

More than 21,000 nurses in New York City and Long Island poised to strike

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The New York State Nurses Association (NYSNA) delivered 10-day strike notices last Friday to 12 private hospitals in New York City and three in Long Island. More than 20,000 nurses in New York City and 1,000 in Long Island, whose contracts expired December 31, could strike as soon as January 12, which would be the biggest nurses' strike in the city's history.

Management at these hospitals has refused to provide adequate staffing or improve protections against workplace violence. The hospitals also want to cut nurses' healthcare benefits or salaries. About 97 percent of the New York City nurses and an overwhelming majority of the Long Island nurses voted in favor of a strike.

The nurses' determined stand is the first major act in what will promise to be a major year of the class struggle in the US, as workers fight against mass layoffs and other accelerating attacks. Other major contract struggles in the beginning of the year include 29,000 graduate student workers at the University of California in January, 30,000 oil refinery workers nationwide at the end of January, 50,000 grocery workers in February and March and 84,000 public sector workers in New York in April.

The conditions are emerging for a broad counteroffensive by the working class against the ruling class's reduction of workers to industrial slavery, to be achieved through dictatorship and war. But this requires that workers establish independent control over their movement against both corporate parties and their lackeys in the trade union officialdom. The NYSNA bureaucracy, which functions as a junior partner of hospital management, is preparing to betray its members as it betrayed the New York City nurses in 2023.

Nurses must be on guard against any last-minute sellouts or attempts to isolate or limit the strike. To enforce democratic control over the struggle, nurses should establish rank-and-file strike committees to establish workers' control over the conduct of the strike and all future contract talks.

Nurses at New York-Presbyterian Hospital in New York City told the WSWs their demand is safe staffing. "We want to put our patients first," an experienced neonatal nurse practitioner said. "One of the things we want is to make sure our patient ratio is secure and safe to provide the best care."

"We want something that we can enforce, instead of saying we'll have an enforceable grid," said an endoscopy nurse, referring to the tool that management uses to determine scheduling. "Management wants to include orientees and sick calls in the grid, but it's not really going to work that way. What we need is actual people on the unit to work, not the numbers. Numbers do not work. Nurses work."

In 2023, management proposed to hire a pool of nurses who would "float" between units instead of being assigned to given units. "The units are very specific and require nurses that have the skills to work in them," said the neonatal nurse practitioner. "Bringing nurses to a float pool doesn't work. It puts the patients at risk if you have a nurse that doesn't know what to do." The nurse cited the expertise required to work in dialysis or with premature infants as examples.

Another demand is workplace safety. "There are many unfortunate incidents of violence toward staff," said the endoscopy nurse. "We're professionals and we want some safety." In November, a patient threatened to open fire in the emergency room of Mount Sinai Hospital, which is one of the facilities at which nurses' contracts have expired. No one in the hospital was hurt, but management disciplined three nurses who spoke with

their coworkers about their safety demands after the incident. NYSNA officials responded by organizing ineffectual vigils outside the hospital to demand that the disciplinary measures be withdrawn.

Adequate salaries and benefits are another core demand. “We want a contract that is feasible,” said the neonatal nurse practitioner. It is crucial “that we have healthcare and that our increase meets inflation.”

Management at NewYork-Presbyterian proposes to offer a \$4,000 benefit per year that each nurse can put toward healthcare benefits, pension or salary. “When you say you’re going to give us \$4,000, and you can choose, you’re saying that you want to get rid of something,” said the endoscopy nurse. “You want us to pay into our pension. You want us to pay into our benefit. You want to cut costs.” The most galling part of this proposal is that “C-suites [top executives] are getting raises,” said the nurse. “They’re getting bonuses! Come on!”

The tentative agreement that management is offering provides less than the bare minimum that workers need, according to the endoscopy nurse. “This is worse than bad,” he added.

The experience of previous contract struggles shows that the NYSNA apparatus will do everything to either limit the strike or call it off entirely and impose a pro-management contract. Nurses at the same 12 private hospitals in New York City voted almost unanimously to authorize a strike when their contracts expired on December 31, 2022. Then as now, their main demands were safe staffing, higher pay and safe work environments. The stage was set for a massive strike that would have shaken New York’s private hospitals and inspired healthcare workers nationwide.

Instead of waging a united struggle, NYSNA kept its members divided by facility. First, it announced a tentative agreement with NewYork-Presbyterian Hospital, which became the template for subsequent agreements. Among the “highlights” were raises that did not keep pace with inflation. In place of clearly defined nurse-to-patient ratios, the agreement included vague language about adding more full-time positions, the nature and number of which were unspecified.

Claiming that the agreement represented a victory for safe staffing, NYSNA recommended that the nurses ratify it in a rushed vote. But rather than a victory, the agreement constituted “a slap in the face,” said the neonatal nurse practitioner.

By announcing similar agreements at the last minute, NYSNA prevented strikes at 10 of the 12 hospitals.

Workers’ frustration at Montefiore Medical Center and Mount Sinai Hospital was too great for the union to prevent a strike at these facilities. Nevertheless, the union ended these strikes after only three days by bringing forward agreements that differed little from that with NewYork-Presbyterian.

Contrary to NYSNA’s claims, the contracts have done nothing to ensure safe staffing. One nurse at NewYork-Presbyterian Hospital told the WSWS that her unit had been understaffed since the day that the 2023 contract went into effect. “We are short-staffed, yet they are laying people off,” she added.

“They need to increase staff in all departments,” said another nurse.

Conditions at the Northwell Health hospitals are no better. Management at these Long Island facilities wants to make emergency room nurses responsible for as many as 12 patients at once, which jeopardizes patient safety and overburdens nurses. Management also is seeking concessions on the workers’ healthcare benefits.

The need for a fight for safe staffing is even more urgent than before. The experience of 2023, however, shows that NYSNA will actively work to prevent a united struggle. The nurses in New York City and Long Island must seize the initiative by forming rank-and-file committees that are independent of the NYSNA apparatus.

Operating under the nurses’ democratic control, these committees will be the means through which the nurse can organize and wage a powerful fight. The New York City and Long Island nurses must unite and appeal to other healthcare workers, who face similar attacks, for support. A genuine and lasting victory will not be won unless this fight becomes a struggle against for-profit medicine and for workers’ control of healthcare.



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