

# Massachusetts nurses, home care clinicians plan largest healthcare strike in state history

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More than 4,500 nurses and clinicians employed by Mass General Brigham (MGB), the largest private hospital system in Massachusetts, are set to walk out Wednesday, July 8, in what would be the largest strike of healthcare workers in state history.

The strike includes more than 4,000 registered nurses at Brigham and Women's Hospital (BWH) in Boston and roughly 450 MGB Home Care clinicians in Greater Boston, including registered nurses, occupational and physical therapists, speech-language pathologists, social workers and dietitians. The Massachusetts Nurses Association (MNA) has called only a 24-hour walkout at BWH, while the much smaller Home Care unit is scheduled for a seven-day strike.

The strike vote at BWH was overwhelming. Nurses voted 2,798 to 12, or 99.6 percent, to authorize a strike, the largest such vote by nurses in Massachusetts history. The vote reflects years of anger over unsafe staffing, stagnant pay, higher health insurance costs and the erosion of patient care at one of the country's best-known hospital systems.

MGB has announced that it will lock out BWH nurses for an additional four days, until July 13, claiming the more than 1,200 traveling nurses it is bringing in as strikebreakers require a five-day minimum commitment. This exposes the MNA's strategy of a token one-day strike under conditions where management could predict the timetable, import replacement labor and then turn the hospital's own lockout into a weapon against the nurses.

At BWH, management has refused to offer across-the-board wage increases, pointing instead to automatic 5 percent "step" increases tied to seniority. Nurses are seeking raises beyond those step increases and are opposing MGB's demand that those enrolled in the Harvard Pilgrim healthcare plan pay a larger share of

monthly premiums. They are also seeking limits on the hospital's dependence on travel nurses, a practice that both expresses and deepens the chronic staffing crisis by burning out permanent staff and undermining continuity of care.

MGB Home Care clinicians are fighting for their first contract after voting to unionize in 2024. They are demanding reasonable caseload limits, transparent productivity standards and wages that reflect the complexity of caring for patients in their homes. Clinicians say that burnout and turnover are already damaging the system's ability to recruit and retain staff as demand for home-based care rises.

The Massachusetts walkout is part of a growing wave of struggles by healthcare workers across the United States this year. In January, 15,000 nurses at major New York City private hospital systems began an open-ended strike over pay, staffing and working conditions, with nurses at New York-Presbyterian remaining out for six weeks. Later that month, more than 31,000 Kaiser Permanente healthcare workers in California and Hawaii began an open-ended strike over wages and staffing, including 22,000 nurses in Southern California.

Other strikes this year have involved nurses and healthcare workers at Providence facilities in California, MarinHealth in Northern California, University Medical Center New Orleans, MultiCare Yakima Memorial in Washington and St. Mary of Nazareth Hospital in Chicago.

These struggles are rooted in the Wall Street domination of healthcare and the profit-driven subordination of patient care, which have produced sweeping attacks on hospital capacity, staffing levels, wages and working conditions, especially since the start of the pandemic.

At MGB, the staffing crisis is inseparable from management’s broader attack on care. MGB has closed or cut specialized services, including Brigham’s Burn Unit, the Weiner Center preoperative evaluation clinic and the Integrated Care Management Program, even as it presents itself as a defender of “high-quality patient care.”

MG’s claims of financial hardship do not withstand scrutiny. The system holds an estimated \$35.8 billion in assets. For the fiscal year ending in September, it reported a \$59.2 million operating gain and, boosted by investment income, a \$2.4 billion net margin.

Earlier in fiscal 2025, in the quarter ended June 30, MGB’s bottom line reached \$1.03 billion, driven largely by nearly \$963 million in nonoperating gains. For the full fiscal year ending September 30, 2025, the system still reported a \$59.2 million operating gain and \$2.4 billion in net income.

Meanwhile, MGB’s 14 highest-paid executives took home a combined \$35.9 million in fiscal year 2024. CEO Dr. Anne Klibanski alone received \$8.4 million, more than 90 times the roughly \$86,700 starting salary for a Brigham nurse. MGB also paid tens of millions of dollars to consulting, staffing and construction firms.

Management’s hypocritical claim that nurses’ wage demands would cost more than \$90 million a year and push the system beyond the state’s 3.6 percent healthcare cost-growth target is a transparent attempt to make nurses pay for a crisis created by management.

Workers have shown immense determination, but the immediate danger is that the MNA bureaucracy will dissipate this overwhelming strike mandate. The MNA knew that MGB would respond to a 24-hour strike by locking nurses out, but it proceeded with the same limited one-day action, while giving management enough time to arrange replacement staff, prepare public statements and wait out the walkout.

The MNA is isolating the strike from workers across the rest of the state. It has kept the BWH nurses and Home Care clinicians on separate timetables, while doing nothing to mobilize the tens of thousands of healthcare workers across MGB. Nurses at MGB’s flagship Massachusetts General Hospital remain nonunion, and the system employs between 74,000 and 82,000 people.

In Worcester, nurses at UMass Memorial Medical Center’s University Campus voted 1,233 to 17 on July

1 to authorize their own 14-day strike over understaffing, workplace safety and recruitment and retention.

The experience of the St. Vincent Hospital strike in Worcester is a warning. Nurses there conducted the longest healthcare strike in Massachusetts history, lasting 301 days from March 2021 to January 2022. The MNA isolated the strike and ultimately pushed through a contract that fell far short of nurses’ demands on staffing and wages. Two years later, eight nurses who had exposed dangerous conditions at the hospital were fired, and MNA leaders ruled out strike action to defend them or fight for safe staffing.

The fight at BWH and MGB Home Care cannot be left in the hands of the MNA apparatus. Nurses and clinicians should form rank-and-file committees, independent of the union bureaucracy and the Democratic Party, to take control of the struggle. These committees should demand open bargaining, the publication of all contract proposals, and the extension and unification of the BWH and Home Care strikes.

Above all, nurses and clinicians should appeal directly to healthcare workers throughout Mass General Brigham, UMass Memorial and across the state. The demands of Brigham nurses and MGB Home Care clinicians—for wages that keep pace with the cost of living, affordable health insurance, safe staffing, reasonable caseloads and the preservation of specialized patient services—are entirely just. Winning them requires transforming the limited actions scheduled by the MNA into a unified fight against the corporate looting of healthcare.



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