

# As nurses' contract expires, Michigan Medicine demands 101 concessions and refuses to grant step raises

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The contract for 6,200 nurses at Michigan Medicine expired on Thursday at midnight with no resolution to the staffing crisis that has created intolerable working conditions and an unsafe health care environment for patients at the fifth largest hospital in the state of Michigan.

No new agreement has been announced and the union has steadfastly opposed strike action by nurses, claiming that to do so would be illegal.

On Friday afternoon, the Michigan Nurses Association (MNA) and its affiliated local, the University of Michigan Professional Nurse Council (UMPNC), published a bargaining update that said the union was “hoping to bring you better news,” but that Michigan Medicine was demanding 101 concessions from the nurses in the new contract.

The union update further explained that hospital management is refusing to grant nurses their step pay increases due in the month of July, and is instead “holding the wages we deserve.” Since Michigan law prohibits retroactive pay for public employees, the MNA-UMPNC says management is holding the pay increases over the heads of nurses “as a bargaining chip in hopes we will take concessions.”

As Michigan Medicine continues its provocations against the nurses, the union seeks to block any mass action to fight back. Prior to the expiration of the contract, the MNA-UMPNC scheduled bargaining update meetings on Friday evening and announced informational pickets on July 16, one day after and more than two weeks after the contract expiration, respectively.

In the union’s announcement that nurses and supporters will picket the perimeter of the Michigan Medicine hospital facilities in Ann Arbor on July 16, it states, “now is the time to stand together and show the University of Michigan that we’re ready to fight.” It adds that “MNA-UMPNC nurses will be speaking out to make the public aware about what is happening in our hospital and the actions of the University

of Michigan executives.”

However, based on everything that has happened up to this point, it is clear that the actual goal of the union leadership is to have a sellout tentative agreement in place and ratified by the membership before July 16, so that no picketing ever takes place.

The strategy of the MNA-UMPNC all along has been to make useless appeals to the University of Michigan Board of Regents, especially its Democratic Party friends on the board, and block any mobilization of the strength of the nurses in coordination with the rest of the hospital staff and other nurses around the state, all of whom face the same issues.

The day before the contract expired, a Michigan Medicine nurse who just finished a 12-hour shift spoke with a representative of the *WSWS Health Care Workers Newsletter* about the contract fight and the need to provide patient safety.

She said, “Hospitals are a business. It’s unfortunate. It really makes our job very difficult. I feel bad for patients and patient safety. Most nurses just care for patients. They’re not sitting here like, oh, I need higher wages for this and that. It’s more that there are patient safety concerns. It’s basically a business—all of health care is like that in the US. It’s not just one place.

“The union almost split up into different unions recently. A lot of people have lost faith in the union. I’m hoping things end up changing.”

An indication of the desire by nurses for mass action to win their demands can be found in the FAQ section of the MNA-UMPNC website regarding the bargaining. Among the questions being asked are the legality of strike action and what will happen after the contract expires. According to the union, since the Michigan Medicine nurses are considered public employees, a legal strike can only be called “to protest an employer’s alleged unfair labor practices.”

The union has repeatedly stated for over three months that

Michigan Medicine is bargaining in bad faith, but it has made no preparations for an unfair labor practice strike.

Another question posted in the FAQs is “Has a ULP (Unfair Labor Practice) Work Stoppage been called for? What is the difference between an informational picket and a work stoppage?” The union responded that the informational picket “is not a work stoppage or disruption of work. We hope that this will send a clear signal to management about how serious we are.”

Showing once more its refusal to take any decisive action to win the demands of nurses, the MNA-UMPNC tweeted on Friday morning, “Day 1 of no contract. Our contract expired at midnight, and our nurses are speaking out. Because our consciences demand it.”

The union then posted a comment from a newborn intensive care unit nurse, who wrote, “Ask anyone. I love what I do. Deadly pandemic hits. Short staffed. The whole world is. Mandatory overtime? Sure. Once in a while, just in an emergency, right? Missing a nurse at 3PM? Sure, I’ll come in for 16 hours. Just in an emergency, right? Just once or twice, right?”

“Ask anyone. I love what I do. Working 4 nights in a row. 12, 16, 16, 12. Exhausted. But it’s just once or twice, right? Short-staffed again at 11 PM. Ding, ding, ding, ding- the texts on my phone. PLEASE HELP. NEED NURSES. But it’s just once in a while, right? Right?”

“Ask anyone. I love what I do. Deadly pandemic hits. 3 years in. Still short staffed. Hire, hire, hire. Teach, teach, teach. Still short staffed. ‘PLEASE HELP. ALL SHIFTS. MANDATORY OT IF NO VOLUNTEERS.’ Every shift. Multiple nurses. For three years. Ding, ding, ding goes my phone. But it’s just in an emergency, right? Right?”

“Ask anyone. I love what I do. Closing ICU beds because no nurses means no patients. But you could have nurses if you paid them better, right? No? Just close the beds? Work us to the bone because we’re still too short staffed? Well, okay. Sick, sick, sick babies. Sicker than we’ve ever seen. Do we deserve better now? No? Close more beds. Closing beds to save money and save staff instead of treating staff the way we deserve. But it’s just in an emergency, right?”

Nurses must recognize that they are fighting a battle on two fronts. One front is against the management of Michigan Medicine, which is preoccupied with the financial performance of the hospital as well as the massive salaries of its executive leadership, not the quality of care or the quality of working conditions and well-being of the nurses and employees.

The other front is the battle against the union, which is tied to the management of Michigan Medicine and the University of Michigan through the MNA-UMPNC’s connections with and support for the Democratic Party. While the nurses’

fight against the drive by Michigan Medicine to impose a new concessionary contract has been underway since the middle of March, the MNA did not even post a news story about it until June 16, two weeks before the contract was ending.

Instead, the MNA was busy endorsing state-wide Democratic Party candidates in the upcoming August 2 primary elections. Among the campaigns endorsed by the MNA during the contract fight at Michigan Medicine is the reelection bid of current Michigan Attorney General Dana Nessel, who has said she is for “a fair and safe workplace for our state’s health care workers so that Michigan residents may receive the best treatment possible.”

This is a lie. Dana Nessel has not and will not lift a finger to support the struggle of nurses at Michigan Medicine or any other hospital in the state of Michigan. Nessel, as well as Democratic Party Michigan Governor Gretchen Whitmer, are part of the big business political establishment that is deeply involved—with the endorsement of unions such as the MNA-UMPNC—in the conversion of the entire health care industry into a vast money-making operation for a handful of billionaire investors and their multi-millionaire senior executives.

The first step for nurses to prevent the hospital and the union from imposing a new sellout agreement is to demand an immediate strike vote and the adoption of a list of contract demands based on what nurses and their patients need, not what management says is or is not affordable. The contract fight must be taken out of the hands of the pro-corporate union and a rank-and-file committee established that directs the struggle as part of the growing movement of workers in every industry against concessions and attacks on basic rights.



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