

Healthcare workers speak out about New York-Presbyterian layoffs

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Earlier this month, New York-Presbyterian Hospital announced that it would cut 2 percent of its workforce, about 1,000 people, because of "current macroeconomic realities and anticipated challenges ahead." The medical center moved quickly to lay workers off, close essential services and, with the assistance of the New York State Nurses Association (NYSNA) and 1199SEIU, keep workers divided and in the dark about what was happening.

A physician assistant and a registered nurse who have been affected by the layoffs both spoke to the *World Socialist Web Site* on condition of anonymity. Their accounts reveal that workers are not receiving essential information and that the unions are refusing to organize any genuine resistance to the hospital's attacks.

New York-Presbyterian has eight campuses. In all, 42 NYSNA members at the Columbia University Irving Medical Center and at Children's Hospital of New York have been laid off, according to the nurse. This number does not include workers at any of New York-Presbyterian's other campuses. Nor does it include the 1199SEIU members who have been affected. The latter workers include nursing technicians, clerks, phlebotomists and environmental service employees.

"We were told that if we didn't pick from a list of vacant positions, we would be terminated come June 20," said the nurse, who is a NYSNA member. She added that terminated workers would not receive severance pay. The vacant positions being offered to Columbia workers are at the Columbia, Allen Hospital and Children's Hospital of New York campuses.

Each nurse has been asked to pick 10 positions from the list of vacancies. More experienced nurses will have preference in the reassignment of positions. "Whatever we get, we get," said the nurse. At the time of the interview, she still had not seen the list of vacancies, though she had been laid off a week earlier. "It's chaos,"

she said.

"The vacancies are distributed throughout the hospital and include positions that some nurses don't have formal training in, which wouldn't be good for patient care," said the physician assistant. Nurses may be forced to accept night shifts or positions in which they have no experience. "They [i.e., the administration] gave very little thought to this. It's pretty transparent," said the physician assistant. "It's not good for the nurses' morale."

In addition, nurse practitioners are being forced to accept positions as registered nurses. They are thus being pushed into positions other than those for which they studied and which have a more limited scope of practice.

According to the nurse, a phlebotomist was laid off and asked to work in the kitchen. The WSWS could not confirm the story as of this writing.

Workers have little information about the layoffs occurring at the other campuses. "We were told that there were cuts at Cornell," said the nurse. "They didn't say what or who were cut at Cornell. They don't have a union. They weren't offered another position."

The New York-Presbyterian Hudson Valley Hospital is "pretty isolated," said the physician assistant. "We don't know where those registered nurses are being offered the vacancies."

As part of the layoffs, New York-Presbyterian is closing two essential units, depriving patients of needed care. Moreover, by accepting patients, these units also have opened beds on other floors, which helps patient flow throughout the hospital. "That's all they care about," said the physician assistant, referring to the administration. "They need to fill up beds."

New York-Presbyterian claims that a revenue shortfall, combined with cuts to Medicare and Medicaid, necessitates the layoffs. "They're saying that we lost a lot of money," said the physician assistant. In addition,

NewYork-Presbyterian and Columbia University recently agreed to pay \$750 million following the conviction of an obstetrician-gynecologist for sexual abuse. Hospital administrators have cited the settlement as a major factor in the layoffs. “They protected this predator for two and a half decades, and he’s affected over 500 patients,” said the physician assistant.

Despite the alleged financial loss, Dr. Steven J. Corwin, CEO of NewYork-Presbyterian Hospital, “has a \$14 million salary that keeps getting higher,” said the physician assistant.

“But the most egregious part of all of this is that they are still opening facilities,” she added. “They’re opening a new outpatient center in White Plains [a Westchester County suburb of New York City]. They are going ahead with plans that cost millions and millions of dollars while they’re cutting essential patient care.... We’ve already seen healthcare collapse since COVID, an increase in patients coming to the emergency room, needing care. You’re cutting those beds, you’re cutting these units that provide that, in exchange for state-of-the-art outpatient centers. It doesn’t make sense. It’s infuriating.”

“They leveled a building right across from our hospital, and they’re building a gigantic cancer center,” said the nurse. “They want to create another ICU.”

Throughout the layoffs, NYSNA and 1199 have worked to isolate and immobilize their members. NYSNA did not hold a general meeting until two days before the layoffs were scheduled to be completed. During the meeting, union officials disclosed the number of members who had lost their positions. Workers were shocked and called for a strike and outreach to the media. They called on the union for help, and the union merely responded “that they’re working on it,” said the nurse.

The most frustrating part of the situation, she added, is that the language about layoffs in the contract is 30 years old. “That’s infuriating, because we pay them dues, and they’re saying that the language is ambiguous and there’s not much more they can do besides making sure that we get one of the vacancies that the hospital has available. They are encouraging us to reach out to media and to make sure the public knows about what’s happening, but we cannot strike until the contract expires, which is December 31 of this year.”

But when the previous contract for about 17,000 nurses at 12 New York hospitals expired in 2022, NYSNA defied workers’ near-unanimous support for a strike and announced last-minute tentative agreements that had been negotiated with the individual hospitals. The union could

not prevent strikes at Montefiore Medical Center or Mount Sinai Hospital, but shut them down within days. It sent nurses back to work without allowing them to see, let alone vote on, the tentative agreements, which included cuts to real wages and did not provide for better staffing.

“I don’t have much faith in the union doing much about this,” said the nurse, referring to the current layoffs. “They’re saying they’re having meetings with management. I’ve been on three meetings this past week, and nothing new has been shared with us.”

Members of 1199 SEIU “are in an even worse spot than us,” the nurse added. “They have had no meetings with their staff.”

Asked what message she had for other healthcare workers, the nurse replied, “You’re not safe. This is just the beginning of what’s to come. Even if you’re in a union, I don’t think that you have 100 percent job security.”

In fact, the layoffs at NewYork-Presbyterian are the latest illustration that the trade unions will not defend healthcare workers’ jobs. On the contrary, the leaders of these unions actively collaborate with management to prevent strikes and impose concessions on their members. The union bureaucrats’ material interests are irreconcilable with those of the workers that they claim to represent.

The urgent task facing healthcare workers is to form independent rank-and-file committees at all facilities. These committees must break out of the isolation that the unions and hospitals have imposed and develop a fighting strategy to protect jobs and to establish healthcare as a human right. Achieving these goals will require a fight to replace the for-profit healthcare system with a socialist healthcare system.



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