

University of Michigan nurses open contract talks

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Contract negotiations opened on March 15 between the University of Michigan Professional Nurse Council (UMPNC) and Michigan Medicine. The current contract expires June 30. Over 5,000 university-employed nursing staff are represented by the UMPNC, the largest local affiliate of the Michigan Nurses Association.

Like nurses in hospitals across the country, Michigan Medicine nurses have been understaffed, underpaid, overworked and emotionally devastated during the pandemic. As COVID-19 surged in Michigan, 35,572 people have died of the disease. Michigan Medicine reports that over 6,300 employees have tested positive during the pandemic.

The high-quality rating of the university hospital system—it was ranked number one in Michigan by *U.S. News and World Report* for 2021-2022—only shows that the mistreatment of nurses and other frontline workers is not an aberration due to mismanagement or abuse by a specific boss or financially strapped hospital system. It is an intrinsic feature of capitalist medicine as a whole.

Michigan Medicine, the health care system established by the University of Michigan and subject to its board of regents, is the fourth largest hospital system in Michigan, with over 26,000 employees.

The hospital chain, officially titled the University of Michigan Health System (UMHS), includes five hospitals, 125 clinics and the U-M Medical Group. It is nominally non-profit, but it has enormous financial resources. Out of the \$10.031 billion in total operating revenue for the university, the health care system and its other clinical activities are the single largest revenue source, bringing in \$5.351 billion. Michigan Medicine reported a 6.5 percent (\$339.8 million) operating margin for fiscal year 2021.

The financial position of the University of Michigan itself, also a public institution, improved by \$5 billion in FY 2021 to \$19.5 billion, primarily due to substantial investment returns as financial markets experienced tremendous growth, offsetting the impact of the pandemic-induced slowdown from the prior year.

Despite the pandemic-related challenges, UMHS experienced positive FY 2021 results. Attacks on Michigan Medicine employees helped the university improve its financial position and exceed its target in 2021, according to its annual financial report: “Many of the stabilization measures that were implemented when the pandemic began, such as suspending nonessential expenditures and implementing a hiring freeze for all but essential positions, continued throughout the year. In addition, employee base salaries were not increased in FY 2021. These measures ... helped contribute to an improved operating performance in FY 2021.”

In this report, Geoffrey S. Chatas, Executive Vice President and Chief Financial Officer, praises Michigan Medical employees for their work during the pandemic. “Through it all, however, we were resilient—while preserving the highest standards of quality and safety for both our patients and our staff. Michigan Medicine successfully worked to efficiently use its capacity for surges of COVID-19 patients while balancing the needs of non-COVID-19 patients. Teamwork, access, safety and quality were continuous priorities for our patients and employees.”

This flattering language has not been translated into anything beneficial to the thousands of nurses, who have played such a central role in the ongoing struggle against the pandemic. Instead, UMHS proposes to reward the dedicated service of members of the Michigan Nurses Association (MNA) with a four-year contract loaded with concessions, including:

- Increasing wages by 3 percent each year, well below current inflation;
- Waiving overtime premium pay if MNA members volunteer to work additional hours;
- Reducing staffing guarantees in many departments;
- Making on-call apply to all nurses in unlimited amounts

The university is also taking a hard line on negotiating overtime and over appointment incentive payments, most of which expired February 19. Michigan Medicine has refused to expand the incentives or to extend the current incentives that expired. By offering different incentives to different units, the administration is encouraging conflicts among employees.

A nurse posting on the Nurses of Michigan Medicine Facebook page shared her experience: “Our ‘jobs’ do not end at the end of our 8 hr day. Our day is generally a 12 or 16 hour day. It’s often 14-18 hours before we get back home to our families. 6 hours are left to live OUR lives. This doesn’t give us enough time or energy to unpack the emotional baggage we carry with us after caring for others.”

Bloomberg News reported that it expected many nurses will strike this year as their contracts expire. During 2022, Michigan Medicine nurses will be joined by nurses in other large health care facilities, including the University of California (14,600) and New York City Hospital Alliance (10,000).

Bloomberg wrote: “Hospitals have little incentive to hire more nurses during a shortage, since they don’t generate the kind of lucrative payments from insurance companies that other clinicians do, said David Coppins, CEO of IntelyCare, a staffing platform that directly employs 30,000 nurses. That’s been compounded by the fact hospital executives have been slow to listen to staffing complaints, he said.”

The MNA and UMPNC have done nothing to prepare a struggle against the attacks of hospital management or to link up with the struggles of other nurses across the country. The union officials have been engaged in a sordid struggle over control of the resources of the MNA, which was an independent union until 2020, with rival factions affiliated with the National Nurses United and the American Federation of Teachers.

Longtime MNA Executive Director John Karebian was forced out in 2019, after numerous members of the

MNA staff filed charges of bullying and creating a hostile work environment. Then in 2020, a Karebian supporter, Karen Oppenheim, the president of the UMPNC, was brought up on charges of “dual unionism” after she and Karebian entered into a deal with the AFT. The MNA executive instead voted to affiliate with the NNU.

The bureaucratic infighting was also tied in with the political clash between the NNU and the AFT, which backed rival candidates for the Democratic presidential nomination in 2020, with the NNU supporting Bernie Sanders and the AFT Joe Biden.

The conflict came to a head when the faction led by Karebian and Oppenheim forced a representation election in September 2021, in which U-M nurses voted to remain affiliated to the MNA rather than join a new local that would be attached to the AFT.

No questions of principle were involved in the protracted internecine warfare: It was a fight over control of financial resources and positions within the bureaucracy, as well as a dispute over which faction of the Democratic Party to align with. Neither faction represents a genuine defense of the interests of nurses.

More broadly, nurses can place no confidence in the National Nurses United and MNA, which have allowed the current abysmal conditions to persist and get worse each year, as nurses continue to leave the profession in droves.

In the last six months, nurses in Worcester, Massachusetts, Buffalo, New York and Kaiser nurses across Southern California saw their struggles betrayed by the unions, who enforced sellout contracts through campaigns of lying, censorship and intimidation.

Nurses must form independent rank-and-file committees to set specific, nonnegotiable demands, carry out their struggle and reach out to workers beyond Michigan Medicine for support and to expand the struggle for improved working conditions, nurse and patient safety, and increased staffing.



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