

# U-Mich Health System continues hard line toward nurses

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With six weeks left before the contract for 6,000 nurses expires, the University of Michigan Health System continues to make it clear it has no intention of improving hospital nurses' wages and working conditions or patient safety.

In a May 13 Bargaining Update, the Michigan Nurses Association-U-M Professional Nurses Council (MNA-UMPNC) reported that management refuses to discuss staffing ratios or an end to mandatory overtime. In fact, management has proposed making it easier to require mandatory overtime. But so far, all the union has done is ask nurses to sign a useless petition to ask management to offer a better deal.

Nurses say staffing levels are critical. When they complain of dangerous under-staffing, they are told to fill out a form, and nothing changes. Nurses realize that with the precedent set by the criminal conviction of nurse RaDonda Vaught in Tennessee, for a medication error, they could also be victimized.

A University of Michigan student who is a patient care tech at U-M Hospital spoke to the WSWS about the conditions there: "Generally, a nurse during her shift is appointed three or four patients she does rounds on, checks up on and cares for. Even four patients is a lot considering the extensive amount of work, even heavy lifting, they have to do to care for the patients."

"My experience has only been with general medicine at U-M Hospital and a lot of our patients require extra care. During the pandemic, nurses had to look out for about 8-12 patients, depending on where you are, how old they are and how severe the situation is. It was terrible."

"We were extremely short-staffed. People were crying all the time. They were overworked. I know there were bonuses and people were complaining that nurses were being paid too much. But it genuinely was

not even close to what they should have been compensated throughout the pandemic for how hard conditions were and how you were risking your life by being there. And then the amount of things you had to do and were responsible for was just extremely, extremely, extremely heavy."

"Unlicensed personnel such as myself and hospital cooks, cleaning people, certified nurse assistants and other professional and aid staff are not unionized, so the university did a lot of things that were really messed up to us and they overworked us a lot. But because a lot of us are college students or people that really need the job, like older people, we were not given a raise throughout the entire pandemic. Nothing, no kind of bonus. And we are subject to the same risks and the same conditions that the nurses and physicians are, and we were not at all compensated for that."

Nurses must prepare a mass struggle against U of M Health. Nurses, support staff, and other caregivers are the ones whose work enables the hospital to make a profit. The hospital administration makes sure profits continue to soar by pushing employees' wages down, cutting benefits and increasing productivity, leading to burnout conditions.

The university's latest financial report highlights the vast business enterprise that is the health system. It includes the University of Michigan Health System ("UMHS"), the University's Medical School; Michigan Health Corporation (a wholly-owned corporation created for joint venture and managed care initiatives); and UM Health (a wholly-owned corporation created to hold and develop the University's statewide network of hospitals, hospital joint ventures and other hospital affiliations, primarily consisting of Metropolitan Hospital).

The leadership of every part of this huge system is

dedicated to making money from the business of patient care. Today's model for medical care is based on one central idea: providing healthcare in the lowest cost setting, with the goal of cutting costs and maximizing profits. Hospitals call this being more "efficient," an insult to the hard-working nurses, doctors and staff.

Throughout the COVID pandemic, the federal government has stepped in to make sure hospital profits were maintained. A recent study published in *JAMA Health Forum* noted, "The Coronavirus Aid, Relief and Economic Security Act and the Paycheck Protection Program and Health Care Enhancement Act provided \$175 billion to support hospitals in 2020."

There are multiple layers of UofM Health executives, and the list below shows the salaries of just a small number of them. (Many of these executives wear two or three hats, and collect six-figure incomes for each position).

**Salaries 2021** (per the disclosure form posted by the university)

**Marschall Stevens Runge**, CEO of UM Health System, Executive VP of the University of Michigan, and Dean of the U-M School of Medicine: \$1,433,600

**David Miller**, President, UM Health System, Executive Vice Dean for Clinical Affairs, UM Medical School: \$490,000

**Anthony Denton**, Senior Vice President & Chief Operating Officer, UM Health System: \$713,704

**Eric Duea Barritt**, Chief Development Officer, Health, UM Health System: \$470,895

**Amy Ellen Mainville Cohn**, Chief Transformation Officer and Chief Industrial Engineer, UM Health System, UM Professor: \$536,640

**Nancy May**, Chief Nurse Executive, UM Health System, \$454,480

Runge is also on the board of directors for pharmaceutical giant Lilly, with an annual salary of \$294,000. That is his fourth six-figure "job."

While these highly paid bosses are spearheading the drive to keep down nurses' pay and benefits and enforce conditions of overwork that threaten nurses' health and patients' lives, there is another group of privileged bureaucrats who play a key role as well: the officials of the MNA-UMPNC.

The union is working with university and hospital leadership to make sure the nurses don't challenge this

profit-making arrangement. The union has channeled nurses' struggle into useless petitioning, and has done nothing as the terrible conditions developed over many years. Last fall they were fighting amongst themselves to keep their privileged positions instead of preparing the contract fight.

Nurses can break out of the union straitjacket. They must take control of the struggle at U-M Health 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.

Nurses and other health care workers from states throughout the country have begun to form such rank-and-file committees. For more information about forming a rank-and-file committee at UofM Health, please contact the World Socialist Web Site Health Care Workers newsletter. Fill out the form below:



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