

# 3-day strike begins for nurses at University Medical Center in New Orleans

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*On Sunday, November 16, at 3:00 p.m. US Eastern Time, the International Workers Alliance of Rank-and-File Committees (IWA-RFC) and the Socialist Equality Party (US) are holding an online public meeting to organize the fight against layoffs and hunger. [Register here to attend.](#)*

Around 600 nurses launched a three-day strike Tuesday at the University Medical Center in downtown New Orleans. A picket involving dozens of nurses and supporters marched near the entrance to the facility, a major teaching hospital and the region's only Level 1 trauma center.

While the hospital is a public institution, it is operated by a private entity, LCMC Health System (formerly known as Louisiana Children's Medical Center), which operates other facilities through the metropolitan area.

Nearly two years ago, nurses voted to join a union at the hospital, but they are still working without a contract. This is the fifth time the National Nurses Organizing Committee/National Nurses United (NNOC/NNU) has carried out limited strikes since then. Among the strikers' main demands are wage increases to attract and retain nurses and improvements to staffing ratios. One nurse who spoke at a rally Tuesday morning said she had not received a raise in a decade, and some of her coworkers had not gotten raises in nearly 20 years.

The impact on patients is disastrous. According to another speaker, the emergency room has seen a turnover of 200 nurses in only two years. "They give no reason to stay here," one nurse told the WSWS. "They'll pay you more [in starting salary] if you leave and come back."

The strike is only the latest in a series of major walkouts by healthcare workers across the country. Around 3,000 nurses in Grand Blanc, Michigan have been locked in a bitter struggle with Henry Ford Health for over two months. Next week, tens of thousands of healthcare workers at the University of California medical system will strike for two days. Last week, 600 primary care providers struck for one day across Minnesota and Wisconsin.

In every one of the healthcare strikes in recent years, safe staffing ratios have been a key issue. While the healthcare

industry is raking in record profits since the \$175 billion government bailout at the start of the pandemic, the healthcare infrastructure and workforce has been slashed to the bone.

But conditions are emerging for a powerful nationwide movement in the working class against inequality and oligarchy. To build it requires a strategy and independent, rank-and-file organizations based not on compromise with the ruling elite but on a fight for workers power.

On the picket line, nurses spoke angrily about the political situation in the United States, in particular President Trump's attacks on food stamps and Medicaid. "If you make food unaffordable and you make education inaccessible and you make healthcare inaccessible, you are—through systemic methods—eliminating a population of people," one younger nurse said. "And that population of people is the poorest of us."

She continued: "Being a nurse is inherently political... the laws in our cities, states and federal government impact people's daily lives. They are literally life and death. I see it every day. They're the difference between a kid who's dying from congestive heart failure, between a kid getting a transplant and a kid being denied by insurance, or just simply not even being put on the list because they don't have insurance. It's a poor kid versus a rich kid."

Understaffing and overwork also contribute to frustration and outbursts among patients. "I got punched in the face in the ER and no one gave a crap," one former nurse said. "The police wouldn't take my report. No one cared. Nothing happened. I kept working."

"So, I left and delivered babies at Touro [a private hospital in uptown New Orleans, also operated by LCMC Health System]. It is unsafe there too. The ratios are terrible. Bad things can happen when nurses ratios are really, really off; nurses taking care of multiple high-risk moms in labor. So, yeah, it's all super dangerous, super sketchy, and we do not get paid enough. I have no maternity leave. I've had two children with LCMC. I get six weeks short-term disability, which is 60 percent of my pay, and that's it."

Another nurse said a British relative overseas “had an eye emergency and she walked into the hospital with her passport and they’re like, ‘What’s your [NHS] number?’ You know, she’s like, ‘I don’t know. I don’t know my number’ ... She’s getting frustrated and says, ‘It’s okay. Just don’t use my number and I will just pay for this visit.’ The woman got pissy with her and was like, ‘Ma’am, this is a hospital. How would we accept payment in a hospital?’”

But in the United States, she said, “We turn patients down all the time who can’t pay their money up front. Like thousands of dollars. If they can’t pay it, they get turned away. And it’s not for like tummy tucks or for lipo[suction]. These are like actual medical procedures that people need to survive for a decent quality of life. Like it blows my mind. It just seems like there’s a desire to keep people sick and in pain and uneducated. And that is like, you know, they’re too expensive to keep alive.”

(It should be noted, however, that Britain’s National Health Service is under threat of privatization by the Labour Party government; a five-day doctors strike is scheduled to begin on Friday.)

A particular issue in the strike, which is referenced on many picket signs, is the long-term impact of the closure of the former Charity Hospital. The institution, founded in 1736, was shut down after almost 300 years in the aftermath of Hurricane Katrina. Officials claimed that the storm had irreparably damaged the building, which many residents reject; the towering structure still stands in downtown New Orleans, and there are plans to redevelop it.

Charity Hospital was the heart of a statewide, government-run system providing free healthcare for the poor. The network stood for many years as one of the last vestiges of Governor Huey Long’s reforms in the 1920s and 1930s. The rest of the network was sold off in a fire sale under Governor Bobby Jindal in 2013.

UMC, operated as a public-private “partnership” is nominally Charity’s replacement. But it took a decade after Katrina before it finally opened and its capacity of 446 beds is a fraction of the old hospital’s 2,680.

The destruction of Charity Hospital anticipated the present destruction of American healthcare on behalf of private profit. The critical question is how nurses can organize to fight these coordinated attacks by the ruling class, whose interests are irreconcilable with basic social rights.

But the officials of National Nurses United/National Nurses Organizing Committee (NNU/NNOC) have limited the strike to parochial issues. None of the speakers at Tuesday’s rally mentioned the government shutdown, cuts to Medicaid or the emerging Trump dictatorship. Instead, they focused on appealing to hospital management to see reason and to “join” nurses in providing quality healthcare.

But LCMC management has already made its stance clear; over the summer, they fired a member of the union’s bargaining committee.

After five strikes in two years, this strategy has led nowhere. In fact, while nurses joined the union because they want to fight to improve conditions for patients and themselves, the primary concern of the union bureaucracy is to hash out a modus vivendi with management which guarantees access to their own privileges.

The California Nurses Association, which is part of NNU, has shown what this means in practice. It has rammed through continuous sellouts of tens of thousands of nurses with inadequate pay increases and no enforceable safe staffing provisions (which hospitals routinely ignore without consequence).

The situation calls for a broadening and expansion of the struggle at UMC and hospitals across the country, into a movement centered in the working class to fight for social and democratic rights. Rank-and-file healthcare workers must insist on the exclusive right to make all decisions related to staffing and working conditions, in order to remove the corrosive impact of the profit motive. Workers must demand the nationalization of the healthcare industry under workers control, along with the banks and other major corporations, to provide high quality, free public health care, ensure the right to housing, food and other necessities and to use the trillions hoarded by Wall Street for human need.

The union bureaucracy will resist such a movement because it threatens their own privileges. That is why this movement must be organized through a network of rank-and-file committees, giving workers themselves the ability to enforce their democratic decisions, link up directly with workers across the country and the world, and prepare joint actions.



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