

Nurses at NYU Langone-Brooklyn poised to strike for better staffing and pay

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About 1,000 nurses at NYU Langone Hospital-Brooklyn in New York could begin a strike as soon as Saturday, March 1, against chronic understaffing and low salaries. The nurses are members of the Federation of Nurses/UFT.

NYU Langone-Brooklyn is a teaching hospital with 450 beds. It is a designated Stroke Center and Regional Trauma Center, and has one of the busiest emergency departments in Brooklyn. The hospital is part of the NYU Langone Health system, which is named after Kenneth G. Langone, billionaire founder of Home Depot and a major donor to the Republican party.

NYU Langone management has thrown their support behind President Donald Trump's attack on immigrant rights. In a memo that went beyond those issued by other health systems, in terms of recommending compliance, the administration warned NYU Langone workers, "you should not try to actively help a person avoid being found by ICE [US Immigration and Customs Enforcement]."

Langone-Brooklyn hospital is in the Sunset Park neighborhood of Brooklyn, an area home to a diverse array of immigrants. Many of the hospital's nurses are also immigrants or come from immigrant families. In response to the letter, one nurse told *Crain's New York*, "I feel like it's part of our job to treat people from other countries compassionately, whether or not they are here legally... Most people I know feel the same way. Like, obviously if ICE was there we would try to protect our patients from them."

Nurses at Langone-Brooklyn have faced major gaps between expected and actual staffing levels, which has contributed to burnout, medication errors, patient falls and poor clinical outcomes.

In December 2023, an independent arbitrator found that the hospital had repeatedly violated nurse-to-

patient ratios on its medical-surgical unit. This understaffing violates not only the terms of the nurses' contract, but also the minimum nurse-to-patient ratios established by New York state law. The penalties that arbitrators have ordered the hospital to pay have had no effect on the administration's staffing decisions.

Union vice president, Anne Goldman told News 12, "We've filed over 8,000 grievances—more than any hospital in the country."

The NYU Langone-Brooklyn nurses are also demanding increased salaries. Their counterparts at peer hospitals in the area make as much as \$10,000 more per year than they do. This disparity puts NYU Langone-Brooklyn nurses at a disadvantage as the costs of groceries, rent and utilities increase.

NYU Langone Health, meanwhile, reported a \$431 million operating surplus in fiscal 2024. This surplus was 20 percent greater than the surplus it reported in the previous year. In addition, NYU bought a 30-second ad during the Super Bowl, and these ads are estimated to have cost an average of \$8 million this year, according to CBS. The hospital has no grounds for pleading poverty in response to nurses' justified demands for higher pay.

The struggle at NYU Langone-Brooklyn takes place in the context of an upsurge in healthcare workers' strikes across the country. On Wednesday, about 55,000 workers at the University of California (UC), including anesthesia technicians, MRI technologists, physician assistants and pharmacists, began a strike against understaffing and low wages. In Oregon, 5,000 nurses and other medical professionals at Providence Health and Services recently struck for 46 days over similar demands. Earlier this month, 800 nurses at Geisinger Health System in Pennsylvania waged a five-day strike, and 600 nurses at University Medical Center

in New Orleans struck for two days.

In their fight against the same unacceptable working conditions, these striking healthcare workers have faced the same sabotage by the healthcare unions. The American Federation of State, County and Municipal Employees and the University Professional and Technical Employees have limited the UC strike to two and three days, respectively. Service Employees International Union and National Nurses United imposed artificial time limits on the strikes at Geisinger and University Medical Center as well. The unions conduct limited strikes to vent nurses' anger (thus keeping it in check) and to minimize the strikes' impact on the hospital or healthcare system.

The Oregon Nurses Association's (ONA) ending of the Providence strike was a flagrant betrayal. The union held several votes on essentially the same inadequate tentative agreement, intended to demoralize the striking nurses as their struggle wore on. The agreement, which the union claims nurses ratified this week, neither addresses the nurses' demand for safe staffing nor makes up for pay lost to inflation.

The healthcare unions also seek to prevent nurses from striking in the first place. In December 2022, when contracts expired at eight New York hospitals, the New York State Nurses Association (NYSNA) kept nurses divided by facility instead of waging a united fight. The union called off strikes at NewYork-Presbyterian, Maimonides Medical Center and Richmond University Medical Center. In 2023, NYSNA called off a strike at NewYork-Presbyterian Brooklyn Methodist Hospital.

The trade unions are controlled by bureaucrats who make generous salaries by enforcing the needs of management and by suppressing their members' opposition. They are incapable of organizing a fight for safe staffing and better patient care, because such a campaign would disrupt the cozy relationships that they have established with the healthcare systems.

The Federation of Nurses/UFT is no different from ONA, NYSNA or the other unions. The incredible number of ineffectual grievances filed at NYU Langone-Brooklyn shows that the union is unwilling to mount a meaningful struggle. The union will, instead, work with NYU Langone Health to produce a rotten agreement at the last minute as a pretext for calling off the strike.

To prevent their fight from being sabotaged, the NYU

Langone-Brooklyn nurses must seize the initiative now. They must form a rank-and-file committee that is independent of the Federation of Nurses/UFT. This committee, controlled democratically by the nurses themselves, will be the organ through which nurses can formulate a strategy to fight for and win safe staffing and adequate pay. Moreover, the nurses must appeal to other healthcare workers, who are facing the same poor conditions, for support. The strike must be broadened and linked to the fight to defend immigrants' rights and public health against the unprecedented attacks from the Trump administration.



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