

# Nurses union ends strike at University of Illinois-Chicago after announcing tentative agreement

**Benjamin Mateus**  
**21 November 2024**

On Saturday, November 16, the Illinois Nurses Association (INA) shut down a four-day strike of 1,700 nurses at the University of Illinois (UI) medical system. Union officials said they reached a four-year tentative agreement, which nurses voted on on Tuesday. The results of the vote have not been made public, but the union had already called off the strike, having told nurses to return to work on Sunday.

The terms of the contract have not been disclosed, but the INA immediately claimed the deal was an historic victory. “Our members have been deeply involved in these negotiations, from drafting of languages to watching our updates calls week after week,” the INA declared in a statement Sunday. “They knew what this staff and its patient community deserves, and they were ready to fight for it.”

In reality, the rank and file was shut out of the process, demonstrated by the fact that the union shut down the strike before the members had a chance to vote. This was an attempt to present members with a foregone conclusion, since nurses would be left on the job even if they rejected the contract.

When a *World Socialist Web Site* team spoke with nurses outside the front entrance of the UI Hospital, there was a determination to win their demands, for a three-year, not a four-year contract. They demanded immediate pay increases to offset inflation, which has made it difficult to live in one of the most expensive cities in America.

The issue of staff safety was raised several times. One nurse, who wished to remain anonymous, said that nurses are not on the safety committee, that security staff are poorly trained and that response times for such events are far too long. Another nurse working in the pediatric ward said that verbal abuse and threats are frequent from

parents who sometimes must wait more than an hour to see a physician in the crowded waiting areas.

For many of these nurses, rents and the cost of living in downtown Chicago is out of their reach. Many commute more than an hour one way to come to work. When they arrive to work, they must pay \$15 a day for parking, seriously eating into their wages.

Although INA officials have promised that the new contract will provide better safety protocols, increase wages, provide longer parental leave for all workers and allow input from bedside nurses on staffing issues, the fundamental issue of nurse-to-patient ratios was left unstated. In addition to wages, the historic nursing and healthcare workers shortages are behind the deepening crisis in healthcare, which is being driven to the brink by profit-driven cost-cutting.

Nurses are being compelled by overwork to leave the profession in droves, creating an even more tense environment for those who remain. A Mayo Clinic Study from 2021 found that one-third of surveyed nurses and doctors were planning to reduce the hours they worked. An astounding 40 percent of nurses planned to leave their current jobs within two years. A 2022 analysis saw the number of registered nurses decline by 100,000 between 2020 and 2021. Many of them were under 35 and employed in hospitals.

This trend is anticipated to worsen with close to one million nurses expected to drop out of the workforce by 2027, in large part from sustained burn out.

Workers are determined to fight back, and, in fact, many of the largest strikes over the past several years have been in the healthcare industry. Between 1993 and 2021 there were 96 major work stoppages in the healthcare and social assistance sector. Between 2021 to 2023, there were 109 strikes. In 2024, as of September 30, there have been 15

strikes.

But workers confront not just management, but pro-management union officials who have rapidly shut down or blocked strikes. The latest strike at UI took place only after more than six months of negotiations, following a one-week strike in August.

The speed with which the strike was shut down and victory declared is straight out of the playbook run by union bureaucrats across the world. If the contract were really a “victory,” they would be shouting out the details from the rooftops.

Instead, the union officials function not as workers’ defenders, but as agents of management. They do not engage nurses delivering healthcare in any genuinely meaningful discussion about the real state of public health and medicine, and work to isolate them as much as possible.

Significantly, the UI strike was shut down shortly after the union at the University of Michigan averted a strike by 4,500 healthcare workers last week. In California, the bureaucracy worked to isolate more than 40,000 healthcare, janitorial, food service workers and technicians who launched a strike this week, which the unions shut down after only two days.

The incoming administration of Donald Trump, who has said he intends to act as a dictator from “day one,” will launch a massive attack on the healthcare system, including huge cuts to Medicare and Medicaid, being worked out by his billionaire ally, Elon Musk. This and other attacks, including mass deportation of immigrants and ripping up the Constitution, will trigger massive opposition from below.

The critical question is the emergence of the working class as an independent, organized force. This means combining the fight against Trump’s policies with a rebellion against the trade union apparatus, which, by blocking and disrupting a working class movement, create conditions favorable for Trump and the extreme right. This requires the development of rank-and-file committees across the healthcare industry, the US and the world, fighting to transfer power from pro-corporate bureaucrats to the workers themselves.



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