New York’s interns and residents face contract struggle amid social crisis

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2 November 2026

Roughly 2,000 interns and residents are fighting for new contracts with eight private hospitals in New York City. They are fighting for significant wage increases, better benefits and working conditions and stronger protections for international medical graduates who are vulnerable to President Donald Trump’s anti-immigrant attacks.

The workers belong to the Committee of Interns and Residents (CIR), which has allowed negotiations to drag on interminably. The contract for interns and residents at the Institute for Family Health expired on June 30, 2025. The contracts for workers at Maimonides Medical Center, the Brooklyn Hospital Center, NewYork-Presbyterian, Brooklyn Methodist Hospital and Wyckoff Heights Medical Center expired on October 31, 2025. Workers at BronxCare and St. John’s Episcopal Hospital have had an expired contract since December 31, 2025. Workers at St. Barnabas Hospital are also in negotiations.

Interns are medical school graduates in their first year of hospital-based residency training. Residents have completed their first year of training and practice medicine under the direct or indirect supervision of senior physicians. Their workweeks can be as long as 80 hours, and they are paid substantially less than fully qualified attending physicians. A first-year resident at the Brooklyn Hospital Center earns $79,188 a year, or about $19 an hour for an 80-hour week, barely $2 above the city’s minimum wage. The hospital’s CEO, Gary Terrinoni, received $1.82 million in 2024. Residents struggle with New York’s high cost of living, student debt, the expenses of medical training and, in some cases, supporting their children.

Moreover, one in five of CIR’s New York members is an international medical graduate. Many of these physicians rely on visas to continue their training and employment. Under Trump, they face the threats of visa restrictions and the expansion of Immigration and Customs Enforcement operations. “They’re terrified,” Conrad Fischer, residency program director at Brookdale Hospital in Brooklyn, where about half of the internal medicine doctors hold visas, told *Healthbeat* last year. “If we didn’t have international graduates, we would close.”

In addition to higher wages, the residents are demanding allowances for meals and education. They also are demanding transportation support (such as rideshare reimbursement) after late-night shifts. Rather than shorten residents’ hours, the Accreditation Council for Graduate Medical Education, which accredits residency programs, proposed in September to scrap the recommended eight hours off between shifts and to cut the rest period after a 24-hour shift from 14 hours to 12. Moreover, residents are fighting to preserve their learning opportunities, training resources and clinical support, which are threatened by cuts to public funding.

As part of their struggle to protect international medical graduates from visa disruptions and changing immigration rules, the residents are challenging the federal fee of $100,000 for H-1B visas. A federal court struck down this fee in June, and an appeals court refused in July to reinstate it while the government’s appeal continues.

At Maimonides, residents seek to preserve their existing contract rights after the hospital becomes part of New York City Health + Hospitals (NYC H+H), a public healthcare system. At a City Council hearing on March 2, Mitchell Katz, CEO of NYC H+H, said that the system would honor its existing agreement with CIR and that Maimonides staff would not become city employees. *Crain’s* later reported that the union said H+H had broken these promises.

The residents are struggling against a social crisis that afflicts the entire city. The median asking rent in New York City has reached a record $3,785, according to Realtor.com. It increased by 4.5 percent in the past year, while private sector hourly earnings have only increased by 4.2 percent. Residents are simultaneously grappling with an average student debt of more than $200,000.

To fund the illegal war on Iran and further enrich the corporate and financial oligarchy, the Trump administration is attempting to reduce the Medicaid rolls by imposing new work requirements. At least 475,000 New Yorkers statewide could lose their Medicaid coverage, and the state’s uninsured population could increase by 45 percent to 1.45 million people, according to the New York State Department of Health. NYC H+H has budgeted for up to $622 million in federal funding cuts, according to the state comptroller. Maimonides, Wyckoff Heights and the Brooklyn Hospital Center could face cuts,

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layoffs or closures, according to a Public Citizen study.

Members of some of these ostensibly nonprofit hospitals' boards also belong to New York's financial oligarchy. The board of Maimonides Health includes Eugene Keilin, cofounder of private equity firm KPS Capital Partners; Paul T. Addison, who held senior positions at Citicorp and Salomon Smith Barney/Citigroup; and Robert E. Foran, a former chief financial officer of New York's Metropolitan Transportation Authority who previously held senior positions at Bear Stearns, Morgan Stanley and Lehman Brothers. On the board of Mount Sinai Health system is John B. Hess, former CEO and chairman of Hess Corporation, and Richard A. Friedman, who had a long career in investment management at Goldman Sachs. This is the social layer responsible for residents' inadequate pay and overwork.

CIR has already reached settlements with two hospitals. The new agreement with One Brooklyn Health provides 14.5 percent in wage increases over three years, a $1,350 professional-education benefit and increased ride-service reimbursement. The new contract at Mount Sinai Morningside and West includes 12 percent in wage increases over three years, a $1,500 annual meal allowance and $10,000 toward elective egg freezing, which does not take effect until 2028. The raises in these contracts will do little to help residents keep up with the rising cost of living. Moreover, there is no indication that these agreements limit residents' exceptionally long hours or provide strong protections for international medical school graduates.

The residents' struggle follows the strike of 15,000 nurses that took place in January and February. At some of the same hospitals where the residents are negotiating, nurses struck for raises, safe staffing, fully funded benefits and protections against violence.

The New York State Nurses Association (NYSNA) did everything possible to sabotage the biggest nurses' strike in the city's history. Instead of waging a powerful, united struggle, the union kept its members divided and imposed inadequate contracts on them hospital by hospital. President Nancy Hagans violated the union's bylaws and forced nurses at NewYork-Presbyterian to vote on a pro-management agreement that their bargaining committee had already rejected. One nurse described this action as "a stab in the back."

Mayor Zohran Mamdani, a member of the pseudo-leftist Democratic Socialists of America, gave lip service to the nurses while his partner, Democratic Governor Kathy Hochul, signed emergency declarations that brought in scab nurses from out of state. Mamdani later endorsed Hochul for re-election. He has said nothing in support of the interns and residents.

CIR did nothing to mobilize its members in support of the nurses. Instead, individual residents joined the nurses' picket lines on two days at two hospitals. CIR is using the same divide-and-conquer approach to the residents' struggle that NYSNA used to betray the nurses. Five of the contracts, including the one at One Brooklyn Health, expired on the same day, October 31, 2025, yet CIR has let the hospitals settle one at a time. Moreover, CIR has blocked residents from striking for more than a year.

CIR's actions during the contract struggles of 2023 demonstrate that interns and residents can place no faith in the union leadership. That year, approximately 165 workers at Elmhurst Hospital staged the first residents' strike in New York City in more than three decades. The union limited the action in advance to five days and cut it short after reaching a tentative agreement. The contract provided raises that did not keep pace with inflation, and CIR sent the residents back to work without allowing them to vote on it. The demand for hazard pay—for workers who had been at "the epicenter of the epicenter" of the COVID-19 pandemic—was reduced to a mere promise to "negotiate" it later.

"The strike wasn't successful. It felt like a failure," Tyler, a first-year resident at Elmhurst, told the *World Socialist Web Site*. "The agreement [that Elmhurst offered] beforehand was nearly identical." He described CIR as "run by the leadership, not a union run by the members."

Weeks later, CIR called off a planned five-day strike by around 500 residents at Mount Sinai Morningside and West after reaching an inadequate tentative agreement on the eve of the walkout.

To win better wages, protect international medical graduates against deportation and limit their grueling workweeks, the residents must take the initiative away from the CIR bureaucracy. The first step must be the formation of rank-and-file committees at all New York's hospitals. These committees must be independent of the union leadership and controlled democratically by the workers. They will provide the organizational form through which residents can formulate a strategy for a genuine fight. This strategy must include an appeal to other healthcare workers, who face the same conditions and the same class enemy. Ultimately, the residents must confront the source of the attacks that they face: the system that subordinates healthcare to profit.

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