University of Michigan hospital nurses protest concessions contract

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More than 400 nurses participated in a protest march in Ann Arbor over proposed cuts to benefits and wages Wednesday. The nearly 4,000 nurses at the University of Michigan Medical Center have been working without a contract since June 30, and current negotiations with university officials have repeatedly stalled in the intervening period.

The nurses are unionized under the University of Michigan Professional Nurses Council (UMPNC), a Michigan section of National Nurses United (NNU), and affiliated with the AFL-CIO. Over the past six months, the union and administration have met for negotiations more than 40 times; current bargaining is expected to last another three months.

Hospital administrators have made it known that they will agree to a new contract only if several key components from previous contracts are eliminated. Primary among these concessions are the doubling of current costs for health care premiums, the elimination of most forms of traditional overtime pay and paid personal time off, and the raising of the age at which nurses can retire and receive benefits.

While the management has put forward an offer of a 2 percent wage increase annually over the next three years—an amount that would not keep up with inflation or cost-of-living increases—the accumulated cuts to benefits would amount to a substantial pay cut.

The university insists that a tough economic environment, budgetary difficulties, and the need to "stay competitive" require the elimination of many benefits. Currently, contract negotiations have been sent to a non-binding fact-finding commission. Reports in local news sources have indicated that the nurses may vote on a strike action in the coming weeks.

The last strike action for UM nurses took place in 1989 over wage freezes and mandatory overtime practices, and lasted 19 days before a state judge forced the nurses back to work.

Nurses endure one of the most psychologically and emotionally draining work environments in the world. Often working 12- to 16-hour shifts as the primary care for the sick and dying, they have firsthand knowledge of the crisis in rising health care costs, the cruel conditions facing poor people with no insurance, and the enormous profits generated by the health care industry.

A team of reporters from the *World Socialist Web Site* attended the rally, handing out hundreds of leaflets and interviewing nurses. There was a mood of indignation throughout. Nurses who spoke to our reporters almost universally rejected the claim that "poor economic conditions" were the main cause for concessions.

Marietta, a nurse for 33 years, pointed out that the UM Medical Center had earned annual profits—often referred to as "positive operating margins" by hospital officials—for the previous 16 years. Like most of the nurses interviewed, she worried that the impending concessions would force the more experienced and knowledgeable nurses to try and find work elsewhere, placing an even further strain on those remaining.

"Most nurses are already sacrificing a lot, coming to work here from as far away as Ohio and Indiana on a daily basis," she continued. "Management needs to understand what a jewel they have here; we are talented, educated, and intuitive…but we are getting stretched thin." Referring to the broader social context, Marietta commented, "People are always getting sick, but many are losing insurance coverage, and we see them come in even sicker and sicker as a result [of not getting adequate attention beforehand]."

Cindy, another UM nurse, echoed similar concerns. "These are large mega-institutions that *have* money. They aren't suffering. They have a lot of profit and they don't *need* to cut benefits and pay. Pretty soon, there will be no middle class left." When our reporter told her that

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the WSWS was advancing the need for the independence of the working class and a fight for socialism, she responded, “Absolutely, we need the working class to control the hospitals and banks and other big institutions. Who knows better what a patient needs, a nurse or a CEO?”

Sarah, a nurse at the Medical Center for 14 years, said, “We know that the university is still doing well despite the bad economy. New buildings are going up, and management is getting raises.” She was also angry at the reactionary criticism nurses have been receiving in the press, and in particular the online edition of the local *Ann Arbor News*, where forums have been over-run with right-wing elements. “They’re saying in the comments section that the nurses are greedy…but we’re not asking for any increases in anything, we only want to maintain what we fought for to this point.”

Sarah also noted that the cuts in overtime were particularly cruel in this regard. “They’re trying to cut pay for maternity and sick leave too…. Before, if your child got sick, at least you knew you would have a little bit of pay while you were out taking care of him. Now, they want to take that away.”

Cheryl, a clinical nurse at the Mott Children’s Hospital for the last 23 years, spoke movingly on the demands of the profession and implications of the contract dispute. “Not having a contract means we have an unstable and stressed staff. Three or four nurses in my unit are planning to leave if our new contract includes increased costs for health insurance. They want to double the amount of the employee contribution from 15 percent to 30 percent. That means something like an increase from $350 per month to $700 per month.

“Where I work it’s mostly younger nurses in their 20s who have families, which rely on their health insurance. They’re great nurses, and if they leave it will be a huge loss for patients. The quality of care will go down, and the university will have to pay to train new nurses. [Ora] Pescowitz, the CEO, makes six figures and just got a 13 percent raise. Our fight is absolutely one and the same as the fight against Wall Street. They’re using the economic climate as an excuse to make cuts on us.”

Another nurse, who has worked at UM for nine years, characterized the proposed contract as “insulting to the community of nurses, at least compared to what we have done for the university.” She spoke of the hypocrisy involved in raising health care benefits on nurses, particularly because they are so deeply involved in the health care services.

The same nurse, when speaking of the larger crisis facing workers throughout the world, added a chilling story. “The lower socio-economic classes are being hurt the most. We see how the poor are being mistreated, and if insurance doesn’t cover people, we nurses see how it affects them. I had a patient who couldn’t afford to take a heart medication and he decided to try alternative treatments instead. Well, he ended up having another heart attack and died shortly after.”

Maryanne, a long-time nurse, commented that the mood among the nurses was “very poor.” She spoke of the importance of the nurses, and the current decaying political situation for workers in general:

“Nursing care is the most important part of hospital care. We actually reduce the cost of health care more than any other entity at the hospital because we provide education to patients…. This reduces readmission, shortens hospital stays and reduces complications. And yet the organization is investing in pay raises for executives and new buildings instead of the people who deliver the service for the business that they’re in.

“Our struggle is a part of what’s going on globally. U of M has executives with huge salaries and yet the workers who actually produce the wealth are having their wages and benefits cut. I’m frustrated with the direction the country is heading. My husband and I have argued about whether to support the Democrats. He thinks we should support socialist candidates, and I’m starting to come around to that point of view. We need to get rid of the two-party system in order to get a party that will represent the working class. The Democrats and Republicans both support corporations.”

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