

# “I wish we could pull everybody together and do a general strike”—New York City nurses speak out on their struggle second day into strike

Elliott Murtagh, Steve Light, Robert Milkowski  
14 January 2026

On Tuesday 15,000 nurses at four hospitals in New York City continued their strike into its second day. Nurses are fighting for safe staffing levels—which was also a key demand in their three-day strike two years ago—as well as adequate health benefits, which enable them to afford their own healthcare.

Reports have come out that Mount Sinai management fired three labor and delivery unit nurses on the eve of the strike by voicemail, in an act of intimidation. The fired nurses claim that after they refused management’s demand that they train the travel nurses who would replace them if they went on strike, they were falsely accused of hiding supplies and fired without any investigation.

The strike has won enormous support among workers in New York City and across the country, reflecting deep-seated anger over inequality and worsening conditions. The nurses’ strike emerges as an initial flashpoint in what could develop into a far wider confrontation between workers and the corporate and political establishment.

This year alone, hundreds of thousands of workers in New York City face contract expirations, including roughly 150,000 municipal workers in AFSCME District Council 37, whose contract expires in November, and some 37,000 subway and transit workers in Transport Workers Union Local 100, whose contract expires on May 15.

The strike raises the necessity for its expansion into a unified movement against social inequality, bringing the organized power of the working class into direct conflict with the financial oligarchy, which is centered in New York City and has the Trump administration at its head.

Rather than allowing struggles to be isolated and defeated one by one over the course of the year, workers must seize the opportunity created by the nurses’ strike to begin coordinating a broader offensive, culminating in a city-wide general strike, now. The issues in the strike—safe staffing,

healthcare, wages and basic living standards—can only be resolved through a frontal assault on the privileges and power of the corporate ruling elite by a movement of the working class.

Such a perspective requires that workers themselves take the initiative. NYSNA (New York State Nurses Association) officials are already repeating their role from 2023, when they abruptly called off a strike at 11 of the 15 hospitals involved, isolating other nurses and shutting down the struggle after just three days. Nurses must be on guard against a repeat of this betrayal. Workers in other unions must likewise not accept mere verbal “support” on the part of their own officials but fight for joint actions.

To prevent the strike from being sold out, rank-and-file nurses should form independent strike committees to assert democratic control over picketing, contract negotiations and the direction of the struggle, and to actively reach out to other sections of the working class in New York City and nationally for unified support and joint action.

Reporters from the *World Socialist Web Site* spoke to nurses on the Mount Sinai East picket in Midtown Manhattan on Tuesday about their struggle.

A pediatric intensive care unit (ICU) nurse spoke about the effects of understaffing. “When our unit is understaffed, the shift is very hectic and sometimes very unsafe. It’s the same on any unit in the hospital. In the ICU, we’re lucky with better ratios. But when we have surges, like with RSV and respiratory viruses, sometimes that can go up to three patients per nurse. In other units, especially in the adult side, nurses can have four, five, six, seven patients when they’re understaffed.

“A lot of the risks involve efficiency and care. If you have too many patients, you’re less likely to catch signs of decompensation quickly. So if a patient’s going to need increased care or they are getting sicker, sometimes you

won't be able to catch that early because you're caring for all your other patients.

"This strike right now is a perfect example of how the hospital says they don't have enough money, but they do. They're paying the [scab] nurses \$10,000 a week to work the strike while saying that they can't afford to pay the nurses' health insurance. And so really, it's a question of where they want to put that money. And they clearly don't want to put it into their own nurses. I think the way they see it is that they would rather keep that money for their profits and for their millionaire CEOs.

"I think in a country like the United States, where you don't have guaranteed health insurance, you're going to be sicker. We have a huge disparity in access to preventative care in this country. When people can't have primary preventative care, they rely on the hospital systems a lot more. A lot of people can't access healthcare outside of the emergency room and so the hospitals are heavily burdened with more patients because of this. So patients get sicker, their health is neglected and then the strain appears in the hospital."

She also said that Mount Sinai has a VIP unit in the hospital for the wealthy. "The rooms are much bigger. They have a concierge kitchen for them.

"It's terrible, and the people are really going to hurt. It's not going to affect the upper class. It's going to affect all the other Americans—working class Americans. And honestly, we're the people who keep the country afloat, and if our health can't be protected, the country is going to struggle."

An oncology nurse spoke about her experience with her own healthcare coverage she receives from her job. "When I started at Mount Sinai a couple years ago, I loved my job and I was very excited to be here and part of the institution. I got pregnant and then found out that the maternity leave is seven and a half hours, total. I worked 12-hour shifts. So I had to take vacation to literally give birth to a baby and was in the hospital for a week. That's not good healthcare. That's not [what] we tell our patients, that they need to take time to heal. And that's not how we should be treated either.

"There's always been a big, big discrepancy between the haves and have-nots in New York. You have the very, very rich, and you have the not wealthy. And somehow now I think when you look at it and affordable rents, your income has to be like over \$150,000. That's insane for most people. They can't afford that."

A Neonatal Intensive Care Unit (NICU) nurse explained, "When we're short staffed, we can have like 26 nurses for up to 60-plus babies. We can have three babies plus assignments on our lower acuity side, which is not safe. And our high-acuity side you can have an intubated baby paired with another patient. You just can't focus and really play

close attention to anything that's going on with your assignment. That puts our babies and their families at risk, and that's why we're out here protesting for them."

A perioperative nurse, working in the operating room for the last seven years, declared short staffing "is dangerous for patients and staff. I haven't had any incidents, but I have seen patients attack staff. We don't have any security on the floors so we have to deal with that on the floors.

"They terminated our health insurance so currently, we have no healthcare. I'm forced to go into rooms where patients have all sorts of things, and I don't have coverage in case I get sick. This was not because of the strike, but since January 1 Anthem and the hospital could not come to terms with pricing. It affects the patients coming into the hospital, because if I get sick I pass it on to my patient, my patient passes it on to the next person. It's unsafe conditions in there. I can't heal myself or take the time I need because they're trying to cut back on that.

"But in every hospital you go to you will see VIP suites, even though all patients in my eyes are VIP and get special treatment. VIP suites are like hotel rooms.

"There is definitely a connection with government healthcare cutbacks. That is what the hospital complains about. The new pricing is because of the cuts the President has made. The Democrats are not doing any fighting back whatsoever."

Asked about expanding the strike, the OR nurse said, "I wish we could pull everybody together and do a general strike. I think we would win. We would make some changes, but it has to be unity, getting everybody to do it."

Word of the strike has also spread widely to healthcare workers across the country. In San Diego, UC Health Hillcrest hospital workers expressed strong statements to the WSWs in solidarity of New York nurses.

One resident said, "The residents are in solidarity with the nurses and definitely support their struggling for better staffing and wages. Nurses' safe staffing is important to being able to provide quality care to our patients."

Another nurse stated, "I completely support it! For better wages and especially if it's over safer working conditions."



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