

Chicago nurses vote overwhelmingly to unionize at Prime Healthcare's Saint Mary of Nazareth Hospital

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On June 17, registered nurses at Saint Mary of Nazareth Hospital in Chicago voted to join the National Nurses Organizing Committee, an affiliate of National Nurses United (NNU). The union reported to the *Chicago Sun-Times* that roughly 96 percent of participating nurses supported the measure, a margin its organizers described as the highest they had ever encountered. According to the National Labor Relations Board, approximately 400 nurses were eligible to vote, though the official tally and certification had not yet been posted as of this writing.

The result is one expression of a growing wave of opposition by healthcare workers to impossible workloads, which have reached the breaking point in the years following the outbreak of the COVID-19 pandemic. A series of major strikes in the healthcare industry have taken place in recent years, including two in January by New York City nurses and by Kaiser Permanente workers.

The vote follows a May 2026 unionization drive by the same organizing committee at Rush University Medical Center, also in Chicago, and a spring push by the Teamsters at Endeavor Health facilities in the suburbs.

The conflict began over a year ago when the for-profit chain Prime Healthcare acquired Saint Mary of Nazareth in March 2025. Nurses documented an immediate deterioration in conditions. WBEZ Chicago reported that the emergency room nurse-to-patient ratio swelled from five to seven. In addition, nurses grappled with cheaper supplies, reliance on inexperienced staff and the removal of critical addiction medications from psychiatric units.

They filed a representation petition with the labor

board on May 20, 2026. Within days, Prime fired six nurses active in the organizing committee under the pretext that they were trespassing on the premises. Rather than intimidating the workforce, the retaliation ignited an open revolt among the nurses.

Prime then tested legal delays, moving on May 27 to postpone the representation hearing, a maneuver the union opposed the same day. A stipulated election agreement was nonetheless reached on June 1. Protesting the terminations, nurses mounted a one-day unfair labor practice strike on June 11, a single-day action with a pre-announced return to work the following morning.

After the June 17 vote, Prime issued a perfunctory statement claiming it respects the outcome, while conspicuously flagging concern about the financial impact on the hospital system. That language pre-positions future concession demands during first-contract negotiations. It mirrors the script Prime deployed at Saint Joseph Medical Center in Joliet, where it justified severe service cuts by claiming the hospital had suffered nearly \$90 million in annual losses before the acquisition.

On March 1, 2025, Prime completed its acquisition of eight Ascension Illinois hospitals and associated senior-living facilities for roughly \$375 million, a basement price. The deal converted the 6 of the 8 hospitals in the network from nonprofit status into for-profit entities controlled by owner Dr. Prem Reddy.

It was driven by severe deficits at Ascension, which reported a \$2.66 billion net loss in fiscal 2023, and was facilitated by the unanimous approval of the Illinois Health Facilities and Services Review Board and the sign-off of the Archdiocese of Chicago and the Vatican.

Prime's strategy relies on aggressive revenue extraction, documented in its federal enforcement record. Prime and Reddy paid \$65 million in 2018 to settle allegations under the False Claims Act that 14 Prime hospitals in California submitted false Medicare claims between 2006 and 2014. A \$1.25 million Pennsylvania settlement followed in 2019, and then a \$37.5 million kickback settlement in 2021.

When Prime acquired Encino Hospital Medical Center and Garden Grove Hospital in 2008, it adopted the existing union contracts. After the contracts expired in 2011, they unilaterally stopped paying agreed wage increases and refused to furnish health-plan information. Prime has also fired bargaining-team members during strikes and, in 2013, publicly announced it would not comply with at least two labor board rulings.

This record shows the fight that Saint Mary nurses have with Prime in the times ahead.

The consequences are already unfolding across Prime's Illinois facilities. At Saint Joseph Medical Center in Joliet, where nurses are members of the Illinois Nurses Association, Prime suspended inpatient pediatric care and closed elder-care and post-surgical units; the hospital now runs roughly 185 to 198 beds despite being licensed for 489.

Mercy Medical Center in Aurora has lost its Level II trauma status. The International Union of Operating Engineers Local 399 has filed 10 unfair labor practice charges alleging bad-faith bargaining across eight Illinois hospitals.

The vote confirms the recognition by workers that their struggle against the for-profit healthcare system requires organization and unity. But while the nurses are motivated, they now confront a union apparatus within NNU, tied both to the healthcare industry and the Democratic Party, that will do everything it can to contain and limit the opposition behind this vote. Their goal will not be to wage a struggle to hire more nurses, cut hours to safe levels and other basic, urgent demands, but to work out a comfortable relationship with hospital management over and above the nurses.

The six fired nurses will be left in protracted legal limbo as charges crawl through the labor board. When Prime engages in surface bargaining, the union will absorb the obstruction rather than escalate. Rather than coordinating action across all eight Prime hospitals in

Illinois, it will isolate the Saint Mary nurses and redirect their anger into electoral channels and appeals to the very Democratic Party that facilitated the privatization.

The way forward requires building democratically controlled rank-and-file committees, independent of the bureaucracy, to coordinate action across all eight Prime hospitals and link Chicago nurses with healthcare workers nationally and internationally.

Workers must fight to take profit out of medicine and reorganize healthcare as a public good under their own democratic control. For the working-class, immigrant and largely Latino community on Chicago's near Northwest Side, access to lifesaving care depends on that outcome.



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