Brigham and Women's Hospital nurses return to work in Boston without a contract

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More than 4,000 registered nurses at Brigham and Women's Hospital (BWH) in Boston returned to work at 7:00 a.m. Monday without a contract, five days after the Massachusetts Nurses Association (MNA) called them out on a one-day strike that Mass General Brigham (MGB) promptly converted into a four-day lockout. The largest strike of healthcare workers in Massachusetts history has ended for now, on management's terms.

Roughly 450 MGB Home Care clinicians—registered nurses, occupational and physical therapists, speech-language pathologists, social workers and dietitians fighting for their first contract—remain on strike through Wednesday morning. Their seven-day walkout is to conclude Tuesday afternoon with a rally outside MGB headquarters at Assembly Row in Somerville. Clinicians have endured 30 bargaining sessions over more than a year without a first contract, and during their walkout, MGB paused dietician and speech-language appointments, undercutting its claims of uninterrupted care.

The Brigham nurses walked back into the hospital to music, bubbles and cheers from colleagues across the street. But the atmosphere of celebration cultivated by the MNA cannot conceal the essential facts: After eight months of bargaining, a 99.6 percent strike authorization vote and the largest healthcare walkout in state history, nurses returned with nothing: no agreement on wages, no agreement on health insurance costs, no limits on the hospital's use of travel nurses and no date set for the next bargaining session.

Nurses have every right to be proud of their stand in defense of wages, affordable healthcare and safe staffing. They voted overwhelmingly—2,798 to 12—on June 16 to authorize a strike, walked out Wednesday morning in defiance of a hospital system with $35.8 billion in assets, and picketed around the clock through five days of summer heat, winning enormous support from patients, other healthcare workers and workers across the region.

A firefighter and a teacher from Lawrence, Massachusetts, who joined the picket line, told the WSWS the strike should last "as long as it needs to." A patient at the Brigham left his hospital bed to walk the floor wearing a sign supporting the nurses.

But the determination of the rank and file was squandered by the strategy of the MNA apparatus, which was bankrupt from the start.

The union called a strike of exactly 24 hours and, as required by law, gave MGB 10 days' advance notice. Management knew precisely when nurses would walk out and when they intended to return. It used that notice to contract nearly 1,300 traveling nurses as strikebreakers, prepare its public relations operation and arrange leadership coverage. MGB informed nurses in a June 12 email and letters to their homes that a strike would trigger a lockout, because the replacement nurses required five-day minimum contracts.

In other words, the MNA led nurses into a trap whose blueprint management had mailed to their houses. When nurses marched to the hospital doors Thursday morning chanting "Let us in!" they were turned away. The union's own lead negotiator, Kelly Morgan, called the moment "absolutely defeating and demoralizing." The one-day strike called by the MNA became a five-day work stoppage on MGB's schedule, with the hospital—not the nurses—deciding when work would resume.

While MGB declared that care provided by the strikebreakers was "equivalent or better" than the Brigham's usual performance, patients' family members said otherwise. One woman told WHDH-TV that the decline in her hospitalized father's care left her in tears.

The MNA strategy in the strike was not a miscalculation. It is the same playbook the union apparatuses in healthcare and other critical industries have followed for decades: token actions designed to let off steam while isolating workers and keeping the initiative in the hands of management.

The MNA kept the Brigham nurses and the Home Care clinicians on separate timetables, one striking for a day, the other for a week. It did nothing to mobilize the tens of thousands of other workers across the MGB system, where nurses at the other flagship hospital, Massachusetts General, remain nonunion. In Worcester, nurses at UMass Memorial Medical Center voted 1,233 to 17 on July 1 to authorize their own 14-day strike over understaffing and workplace safety, yet no effort has been made to unite these struggles.

The MNA's record at St. Vincent Hospital in Worcester stands as a warning. Nurses there waged the longest healthcare

strike in Massachusetts history, 301 days in 2021-22, only to have the union isolate the struggle and push through a contract that abandoned their core demands. Two years later, nurses who exposed dangerous conditions were fired, and the MNA ruled out any strike action to defend them.

The substance of the dispute at the Brigham, as the hospital is known, exposes the outrageous character of MGB's position. Through more than 20 bargaining sessions since November, management has proposed zero percent cost-of-living increases, pointing instead to automatic 5 percent seniority "step" raises that simply move nurses along an existing scale.

It is demanding that nurses enrolled in the Harvard Pilgrim health plan pay a larger share of monthly premiums. The union's wage proposal—3 percent for the first six months and 4 percent for the following year—is itself thoroughly inadequate under conditions in which the cost of living in the Boston area is at an all-time high.

It also marks a sharp retreat. According to the union's own bargaining updates, nurses originally demanded a 15 percent across-the-board raise over two years and opposed management's bid to double health insurance premiums—demands the MNA whittled down by more than half before the strike began.

MGB's pleas of financial constraint are fraudulent. The system reported a $2.4 billion net margin for Fiscal Year 2025 while shuttering the Brigham's 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 Year 2024, including $8.4 million for CEO Dr. Anne Klibanski—nearly 100 times the $86,700 starting salary of a Brigham nurse. The hundreds of millions of dollars spent hiring 1,300 strikebreaking travel nurses and 175 replacement home care clinicians demonstrate that money is available for everything except the workforce that treats patients and keeps them alive.

The arrogance of this corporate giant was on full display Friday, when MGB sent a cease-and-desist letter to the MNA over "significant noise" from the picket lines—an attempt to silence nurses protesting outside the hospital that had locked them out. Management also publicly accused striking nurses of interfering with an emergency response after they escorted a patient to care elsewhere in the hospital.

Nurses should draw the necessary conclusions from the parade of Democratic politicians seen throughout the strike. Governor Maura Healey summoned both sides to the State House Wednesday; Boston Mayor Michelle Wu invited them to City Hall; Senators Elizabeth Warren and Ed Markey appeared for photographs on the picket line. None of this posturing of support produced a deal, nor was it intended to.

The role of these capitalist politicians is to pose as friends of labor while pressuring workers back onto the job and preparing the ground for a "compromise" dictated by management. In New York in January, Democratic Governor Kathy Hochul went further, declaring a state of emergency to strengthen the hospitals' hand against 15,000 striking nurses.

The Brigham strike is part of a growing wave of healthcare struggles across the country this year, including the open-ended strikes by New York City nurses and more than 31,000 Kaiser Permanente workers in California and Hawaii. The issues are the same for nurses everywhere—unsafe staffing, stagnant wages, soaring insurance costs and the subordination of patient care to profit—and the union bureaucracies work to isolate, limit and wind down the struggles.

The fight at the Brigham and MGB Home Care is not over, but it cannot be left in the hands of the MNA apparatus, which is already preparing to repeat the St. Vincent scenario. Nurses and clinicians should form rank-and-file committees, democratically controlled by workers themselves and independent of the union bureaucracy and the Democratic Party, to take the conduct of this struggle into their own hands.

These committees should demand open bargaining and the publication of all contract proposals; the formulation of non-negotiable demands by the rank and file, including real cost-of-living increases, fully affordable health insurance and enforceable staffing levels; and the rejection of any agreement that does not meet them. Above all, they should fight to break the isolation imposed by the MNA—reaching out to nurses at UMass Memorial, to nonunion workers at Mass General, to the tens of thousands of employees across the MGB system and to healthcare workers nationally through the International Workers Alliance of Rank-and-File Committees (IWA-RFC).

The Brigham nurses have demonstrated their willingness to fight. What they confront is not merely an intransigent employer but a healthcare system dominated by Wall Street and administered by multimillionaire executives and billionaire trustees. The defense of nurses and patients alike requires wresting healthcare from the grip of the financial oligarchy and reorganizing it as a social right, guaranteed to all as part of the socialist reorganization of economic life.