

Despite overwhelming strike vote, union keeps 650 nurses on the job at Boston Medical Center Brighton

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In December, 650 nurses at Boston Medical Center Brighton (BMC) voted by 97 percent to authorize a three-day strike against management threats to cut staffing and benefits, and to freeze wages for most nurses. The concessions proposed by BMC would worsen already chronic staffing shortages and cost nurses thousands of dollars a year, hurting patients and nurses alike.

The ongoing massive strikes by 15,000 nurses in New York City and 31,000 on the West Coast at Kaiser Permanente show that there is immense support for healthcare workers and the potential for a strike at BMC to meet up with a growing nationwide movement.

Across hospital after hospital, the effects of treating healthcare as a profit-making enterprise are plain to see: unsafe staffing levels, patients parked in hallways, nurses pushed into double shifts, breaks routinely canceled, and maintenance and supplies endlessly postponed. Wider resistance to both state repression and economic austerity is also taking shape, with large crowds continuing their protests after federal agents executed Minneapolis ICU nurse Alex Pretti.

In spite of this, the Massachusetts Nurses Association (MNA) continues to keep nurses on the job. To break through this bureaucratic stonewalling, nurses must form rank-and-file committees, independent of the union apparatus, to assert democratic control over bargaining and strike strategy. If BMC nurses want to win their struggle, they must take matters into their own hands, controlling the strategy and decisions of their struggle and linking up with the powerful struggle of nurses in New York and California.

The previous contract through the MNA with prior

hospital owner Steward Healthcare was concluded in 2018 and extended in 2022. The contract contained unenforceable language about safe ratios and gave, over the length of the contract, a miserly below-inflation 9 percent raise from 2017 levels.

But now BMC is demanding even deeper concessions. This includes a three-year wage freeze for most nurses, with only a 1 percent annual increase for those at the top step of the 19-step pay scale. They are also demanding sharp increases to out-of-pocket health insurance costs that would cost nurses thousands of dollars year.

The proposal also raises parking fees at the hospital, eliminates guaranteed pension access for newly hired nurses, and reduces paid vacation and sick leave. In addition, BMC plans to eliminate assignment-free charge nurses and the resource nurse position in the maternity unit, measures that would increase workloads and seriously jeopardize patient care.

Nurses at BMC Brighton, formerly known as St. Elizabeth's Medical Center, have faced years of brutal conditions amid the COVID pandemic and ownership chaos at the facility. Former owner Steward Healthcare, which went bankrupt in 2024, forced nurses to work with severe staffing shortages and shortages of vital equipment, after vendors were not paid. In 2023 this led to the death of a new mother when embolization coils that might have saved her life were unavailable, because they had been repossessed by the manufacturer.

Steward Healthcare was a parasitic operation whose investors made fortunes off financial manipulation of hospitals, leaving a trail of destruction across the state, resulting in closed facilities like Carney Hospital in

Dorchester and Nashoba Valley Medical Center in Ayer when Steward went bankrupt.

Boston Medical Center's takeover of the hospital was bankrolled by the state to the tune of \$66 million. They were awarded the facility rent free and given a cash guarantee of \$387 million over five years from the state. Now they are continuing Steward's austerity operations, attempting to run BMC Brighton with minimum staffing while paying nurses as little as possible.

BMC, despite its pretensions to be a non-profit, is a massive money operation, with \$2.5 billion in revenue in 2024. It has increased its income with lucrative state incentives to expand its operations to BMC Brighton and Good Samaritan Hospital in Brockton.

Boston Medical Center's billions in revenue from patients, as well as funding from MassHealth (the state's version of Medicaid) and state bailouts flow to top executives' multimillion-dollar salaries, and to fund vendor contracts, IT deals and bond underwriting for firms owned by wealthy investors and private equity networks. Under capitalism, the entire framework of healthcare serves the profit motive of the wealthy, while healthcare workers and patients are met with austerity.

The Massachusetts Nurses Association, an affiliate of the AFL-CIO, has worked with healthcare conglomerates and the Democratic Party to isolate and sell out the struggles of nurses at hospitals across the state. Union officials routinely negotiate behind closed doors, striking facility-by-facility deals that fracture potential statewide unity. They accept so-called compromises that leave hospitals understaffed and unsafe, with benefits and real pay in constant decline.

Despite repeated contract violations, over 160 unsafe staffing reports and charges by the National Labor Relations Board, the MNA never struck at St. Elizabeth's throughout the entire period of Steward Healthcare's ownership.

The dire situation facing BMC Brighton nurses is part of a wider assault by capitalism on the working class and on healthcare. The union apparatus is determined at all costs to prevent a broad, coordinated struggle of healthcare workers throughout the country to win enforceable protections for workers and patients, since this would threaten to upset the trade union bureaucracy's corrupt relationship with the healthcare

conglomerates and political establishment.

While support is growing for a general strike against the ICE rampage in Minneapolis, no major union has called any action, issuing instead empty statements of support and calling for toothless consumer boycotts. Even when core democratic rights are at stake, they claim that workers cannot take action because they must honor "no-strike clauses" which the union officials themselves negotiated into their contracts.

To win safe staffing ratios, wage increases indexed to inflation and protections for benefits requires the formation of rank-and-file committees to coordinate strategy, enforce strike decisions and resist sellouts.

These committees should be democratically elected, recallable, financially transparent and independent of union officials. Such committees are the only reliable vehicle for coordinating across hospitals, unions and states, and for mobilizing wider worker solidarity.

Securing the future for healthcare workers and quality care for patients is inseparable from a political struggle against the profit system. The capitalist domination of healthcare must be replaced by public ownership of healthcare under the democratic control of the working class as a basic social right.



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