

Which way forward after the nurses' rejection of the agreement with NewYork-Presbyterian Hospital?

New York Healthcare Workers Rank-and-File Committee
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By rejecting a rotten tentative agreement that the New York State Nurses Association (NYSNA) tried to impose on them, the striking NewYork-Presbyterian Hospital nurses have taken a decisive step forward in their fight for safe staffing and secure working conditions.

This rejection opens a new stage of the struggle. It demonstrates that nurses are determined to win their demands and will not be browbeaten into accepting a contract that leaves unsafe conditions intact. The central question now is leadership and strategy. The strike must be taken out of the hands of the NYSNA apparatus and placed under the democratic control of rank-and-file nurses themselves.

The New York Healthcare Workers Rank-and-File Committee calls for the consolidation and expansion of rank-and-file leadership in every hospital. Such committees must serve as the means through which nurses override future underhanded maneuvers, prevent snap votes, ensure full transparency in bargaining and voting, and enforce the principle that no agreement is valid without genuine democratic approval. The strike must continue and be expanded until nurses' demands are met in full and all unjustly fired workers are reinstated.

The conduct of NYSNA from the beginning of this struggle demonstrates why new leadership is necessary.

- They canceled strikes at 11 hospitals that had been prepared to walk out.
- They have paid zero dollars in strike pay despite controlling tens of millions in assets.
- They opened the picket lines to Democratic politicians seeking photo opportunities.
- They said nothing when Governor Kathy Hochul invoked emergency powers to facilitate the importation of

strikebreaking nurses from out of state.

• They did nothing when New York City police arrested nurses on the picket lines.

Then they abruptly announced tentative agreements that fell far short of what nurses are fighting for.

The deals provided wage increases of roughly 12 percent spread over three years, amounts quickly eroded by inflation. They created only a few dozen new positions, where hundreds are needed to make staffing safe. These agreements did not resolve the chronic understaffing that endangers both nurses and patients.

Worse still, NYSNA conducted ratification votes using the SurveyMonkey platform, a tool designed for informal polling, without any transparent procedures to ensure ballot integrity. Nurses were given inadequate time to review the full terms of the agreements before being asked to vote.

Nurses should not consider themselves bound by the results because the entire process was illegitimate.

At NewYork-Presbyterian, the bureaucracy went even further. It accepted a tentative agreement that the local executive committee had already rejected as inadequate. In violation of its own bylaws, NYSNA held a snap vote without the approval of that committee. Nearly 74 percent of nurses rejected the deal in a stunning rebuke to the apparatus. The vote was not only a rejection of a substandard contract but of the antidemocratic methods used to try to ram it through.

The issues at stake in this strike extend far beyond a single hospital system. This struggle is unfolding in New York City, the center of global finance. Trillions of dollars flow through Wall Street every year while millions in the city struggle to survive. During the recent cold snap, at least 26 people died across the country from exposure and related causes. Enormous wealth exists, but

it is hoarded and squandered rather than used to meet urgent social needs.

These same hospitals were at the epicenter of the COVID-19 pandemic in the United States. Nurses at the very same hospitals where nurses launched their strike were forced to reuse protective equipment and, in some cases, resort to wearing trash bags because proper PPE was unavailable. The pandemic exposed in graphic form the consequences of a profit-driven healthcare system that had been hollowed out for decades.

Conditions have deteriorated further. Hospitals are closing, including Mount Sinai Beth Israel last year. Nationally, there are roughly 200,000 fewer hospital beds than before the pandemic. Preventable diseases, such as measles, are spreading again after having been effectively eliminated. At the same time, hospital networks whose CEOs collect compensation packages worth tens of millions of dollars per year claim there is “no money” to hire the nurses required to ensure safe staffing.

But vast sums are available for speculative finance, corporate subsidies, police repression and war. When nurses demand enough staff to keep patients safe, they are told that resources are limited. The ruling elite regards investments in public health as an unacceptable drain on profitability. The logic of profit—or in the parlance of the hospital networks, “net income”—takes precedence over human life.

This is why the strike has won such broad support. Workers throughout the city understand that they face the same underlying problem: immense social wealth concentrated at the top, combined with relentless attacks on living standards and social services. Many are asking how to fight back on a broader scale, which is why the question of a general strike is now being raised nationwide.

The nurses’ struggle can and must become a catalyst for a wider movement that challenges the domination of healthcare and society by corporate profit. But this requires a new strategy, not further attempts to contain and dissipate the struggle.

The New York Healthcare Workers Rank-and-File Committee proposes a strategy based on three fundamental principles.

First, rank-and-file control over the strike. The bargaining team that sought to impose a substandard agreement should be replaced by representatives elected directly from the shop floor and accountable to the membership. All negotiations must be transparent. Full contract language must be provided with sufficient time

for discussion before any vote. Balloting must be overseen by rank-and-file nurses to ensure its integrity. Strike pay must be provided from the union’s substantial assets so that nurses can withstand management’s attempts to starve them back to work. There must be no end to the strike without a contract that meets nurses’ demands.

Second, the mobilization of the broader working class. The strike must be resumed at all four hospitals and expanded to the 11 hospitals where strikes had been canceled. The struggle must be linked up with the 31,000 healthcare workers striking at Kaiser Permanente facilities in California and Hawaii and with nurses at Henry Ford Genesys Hospital in Michigan. Appeals should be made to transit workers, educators, logistics workers and others facing layoffs and concessions. Expanding the strike is the most powerful answer to the divide-and-conquer tactics of management and the bureaucracy.

Third, a rejection of the supposed “right” to profit. Healthcare is a social right, not a commodity. Resources must be allocated based on the needs of nurses and patients, not the financial calculations of executives and trustees. This struggle is part of a broader fight for the redistribution of wealth to fund high-quality public healthcare, infrastructure and social services. It requires the complete political independence from both corporate parties, which defend the interests of the financial and corporate elites.

The rejection of the tentative agreement has created an opportunity. By asserting their own democratic control, expanding the strike and advancing a clear political perspective, NewYork-Presbyterian nurses can impose a genuine defeat on management and set a powerful example for healthcare workers and the entire working class.



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