

Day 2 of strike, New Orleans nurses confront need to expand their struggle

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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.

The three-day strike by 600 nurses at University Medical Center (UMC) in downtown New Orleans continued into its second day on Wednesday. The nurses, who voted to join the National Nurses United/National Nurses Organizing Committee (NNU/NNOC) in late 2023, are demanding their first contract, including wage increases to reduce massive turnover at the facility.

“Rather than having a really good attractive pay to keep skilled, experienced people here,” one striker told the WSWS, “nurses are leaving and they’re hiring new grads and new nurses that they can pay less. We’re losing the bulk of experienced nurses who are needed to train the younger nurses. So, it’s scary for the city that this Level 1 trauma center is not going to have the best and brightest.”

According to a union speaker at a rally, only 30 percent of the workforce—mostly management—have recently received pay increases. For nurses, raises are based only on “merit,” which are not guaranteed and allow management to play favorites. Some have not received wage increases in more than a decade.

The struggle in New Orleans is part of a broader wave of opposition among nurses, who have been at the forefront of rising strike activity across the United States over the past five years. Next week, tens of thousands of University of California Health workers are set to strike in two separate walkouts, while a bitter two-month-long strike continues against Henry Ford Health in Grand Blanc, Michigan.

Among nurses on the UMC picket line, there was a clear determination to fight. “There’s ‘no money’ because it’s going into administrators’ pockets,” one said. Nurses also denounced the concentration of hospitals into two large chains in the city, LCMC Health and Ochsner, which helps them “keep the pay low,” as one put it.

Picketing took place as the Democrats were reaching an agreement with Republicans to end the government shutdown—the longest in US history—on Trump’s terms. “Ah, it’s awful. I mean, every day it’s just something more and more sick and depraved that happens with this administration,” one nurse said, referring to the cutoff of food stamps and cuts to Medicaid. The oligarchy, she continued, “seems like they’re getting all the big welfare checks and the subsidies.”

A particular issue in the strike is the legacy of Charity Hospital, the centuries-old public hospital which provided free healthcare to the poor and was shut down after Hurricane Katrina in 2005. UMC was built as its replacement, but unlike the old Charity, it is a public-private “partnership” operated by the local hospital chain LCMC. “I feel that the people are getting sicker than when I first started,” one nurse observed.

The profit-driven “recovery” after Katrina two decades ago anticipated the massive corporate attacks taking place today across the US and the world. The disaster itself was caused by decades of underfunding for the city’s levee system and the environmental impact of oil industry operations in the region.

In the aftermath, public housing was closed down, hundreds of thousands of working poor were driven from the city never to return, all public school teachers were fired, and the entire school district was converted to charter schools. These policies had broad bipartisan support; the 10th anniversary “celebrating” Katrina

featured former presidents Bush and Clinton, as well as Obama and other luminaries from both parties.

Profit interests are not only incompatible with health, safety, education and other basic social rights but also democracy itself. The situation calls for a broad movement of the working class against the oligarchy and inequality. The trillions hoarded by Wall Street and the major corporations must be expropriated and placed at the disposal of the working class.

A supporter of the strikers, the father of a patient, said that he thought private healthcare is “a terrible system. It should be aborted. It should be rewritten ... it should be not a question, without a doubt, those things should be [given] fast and [in] abundance to those that are in need and those that are working to provide for those that are in need.”

This requires that nurses organize themselves democratically, assert control over their struggle by forming a rank-and-file strike committee and preparing a new strategy. Their fight must be expanded and united into a national and international movement of healthcare workers in defense of public health.

This is the fifth limited strike in two years since the nurses unionized, and nothing has changed. The strategy of appealing to management to come to the table has led nowhere for the rank and file. “The nurses can’t just stop at two or three days,” a veteran Teamster observed while visiting the picket line.

The union bureaucracy, as opposed to the nurses themselves, is primarily concerned with establishing arrangements with management similar to those they enjoy in California and other parts of the country—including “joint” committees which do nothing to seriously address staffing or other issues. Recently, the University Professional and Technical Employees (UPTE) union removed its more than 20,000 members from next week’s University of California strike by announcing a tentative agreement that includes real wage cuts, increases in healthcare costs for at least some workers, and changes to paid time off and vacation policies for new hires.

Puneet Maharaj, the new national director of NNU, spoke at the strike rally in New Orleans. “The fact that you are out here shows that you are winning,” she said, contradicting herself by acknowledging that this is their fifth strike. “You’ve been trying to get them to hear you,” she stressed multiple times. But for workers, the

purpose of a strike is not to “make management listen” but to force concessions that management will never give voluntarily.

“As the executive director of NNU, you have 225,000 nurses who have your back,” she said. But Maharaj did not point to a single concrete action to mobilize those 225,000 nurses, who would certainly support the strike in every way they could if they knew about it and if support were being organized. That task falls to the rank-and-file nurses themselves, who must use the internet and social media to establish lines of contact with nurses across the country, to discuss and plan a joint strategy and action.

Another speaker pointed to the New Orleans general strike of 1892, declaring that, like the thousands of longshoremen, streetcar drivers, and others back then, nurses today are also taking a stand. A general strike today, especially to defeat fascism, is necessary and would be immensely popular, but it is not being raised by any union in America. The union apparatus is terrified that such a call would disrupt its relations with management and the two Wall Street parties.

As if to drive the point home, the last speaker at the rally was Julie Su, former acting Labor Secretary from 2022 to 2024 under Biden. Posturing as a defender of nurses, she spoke of them “being part of a movement.” But Su is a capitalist politician who played a key role in suppressing strikes under Biden.

She was instrumental in rapidly pushing through a contract on the West Coast docks after longshoremen began organizing job actions independently, and as Labor Secretary she played a key role in Biden’s ban on the rail strike and his close collaboration with the heads of the UAW and Teamsters to impose sellouts in 2023. Since then, tens of thousands of workers have lost their jobs.

Nurses joined the union because they wanted to fight for their patients, not to act as public relations props for capitalist politicians. To win, they must build rank-and-file committees and adopt a new strategy capable of securing victory.



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