Michigan Medicine nurses describe intolerable conditions at union-organized protest to University of Michigan regents

Kevin Reed
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Last Thursday, several dozen nurses from Michigan Medicine and their supporters held a protest demonstration and march in Ann Arbor that included participation at the June meeting of the University of Michigan Board of Regents.

The demonstration was organized by the University of Michigan Professional Nurse Council (UMPNC), which is affiliated with the Michigan Nurses Association (MNA). UMPNC called the protest as part of the efforts of the local and state union leadership to divert the enormous anger of the 6,200 nurses in the bargaining unit over intolerable conditions and channel it into useless appeals to the corporate- and Democratic-Party dominated regents, while working to isolate the nurses and impose a concessionary contract.

However, nurses who spoke at the Board of Regents meeting described the impossible working conditions, short-staffing, unsafe nurse-to-patient ratios and brutal work schedules they confront.

The protesters assembled at the university's Detroit Observatory near the health care facilities of Michigan Medicine and then marched several blocks to a central campus classroom building where the regents' meeting was being held.

With their current contract expiring on June 30, the nurses are fighting the drive by the management of the health care system to impose a new concessionary agreement, including wage increases that are half the current rate of inflation and further reductions in staffing, as well as other attacks on their working conditions.

Rather than mobilize the strength of the Michigan Medicine nurses, unite them with other hospital staff and prepare for strike action to win their fight, the union has collected 4,000 signatures on a "United We Bargain" petition directed to the university regents. The petition calls on the board to help the nurses win a "fair contract," establish "fair wages" and end "unsafe mandatory overtime."

As reported by the MNA-UMPNC in its June 17 bargaining update, the union is promoting the false hope that the university Board of Regents will "stand with us and push Michigan Medicine to come to the table with a fair contract offer." Meanwhile, the union has not put forward any specific demands that address the interests of nurses. It has failed to even schedule a strike authorization vote.

Attendance at the Board of Regents meeting was carefully controlled. No one was admitted without a badge supplied by the UMPNC, which is fearful of the coverage of the *World Socialist Web Site* and its growing audience among the nurses. Union officials refused to give WSWS reporters the needed security pass.

However, the proceedings were recorded by the university and published on YouTube. The statements of nurses at the meeting, as well as the response of board members to their comments, revealed that the nurses are facing unsustainable conditions of exploitation. And the fight against these conditions cannot be waged with appeals to sections of the ruling establishment such as the Board of Regents.

First of all, even though the meeting was dominated by the presence of protesting nurses and their supporters, the board proceeded with business as usual and forced the nurses to speak at the very end of the agenda, during the period devoted to "Public Comments on Non-Agenda-Related Topics."

When the nurses did have the opportunity to speak, they exposed the dreadful and unsafe health care conditions that prevail at Michigan Medicine.

Ann Jackson, who has worked as a nurse in the UM Hospital system for 38 years, said:

> For more than two years in the meat-grinder of the COVID pandemic, nurses are exhausted. In March of 2020 we had to fight to get proper PPE and just to wear an N95 mask with every COVID patient. In June of 2020, to add insult to injury, Michigan Medicine then implemented austerity measures. I will never forget when the CFO glibly talked about the upcoming "opportunities." What he meant were layoffs. They cut 788 support staff but not their workload. It has been and continues to be the nurses who have to pick up that slack to the detriment of both patients and nurses.
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> Units that are short 1, 2, 5, 10 nurses per shift caring for too many sick patients at once, forced overtime, no meal or break in shifts that can last up to 16 hours, the charge nurse taking an assignment instead of being available to help in an emergency.

Adam Paulson, a pediatric ICU nurse in the UM system for 13 years, said:

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Two years ago, the management team called us heroes; offered praise at every turn. Now they offer us contracts that cut our protections, our patients' protections and, based on current inflation, a pay cut, all while getting 20 percent pay increases. We have 11 ICUs at the hospital that have lost 20 to 30 percent of their staff, and current contract proposals will do nothing to stop that. Management forces us to work mandatory overtime, 16-hour shifts, which force us to choose between our patients and being there for our families. It's not safe for nurses or patients. One of my colleagues was so exhausted she totaled her car on the way home from a 16-hour shift. We want an end to management's reliance on mandatory overtime.

We lose one to two nurses a week, and it takes 20 weeks to train an ICU nurse. And we can only train 20 to 25 nurses at a time. We have run out of experienced nurses to train the new ones. ... People from around the country come to Michigan Medicine, and we simply can't take care of them because management won't fix the chronic understaffing. ... Your management team must remember that I am not a cost, I am an investment. Nurses are an investment in this hospital and this community, and we deserve a contract that reflects that.

Alicia Hopkins, who has been an RN for 15 years and employed at Michigan Medicine for three years, said:

Sadly, Michigan Medicine used the pandemic to make drastic changes in staffing, and I can honestly say that this is the first time in my career that I have felt like leaving nursing. ... I am an experienced float nurse. On any given shift I am floated from one unit to another to fill gaps in staffing. Even with me, staffing is still not adequate, causing charge nurses to take patient assignments, along with other responsibilities. The staff are stretched too thin, and the patients' safety is at risk.

Since the pandemic, the intensity of care that patients need has dramatically increased. They are sicker; they are unstable. Because of insufficient staffing, we are seeing a higher number of falls, pressure ulcers and other poor patient outcomes due to lack of resources. Patients and family members alike are upset that they're not getting the care that they need and that they deserve, and they are taking it out on us, the bedside nurses.

Over time, this has led to a high incidence of morale injury for the nursing staff. We are devastated. I speak for all nurses when I say that I am frustrated with how Michigan Medicine is handling the staffing crisis. Throughout the pandemic we have put our lives in danger to do what we do best, and that's taking care of our patients. We are tired of a system that exploits our skills and our compassion to increase their bottom line.

Kevin, an emergency room nurse, said:

I came to Michigan Medicine in the Adult ER in 2016. We were at the top of the nursing pay scale with incomparable benefits packages, coupled with the ability to learn to care for very complex patients. Fast forward to now. My ER waiting room continues to overflow with those same complex patients, now with wait times upwards of five hours or more. I remember when 20-plus patients waiting for a room was alarming. Now it's been normalized to having record highs, to having as much as 82 patients lining the hallways with just a handful of nurses to manage them. In light of recent events in Texas and Tulsa, there are growing concerns about our safety while stories of physical and verbal abuse to our staff mount.

The loss of 38 techs at the height of our pandemic in our ER. A large constant influx of travel nurses making nearly three times our pay when we've never needed travel nurses since I started. Our responsibilities as Emergency Room workers have continued to rise while our compensation loses ground on top of experienced staff leaving for more lucrative opportunities. All of which threaten patient safety and outcomes daily. I worry for our young physicians, nurses, techs, PAs and, most important of all, patients. I'm proud to be an ER nurse, and I don't want the standards [of this profession] that I'm in to diminish.

After each of the nurses spoke, board member Denise Ilitch, member of the billionaire Ilitch family, owners of the Little Caesar's Pizza empire, gave a patronizing response. Ilitch feigned sympathy for the nurses and told them how much she appreciated them "coming here and sharing with all of us your concerns." She claimed that the Board of Regents had been "assured that these issues that you've outlined are being addressed" and told the nurses to come back and give them updates.

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