

NYSNA holds snap vote on second sellout agreement for NewYork-Presbyterian nurses

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Early on Friday morning, the New York State Nurses Association (NYSNA) announced a second tentative agreement that falls far short of the demands of the 4,200 striking nurses at NewYork-Presbyterian Hospital who have been on strike for six weeks. NYSNA's public silence about the agreement's details, along with its decision to hold an immediate ratification vote, make clear that the agreement is no better than the one that the nurses rejected little more than a week ago.

NewYork-Presbyterian originally was one of four hospitals to strike earlier this year, after NYSNA had canceled strikes at 11 other facilities. NYSNA responded to their contract rejection last week by isolating them on the picket line.

Not having been given any time to examine the new tentative agreement, the striking nurses should reject it on principle. NYSNA is trying yet again to strong-arm them into accepting terms that favor management and jeopardize nurses' and patients' safety. Instead, the nurses must throw out the bargaining committee and elect a new one, excluding union officials, that enjoys the nurses' confidence. A rank-and-file committee must be formed to take control of the strike and negotiations.

The few details of the tentative agreement that have come to light indicate its sorry character. "I'm deeply disgusted," one striking nurse told the *World Socialist Web Site* on condition of anonymity. Some nurses are saying that "the previous agreement [that nurses rejected] was better," she added.

The current agreement includes a promise by NewYork-Presbyterian Hospital to hire a handful more nurses for the emergency department and the

catheterization lab, which are two of the hospital's most understaffed units. But considering the other agreements that NYSNA recently negotiated, the nurses can be sure that the number of new hires will be far less than is needed. At Mount Sinai Hospital, management agreed to hire only 30 additional full-time workers, when the nurses had demanded 700 new hires.

In addition, NewYork-Presbyterian reportedly did not offer the same staffing enforcement language that Mount Sinai and Montefiore Medical Center agreed to during the 2023 strike. But these terms were themselves inadequate. Under the 2023 contract, arbitrators repeatedly fined Mount Sinai for understaffing and for making feeble efforts to recruit more nurses. For management, these fines, which have totaled millions of dollars, are the cost of doing business. The 2023 contract provided no incentive for the hospital to establish safe staffing. Instead, it institutionalized understaffing.

The local bargaining team also agreed to establish regularly scheduled arbitration dates, ostensibly to resolve staffing disputes more quickly. But this is a meaningless concession, given that the hospital system has appealed every adverse arbitration decision related to staffing violations. As recently as this week, the hospital system appealed an arbitrator's finding that it must pay pediatric intensive care unit nurses almost \$400,000 in penalties for chronic understaffing. The finding results from a complaint that NYSNA filed almost three years ago, and NewYork-Presbyterian refuses to pay any penalty while its appeal is pending.

The new tentative agreement also provides insulting annual raises of about 12 percent over three years, the same as the other three hospitals. These raises, less than half the 30 percent nurses were demanding, will do little more than keep up with inflation. Moreover, as the

effects of President Donald Trump's tariffs become more acute this year, the raises may not even keep pace with the rising cost of living.

NYSNA claims that the new agreement protects nurses from workplace violence, and winning such protections was another major motivation for the strike. An attempted shooting in the emergency department of Mount Sinai Hospital in November 2025 illustrated the danger that healthcare workers face every day. Yet NYSNA has provided no details about the protections against violence that the agreement supposedly includes, and the nurses have no reason to take the union's words on faith.

New York is one of the most unequal cities in the United States. The city's poverty rate in 2025 was about 25 percent, according to the Robin Hood Foundation. Meanwhile, the city is home to 123 billionaires, according to *Forbes*. Several of these billionaires, such as Ray Dalio, the founder of the world's largest hedge fund, Bridgewater Associates; William Lauder, chair of Estée Lauder Companies; and Stephen A. Schwarzman, the CEO and co-founder of Blackstone, one of the world's largest private equity firms, are members of NewYork-Presbyterian Hospital's board of trustees.

Without any difficulty, any of these billionaires could write a check to cover the cost of the striking nurses' demands. Instead, they have instructed management to give no quarter in negotiations.

The NYSNA bureaucracy has played a filthy role throughout the strike, and the NewYork-Presbyterian nurses have justly called its recent actions a betrayal. When the executive committee in charge of negotiations with the hospital rejected a recent tentative agreement as inadequate, President Nancy Hagans and other NYSNA leaders overrode this decision (thus breaking the union's bylaws), forcing a snap vote on the agreement and insisted that nurses ratify it. Instead, the nurses voted against the sellout deal, which did not provide adequate nurse-to-patient ratios or job security, by a margin of three to one.

Lower-ranking NYSNA officials, too, have attempted to deceive the striking nurses. After nurses rejected the tentative agreement, Beth Loudin, a member of the executive committee at NewYork-Presbyterian Hospital, was one of the local officials that led a protest demanding disciplinary procedures against Hagans and

Executive Director Pat Kane.

Now, Loudin, who is also a member of the Democratic Socialists of America, has issued a statement alongside Hagans urging the nurses to ratify the new tentative agreement. Loudin's about-face suggests that the earlier objections of local officials were based on procedural grounds, rather than on the agreement's substance.

The snap vote on the new pro-management agreement proves that the nurses need a new strategy. Rejecting this agreement is necessary but insufficient; NYSNA and hospital management would simply wait a bit longer before bringing a similar agreement to the nurses for a vote. NYSNA is hoping that prolonged picketing without strike pay will finally force the nurses to surrender to the demands of management.

This strike can be won, but only if the nurses take matters into their own hands. They must form a rank-and-file committee to lead the strike and exercise full control over negotiations with management. The committee will list the demands that must be satisfied for any tentative agreement to be considered.

Moreover, the nurses must break out of the isolation that NYSNA has imposed on them. Through the rank-and-file committee, the nurses must appeal to the other NewYork-Presbyterian workers to join their strike. Similarly, the strike must be expanded to all 11 hospitals in New York City and Long Island where contracts expired on December 31, 2025. The strike must continue until all the nurses' demands are met and unjustly fired workers, such as the three labor and delivery nurses at Mount Sinai, are reinstated.



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