

# Strike looms for 1,700 University of Illinois nurses, as Trump plans sweeping assaults on healthcare system

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12 November 2024

More than 1,700 University of Illinois (UI) nurses are set to strike indefinitely, according to the Illinois Nurses Association (INA). They have been working without a contract since mid-August, when a one-week strike was ended with none of their demands being met. The nurses authorized this second open-ended strike in October, after repeated negotiations with UI Health (UIH) management failed to result in added contract language on safety.

One of their main demands is a higher wage to meet rising costs of living: Chicago has the second highest inflation out of any metro area in the US, but UIH is offering pathetic 2 percent wage increases.

The other main demand is for improved staff-to-patient ratios to provide adequate and safe care to their patients. They are also demanding specialists work in their areas of expertise instead of pooling nurses across hospital departments.

A staff nurse with UI, David Martucci, noted, “These are serious issues. We just want to see substantive movement. We’ve tried to find common ground, and we’ve been meeting them more than halfway in some of these issues. But we’re still not making any progress.”

“Staff can get hurt, sometimes with extensive lifelong injuries,” he added. “I’ve been assaulted on the job, and many others have, too.” Many nurses are primary bread winners and their families desperately depend on their paychecks to make ends meet.

During the first strike in August, the union had written, “UIH nurses sacrificed their health and their family time to save lives, fight COVID spread and treat Chicago’s most vulnerable patient community over the past few years. Over that same time, they have experienced understaffing, workplace violence and a loss in purchasing power thanks to the record inflation of recent years.”

In their usual parlance, however, the UIH has rejected these demands, issuing a statement claiming, “The majority of UI Health nurses currently are paid better than 90 percent of nurses in the Chicagoland area. Under our current proposal, UI Health nurses will continue to receive top pay compared to Chicagoland peers.”

In response to the strike action, UIH declared it has activated “comprehensive plans to anticipate, respond to and mitigate staffing disruptions that may occur over the coming weeks, including a process to secure nursing agency staff, ensuring that in the event of a strike our patients continue to receive the outstanding care they need.” In other words, they plan to break the strike with scab labor.

The same nurses took strike action amid the first year of the COVID pandemic, in September 2020. However, that strike was quickly shut down by the INA, forcing the nurses back into the hospital. The next day the union reported to the rank and file that they had reached a tentative agreement with UIH management for a four-year agreement.

Four years later, none of the promises made have been honored, underscoring that the shut-down of the 2020 strike was a sellout by the INA bureaucracy.

UIH’s hard line is being enabled by the INA bureaucracy, which has kept workers on the job for months and which is not making an appeal to healthcare workers across the region to come to the defense of UIC workers. But the issues confronting UIH nurses are the same across the entire healthcare sector.

Since the start of the pandemic, there has been a sharp increase in strike activity among healthcare workers. Between the eight-year span of 1993 to 2021 there had been 96 major work stoppages in the healthcare and social assistance sector (of which 88 percent occurred in

hospitals). Between 2021 to 2023, there were 109 strikes, with 39 recorded in 2022 and 37 strikes in 2023. In 2024, as of September 30, there have been 15 strikes, bringing the figure to at least 124.

In California, at the University of California San Francisco, thousands of healthcare, research and technical workers are planning a two-day strike to commence on November 20. They will be joined on the picket lines by tens of thousands of mostly low-wage workers across the UC system, in one of the largest strikes of the year.

Workers too are demanding wage increases commensurate with cost-of-living surges, and are opposed to the fact that the UC administration failed to inform the rank and file about staffing vacancies, as well as quietly increased health insurance costs.

The pro-company union bureaucrats are working overtime to try to stem the tide of rank-and-file anger. Yesterday, a last-minute deal struck with Michigan Medicine blocked a planned one-day strike of 4,500 workers.

## Attacks on healthcare under Trump

With the incoming Trump administration, the stage is being set for the colossal growth of the class struggle, undermining attempts by the bureaucracy and management to enforce “labor peace.”

In a critical report published in *Health Affairs*, policy proposals under Trump and the Republicans’ Project 2025 include “[particularly noteworthy changes] to the National Labor Relations Act (NLRA) that would make it easier for employers to classify healthcare workers as independent contractors.”

Under the legal classification of an independent contractor, the report states, “[an] employer is not under the same legal obligations to bargain with contractors as they are to bargain with employees, just as an independent contractor is not protected from employer retaliation if they go on strike.”

Instead of unions, the Project 2025 coalition is advocating that Congress pass the TEAM Act that would weaken the section of the NLRA that prevents employer-controlled unions.

They wrote, “Specifically, this bill would allow employees to instead join employee involvement organizations (EIOs), which proponents of the bill note

would ‘not collectively bargain like unions do but would instead facilitate voluntary cooperation on critical issues like working conditions, benefits, and productivity.’” Essentially, workers would “voluntarily” lose all their rights against employer retaliation.

These will have immense consequences to the already eroding benefits of healthcare workers and create conditions that will endanger the safety and well-being of patients. These conditions will only further drive out the healthcare force, creating a spiraling condition whereby the healthcare sector implodes under these onerous conditions irrespective of even the burden of a lethal pandemic.

This is on top of concerted attacks on basic public health policies, indicated by Trump’s intention to elevate anti-vaxxer Robert F Kennedy Jr to a high-level health policy position in the new government. At a recent event, Kennedy threatened to fire 600 people in the National Institute of Health on the first day of the administration and replace them with Trump loyalists.

Rank-and-file healthcare workers must heed the lessons of repeated betrayals by their unions and the growing threat of a fascistic dictatorship that is rapidly transforming the political spectrum, which will in turn raise the dangers posed to workers and their struggle for better wages and safe conditions.

The justified demands of nurses, including safe staffing and the removal of the distorting influence of profit on healthcare, requires a fight not just against UIC administrators but a fight against the capitalist system, which is moving to rip up all of the gains of the past. This, in turn, is bound up with the need for a conscious rebellion against the union apparatus, connected with a fight for workers’ power.



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