in recent years and made a net profit of \$2 billion last year (nearly double the previous year), but has been facing labor unrest, contract disputes and unionization attempts by workers. MGB physicians, residents and nurses feel increasingly pressured by workloads, inadequate benefits and stagnating pay amid record inflation.

MGB, Massachusetts' largest private employer, was formed in 1994 by the merger of Massachusetts General Hospital and Brigham and Women's Hospital. MGB currently encompasses 12 hospitals, a health insurance plan, home care services, and a network of specialty practices, urgent care facilities, outpatient clinics and surgical centers.

Massachusetts is a major center of biomedical research and Trump's funding cuts to the NIH are slated to slash \$2 billion in funding from the state. MGB is immediately threatened with the loss of \$182 million of funding at its two largest hospitals alone, per the *Globe*, and that is the most immediate driver of the layoffs.

Mass General Brigham's hospitals, many associated with Harvard University, have been responsible for

numerous medical firsts, including the first successful use of anesthesia for surgery in the 19th century and the first successful human organ transplant in 1954.

Further gains in medical science are now threatened not only in Massachusetts, but around the country and throughout the world, where the financial oligarchy is increasingly intent on slashing funding to social programs and medical research. The capitalist ruling class views government investment into health and science to be an impediment to short-term profit interests and extracting the massive funds required for imperialist war.

The regional healthcare giant is nonprofit in name only and took in \$20.6 billion in revenue in 2024, with \$2 billion gained from its insurance business alone. MGB has been expanding over the last 10 years through acquisitions, construction of new facilities and expansion of currently held ones. It has acquired hospitals, insurance plans and built a \$465 million headquarters in Somerville, Mass.

In the past year, MGB has experienced significant labor unrest, marked by unionization efforts, contract disputes and protest among various groups of employees. These actions reflect growing dissatisfaction among MGB's workforce over working conditions, pay and MGB's subordination of health and working conditions to profit.

- In 2023, 2,500 residents and fellows at MGB hospitals voted to join the Committee of Interns and Residents (CIR), a branch of the Service Employees International Union (SEIU). Despite unionizing, the residents still don't have a contract. Residents and fellows make far less than established physicians. Average yearly earnings of a resident are around \$68,000, despite a grueling schedule. MGB has so far refused to offer residents serious wage increases.

- Since November, 300 primary care physicians at MGB have taken steps to unionize, citing burnout, overwhelming workloads, insufficient pay, a shortage of

office staff, and a lack of a say in MGB decisions. Due to the acquisition of private practices, physicians around the country are increasingly being made corporate employees under large entities like MGB. MGB is arguing that physicians at 18 of its 29 primary care practices should not be allowed to unionize since they work at acute care hospitals.

- Contract negotiations between Newton-Wellesley Hospital nurses and MGB have stalled due to disagreements over patient care and the cost of nurses' health insurance. The nurses, members of the Massachusetts Nurses Association (MNA), voted in October to authorize a one-day strike, alleging that MGB is increasing nurses' healthcare costs to boost its own profits. MGB funds its own health insurance plan and collects revenue from its workers. An agreement including a 15.5 percent wage increase over three years was reached in December before a strike could take place.

- Nurses at Brigham and Women's Hospital authorized a one-day strike in July over pay, benefits and staffing issues, but the MNA came to an agreement with MGB preempting the strike and pushed through a new contract in August with a 20-30 percent wage increase over 2.5 years. The agreement did nothing to fundamentally address staffing shortages.

- Five hundred nurses at Brigham and Women's Faulkner Hospital voted by over 99 percent to authorize a one-day strike due to MGB's failure to provide wage parity with nurses at Brigham and Women's Hospital, or to address staffing and patient safety issues. An agreement was reached between the MNA and MGB, increasing wages by 25-33 percent over three years, avoiding a strike in September.

MGB, working with unions like the SEIU and the MNA, has consequently been able to keep a lid on significant worker militancy, which can find no real outlet through union bureaucrat-led posturing and sellout negotiations. The unions offer no solution to these layoffs and appeal to the Democratic Party for a solution, when the Democrats have prepared the ground for Trump and his policies.

With the confirmation of dangerous anti-science activists like Robert F. Kennedy Jr., who has been sworn in as secretary of the Department of Health and Human Services, the Trump administration is signaling it will work actively to gut programs and agencies that protect the health of the US population.

These attacks come on top of an understaffing crisis in the healthcare industry, the rationing of care by insurance

companies and a shortage of facilities and ambulances in many areas, including in Massachusetts. Safe staffing is a particular concern in the face of the ongoing COVID-19 pandemic and the rise of the H5N1 bird flu, which have the potential to inundate the healthcare system with seriously ill patients and overwhelm healthcare workers.

In Oregon, just under 5,000 nurses, physicians and other healthcare workers are entering the sixth week of their strike against the Providence hospital network. Workers' demands center on wages, health benefits and genuine safe staffing levels, the same issues confronting healthcare workers at Mass General Brigham and in health systems across the country.

The Providence workers have shown their courage by rejecting the sellout contract presented by Oregon Nurses Association (ONA). But a winning strategy requires a political fight against the trade union bureaucracy and the Democratic Party. The first step is the formation of rank-and-file committees. Workers will play the leading role in such committees and coordinate actions across the healthcare industry in the US and internationally, independently from the pro-corporate union apparatus and the Democratic Party.

It is also critical to politically oppose Trump's attacks on democratic rights, especially his assault on immigrant workers. MGB workers, along with healthcare workers across the US, must oppose ICE agents entering hospitals and other facilities to round up immigrant workers and patients.

We invite healthcare workers at Mass General Brigham and across the country to write to us about the conditions they face as a result of the ongoing social crisis, mass layoffs and the emerging threats to public health by the Trump administration.



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