

Attending physicians at 3 New York City public hospitals reject sellout contract

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9 February 2025

On January 27, the Doctors Council Service Employees International Union (DC SEIU) announced that close to 2,500 attending physicians at 13 public hospitals in New York City, members of DC SEIU, had finished voting on tentative contracts proposed by the New York City Health and Hospitals (H&H) and their affiliates on January 13.

While doctors at 10 New York City (H&H) facilities voted to approve contracts, majorities at three locations—Jacobi Medical Center, North Central Bronx Hospital, and Harlem Hospital Center—have rejected the deal and plan to return to negotiations with the city and the private staffing employers.

Like tens of thousands of healthcare professionals in the United States and globally, Health and Hospital doctors have been advocating for raises that outpace inflation, improved healthcare benefits, and commitments to enhance recruitment and retention.

The H&H physicians are also advocating for pay parity within the public hospital system and are seeking to overturn the recent city directive that reduces initial patient visits from 40 to 20 minutes to accommodate more patients with fewer doctors. Although the city promotes this directive as a significant benefit for patients, it would impose significant risks for working class and low-income clients and create additional stress for physicians in the understaffed public hospitals, particularly for the less experienced resident physicians who often handle these visits.

The tentative contracts disregarded all their demands, and doctors employed by the Physician Affiliate Group of New York (PAGNY) were infuriated to find out that pay raises would not be applied retroactively. The PAGNY agreement states, “There shall not be any retroactive payments for any date prior to the effective date of the Ratification Date base salary increase.”

Retroactive pay to the end of the previous contract is standard in most city worker contracts.

The agreements include a \$19,000 base salary increase for full-time physicians, followed by a \$12,000 raise on August 25, 2025, and a final 4 percent increase on August 25, 2026. This amounts to a 3.8 percent salary increase over the contract’s four-year period, less than 1 percent above the current inflation rate, which stood at 2.9 percent in December 2024.

One healthcare professional commented on the marginal increases: “Doctors at Elmhurst and Queens, despite technically getting paid by Mount Sinai, get paid significantly less than their direct counterparts at Sinai hospitals. The pay differential is enough that people do not take jobs at the city hospitals, leaving us chronically understaffed with high turnover. My department hasn’t been fully staffed since I’ve worked there.”

The healthcare employee continued, “When you are chronically understaffed, you cannot provide patients the services they deserve ... when you have chronic understaffing and high turnover, you end up with burnt-out doctors and can’t attract good doctors. Why do private hospital patients deserve better care than city hospital patients?”

The provisional contracts were expedited after nearly 1,000 H&H doctors, frustrated by over 16 months of unproductive negotiations, forced DC SEIU to threaten a strike over unfair labor practices. DC SEIU issued the strike threat in early January but later agreed to Mayor Eric Adams’ request to postpone the strike date and involve a mediator.

Adams intervened on January 3 after discovering that H&H physicians were planning to strike on January 13 if the contract was not resolved. Following his intervention, the DC SEIU postponed the strike

deadline twice before canceling it altogether.

In a letter to the Doctors Council about the upcoming strike, he wrote, “A strike of physicians at four public safety net hospitals across three boroughs poses significant risks to the health and safety of the city’s patients and communities. ... I am particularly concerned about this possibility as we face freezing temperatures and winter respiratory illnesses.”

The mayor’s sudden concern for the predominantly working class and low-income patients affected by a strike is laughable, considering his overall disdain for and neglect of New York City’s poor, homeless and immigrant populations. His true priority—especially with Donald Trump’s inauguration just weeks away at the time—was to stifle the rank-and-file militancy that could easily spread to other hospitals, public or private, and lead them to the same concessionary contracts he has imposed on thousands of city workers without any real opposition from the unions that purport to represent their members.

The contract negotiations at these public hospitals are part of a series of agreements for New York City workers that Adams and his Office of Labor Relations (OLR) Commissioner Renee Campion have pursued since 2022 with various unions, including the American Federation of Teachers, the Communications Workers of America and the Teamsters. While the mayor’s office and the media present each of these contracts as successful agreements for city workers, in fact they are concessionary in nature, offering raises that fall behind or barely keep up with inflation and cutting benefits in every contract without exception.

H&H physicians must question why the DC SEIU would propose ratifying such substandard contracts, particularly after more than 16 months of extended and unproductive bargaining, and following the expiration of an equally inadequate contract that has been in place since the onset of the coronavirus pandemic in 2020.

To address this question, it is essential to recognize that the SEIU, to which the Doctors Council is affiliated, along with the Mount Sinai Health System, PAGNY and Mayor Adams’ office are collaborating to protect corporate profits, although they might appear to be opposing each other in the bargaining process.

Suppression of worker opposition is the modus operandi of the SEIU apparatus and that of dozens of New York City public workers unions. The SEIU

serves as labor police for Health and Hospital management and their private staffing agencies. It aims to weaken rank-and-file militancy and isolate their struggles from that of over 300,000 part-time and full-time workers who are also facing attacks from the Adams administration. Ninety-seven percent of these workers have already been pressured into signing concessionary agreements that align with the pattern established at the outset.

The rank-and-file members of the Doctors Council from Jacobi Medical Center, North Central Bronx Hospital and Harlem Hospital Center have firmly rejected these sellout agreements. In this, they not only uphold their own demands but advocate for their patients, who lack a voice in the quality of healthcare they receive.

The H&H physicians are not alone in this fight. Across the nation, 5,000 Oregon nurses and physicians are currently on strike and hundreds of thousands of healthcare workers are gearing up for contract battles over the same issues faced by H&H doctors: overwork, understaffing, burnout and corporate control of healthcare. While betraying their members’ interests, the union bureaucracies continue their support for ineffective and corporatist “safe-staffing laws” promoted by Democratic Party politicians.

To develop a winning strategy, physicians must break with the DC SEIU apparatus and establish a rank-and-file committee to take negotiations into their own hands and expand their struggle. For more information about the International Workers Alliance of Rank-and-File Committees (IWA-RFC), contact the WSWS.



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