

# While U of M Hospital demands major concessions, nurses' union proposes only a petition

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Halfway through the bargaining period for nurses at the University of Michigan Health System, with the hospital system demanding major concessions, the nurses' union has proposed no action but a completely toothless online petition drive to beg management to reconsider.

The University of Michigan Professional Nurse Council has done nothing else in advance of the contract expiration June 30, an indication that the UMPNC may not call a strike, regardless of how intransigent and provocative the hospital management is.

University of Michigan nurses have enormous potential power. The UMPNC is the largest unit of the Michigan Nurses Association (MNA), and health care workers comprise the largest private-sector workforce in the state—more than the automobile industry. But there is no ongoing effort to mobilize this strength, despite the adamant refusal of the University of Michigan Health System management to modify its demands or offer a serious response to nurses' own demands since bargaining began on March 15.

According to bargaining updates posted week by week on the union's website, these are among the concession demands made by the hospital:

- A 3 percent wage increase across the board each year for a proposed four-year contract, much less than half the current rate of inflation: in reality, a huge cut in real wages.

- No overtime premium if MNA members volunteer to work additional hours.

- Reducing staffing guarantees in many departments, including pediatric pre-op and the ECMO machines, which pump and oxygenate a patient's blood outside

the body, allowing the heart and lungs to rest, and are frequently used for severe COVID cases.

- Putting the practice of having patients in hallways into the staffing language, effectively normalizing it.

- Doubling down on “multi-unit grouping” and floating.

- Removing protections against on-call hours, making on-call apply to all nurses and in unlimited amounts.

- Limiting incremental PTO to 48 hours per year.

- Changing the definition of weekend shifts and how the work week is defined, thus increasing overwork and cutting premium pay even further.

- Nurses would no longer have the ability to refuse work in concierge care, which is generally limited to patients able to pay premium rates, and therefore more profitable for the hospital.

- Lack of transparency for internal transfers. Internal and external applicants would be treated the same.

These concessions would be a terrible blow to nurses and to patient safety. In taking a hard line against nurses, hospital management is acting on behalf of the university's Board of Regents, which consists of six Democrats and two Republicans. With their majority, the Democrats are showing they will be as ruthless in destroying the working conditions, wages and benefits of the working class as the Republicans.

Speaking to the WSWs, one nurse described the situation: “All we know is they're negotiating. The first round was underwhelming. I'm pretty new and I've been told that they usually do this. They short sell, then they meet in the middle with the company. We've all been through this the last few years.

“I don't think we want to settle for less. I started in 2020 after the layoffs. They shifted a lot of people to an

outpatient setting. They also let go of a bunch of ER techs. I'm sure there's a lot I don't know about."

Union members voted to strike during the last contract bargaining period, but the union never called a walkout. The nurse observed: "It almost was a strike. I would strike. The unit I'm on, we're short every day. Luckily we have a central staffing resource which sometimes has everything we need. But other times, with mandating, we're relying on incentives like triple time for overtime. Since they took that away, no one is volunteering, so we're short all the time. It's terrible."

In eight weeks of bargaining, management has not budged. A mid-April MNA update noted: "Their proposal so far has been to substantially diminish protections against the abuse of mandatory overtime, and when asked how they could stop using mandation as a security blanket for staffing issues, they stated that they want 'the contract language to match reality.'"

The union responded by calling on nurses to sign an online petition to the hospital administration calling for a fair contract. This amounts to less than nothing, since management will view the petition as a pledge by the MNA that it will continue to tie nurses' hands. The working class has never won anything through such pleading.

While the MNA has collaborated with management for years in imposing the conditions that exist today, the leadership is worried because management wants to "limit joint decision-making," "problem-solving meetings" and "the collaborative process." In other words, the union wants a seat at the table to work out how to impose conditions of maximum exploitation on nurses.

The union officialdom, not just in the MNA UMPNC but more broadly, will not fight for the jobs, wages and working conditions of University of Michigan staff. They prefer to squabble among themselves over posts and privileges. The UMPNC was totally consumed last fall with in-fighting about whether to remain with the MNA or affiliate with the AFT. Now SEIU Healthcare Michigan, representing local nurses and service workers at Trinity Health Mercy in Muskegon, has been put in trusteeship by the international union, which then immediately signed a sweetheart deal with hospital management.

The UMPNC has called a general membership meeting on May 18, ahead of the June 30 contract

expiration. It's important that nurses and hospital staff prepare ahead of time by acting on the lessons of the experiences of struggles that have already broken out at Stanford, Kaiser Permanente, Muskegon and across the country. Nothing will be achieved by waiting to see what the union will do. Left to its own devices, the union will try to push through a rotten deal and help the hospital enforce it.

Nurses must take control of the struggle by organizing their own rank-and-file committee to put the needs of workers and patients first. The rank-and-file committee can create a plan of action to oppose the attempt by the administration to increase revenues and cut costs by destroying the livelihoods of nurses and hospital staff.

For more information about forming a rank-and-file committee, please contact the Socialist Equality Party and the *World Socialist Web Site* here.



To contact the WSWs and the Socialist Equality Party visit:

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