

Massachusetts nurses strike Mass General Brigham in largest healthcare walkout in state history

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8 July 2026

More than 4,500 nurses and clinicians walked off the job Wednesday morning at Mass General Brigham (MGB), the biggest private hospital system in Massachusetts, in the largest strike of healthcare workers in the state's history and the first by nurses at Brigham and Women's Hospital (BWH). The walkout includes more than 4,000 registered nurses at BWH in Boston and roughly 450 MGB Home Care clinicians—registered nurses, occupational and physical therapists, speech-language pathologists, social workers and dietitians—across Greater Boston.

Thousands of nurses in red shirts ringed the hospital in the Longwood Medical Area beginning at 7 a.m., chanting and carrying signs reading “Boston Strikes” and “Nurses do the labor, MGB gave no delivery.” The Massachusetts Nurses Association (MNA) only called a 24-hour strike at BWH, while the much smaller Home Care unit began a seven-day walkout.

MGB has seized on the limited character of the action at BWH to impose a lockout. Although nurses had planned to return to work Thursday morning, management is barring them from the hospital until 7 a.m. Monday, July 13, claiming the nearly 1,300 traveling nurses it has imported as strikebreakers require five-day minimum contracts. The one-day strike called by the MNA has thus been converted into a five-day work stoppage on management's terms.

According to the MNA, Governor Maura Healey summoned MGB and the striking nurses to the State House Wednesday afternoon in move to broker a deal to end the strike. Nurses should be on guard that the Democratic governor will try to push through a “compromise” agreement that bends to the demands of MGB management, and that the MNA will agree to it.

Nurses should reject any deal that does not meet their demands and be prepared to extend their strikes.

Brigham nurses voted by an overwhelming 2,798 to 12, or 99.6 percent, on June 16 to authorize the strike after more than seven months of bargaining in which MGB repeatedly proposed zero percent cost-of-living increases, pointing instead to automatic 5 percent seniority “step” raises. Management is also demanding that nurses enrolled in the Harvard Pilgrim health plan pay a larger share of monthly premiums. Home Care clinicians, fighting for their first contract since unionizing in 2024, are demanding reasonable caseload limits, transparent productivity standards and wages that reflect the complexity of caring for patients in their homes.

WSWS reporters spoke with strikers and supporters on the Brigham picket line Wednesday.

Shauna, a Brigham nurse, condemned management for forcing the confrontation. “I think that this is ridiculous on behalf of MGB to even get to this point,” she said. “We are asking for a fair contract and nothing that's above or beyond their means, and I think that they're able to give it, but they won't, because of greediness.”

Asked whether a one-day strike could win the nurses' demands, Shauna pointed to the consequences of management's lockout. “Well, a one-day strike is essentially a five-day lockout, so you won't have your essential and primary nurses inside an acute critical hospital for five full days. That is a big patient safety concern, and I think that it should make an impact in the long run.”

She raised concerns about the strikebreakers now staffing the hospital. “They have brought in

replacement workers. We don't know where they got them from, or how many of them are in the units, or if the patient-to-nurse ratio is even going to be safe."

Jackie, a nurse who worked the overnight shift before walking out at 7 a.m., described the handover to replacement staff. "It's terrible. I was in there overnight, and the fact that we had to leave the patients without giving physical reports to the nurses was horrible."

Her colleague Ashley said the notion that traveling nurses could substitute for the permanent workforce was absurd. "No one can do what we do here. No one can replace what we do here. Just highly skilled, compassionate nurses who clearly mean the world to their patients. We love our patients. Our patients love us. Everyone needs to just come together and rally against these big corporations who are trying to take the patients and what we stand for away from us."

Workers from other sections of the working class joined the picket line. Juan Gonzalez, a member of Lawrence Firefighters Local 146, told the WSWS: "As a union brother, I like to support the MNA. Nurses are what we depend on when everybody's sick—our children, our families—and I believe in fair wages, fair conditions, safe conditions inside the hospital. So, when you get offered zeros, that's no good for anybody. Nurses are caring souls, they always give 100 percent."

Asked whether the strike should last longer than one day, he replied, "I think so. It should be as long as it needs to to get it accomplished." He added, "Listen, nobody wants to see this, but it has to be done to accomplish fair wages, patient safety. It has to be done. It's unfortunate, but it's the only way to get these people to listen."

Gloria Gonzalez, a member of the Lawrence Teachers Union, agreed. "I think it's important that we treat our nurses fairly. If they need to do a number of days, then so be it—until they come together and figure out what's in the best interest of our nurses and their patients."

The sentiments of these workers—for a broader, longer and unified struggle—stand in sharp contrast to the strategy of the MNA bureaucracy. The union knew that MGB would answer a 24-hour strike with a lockout, but it proceeded with the token action anyway, giving management ample time to recruit replacement staff and wait out the walkout. The MNA has kept the

Brigham nurses and Home Care clinicians on separate timetables and has done nothing to mobilize the tens of thousands of workers across the MGB system, where nurses at system's other flagship facility, Massachusetts General Hospital, are nonunion and are not on strike.

MGB's cries of financial hardship are obscene. The system holds \$35.8 billion in assets and reported \$2.4 billion in net income for fiscal year 2025, even as it shuttered the Brigham Burn Unit, the Weiner Center preoperative clinic and other patient services. Its 14 highest-paid executives took home a combined \$35.9 million in fiscal 2024, including \$8.4 million for CEO Dr. Anne Klibanski—nearly 100 times the \$86,700 starting salary of a Brigham nurse.

The pull toward unified action is objective. In Worcester, nurses at UMass Memorial Medical Center voted 1,233 to 17 on July 1 to authorize a 14-day strike. But the record of the MNA—above all the 301-day St. Vincent Hospital strike of 2021-22, which the union isolated and ended in a contract that abandoned nurses' core demands—is a warning.

To prevent a similar sellout, Brigham nurses and Home Care clinicians should form rank-and-file committees, independent of the MNA apparatus and the Democratic Party, to demand open bargaining, the publication of all contract proposals and the extension and unification of the strikes. Above all, they should appeal directly to healthcare workers throughout MGB, UMass Memorial and across the state to transform these limited actions into a unified fight against the corporate looting of healthcare and for the establishment of genuine socialized medicine.



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