Michigan Medicine workers call for joint struggle against hospital management and nurses' union bureaucracy

George Kirby 3 August 2022

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Nurses at Michigan Medicine in Ann Arbor have been without a contract now for more than a month. The Michigan Nurses Association and its affiliated University of Michigan Professional Nurse Council (MNA-UMPNC) has refused to call any strike action of the 6,200 nurses, claiming that public sector employees cannot strike. On July 13, the union issued a bargaining update stating, "Negotiations are ongoing, and we are advocating for our members at the table every day."

Michigan Medicine presented a proposal to MNA-UMPNC on June 30. This included 5 percent wage increases for Framework and RSAM (role-specific) nurses for each of the four years of the contract, totaling 20 percent. With the current annual inflation rate officially at 9.1 percent and rising, this would mean a wage cut over the life of the agreement. This includes a signing bonus of \$5,000 paid in two installments if management's proposal was accepted by July 14.

On July 22, Michigan Medicine presented essentially the same agreement but removed the \$5,000 signing bonus, subject to bargaining. Michigan Medicine in their proposal stated it would be "safely eliminating mandatory overtime," while increasing shift and weekend differentials in 2024, which would continue the long hours for workers creating unsafe conditions.

On Saturday, the MNA-UMPNC published an update with the title "Our Next Action" on the union website. In this statement, the union said that Michigan Medicine is guilty of unfair labor practices because the hospital was unilaterally implementing new policies without approval of the nurses. The union called on nurses "to keep an eye out for any changes and to alert the bargaining team."

However, the union made no mention of what they intended to do about the provocative stance of the management of Michigan Medicine. There are still no plans for strike action or any call for other hospital workers to engage in a united struggle against the hospital. Attempting to deflect the growing demands of nurses for mass action, and as a stalling tactic, the MNA-UMPNC called on nurses to meet at 6:15 a.m. on Wednesday morning at the Mott

entrance to the hospital where "We will welcome our colleagues in RED with cheers and applause."

Hospital workers spoke to the *World Socialist Web Site* on the nurses' contract and broader conditions faced at Michigan Medicine.

A senior nurse said the union is planning for a sellout, "the same shit every contract." Another nurse said, "I do like your articles. I've been told I'm not supposed to, but I do."

The sentiment of nurses towards the union's attempt to blackguard the WSWS *Health Care Workers Newsletter* was also expressed by another nurse, who reported, "The union is denouncing you, but I like what you are saying."

Among nurses and other hospital workers there is widespread opposition to the lack of information from the union. The union has not advanced any specific demands at Michigan Medicine and instead told nurses to place their confidence in the Democratic Party officials on the University of Michigan Board of Regents.

A hospital worker spoke about the conditions facing nurses and those of other staff at Michigan Medicine. "I saw Debbie Dingell speaking at the event [the July 16 rally and informational picket in Ann Arbor]. When politicians like that get involved, they are not really involved. Whether it's the Democrats or Republicans, they say they are for the working class. Really? The university makes billions of dollars. Our raises went to pay for the new president's house. I saw the base pay of the regents in the article that doesn't even include bonuses. Why can't they update their houses with their [own] pay? We as hospital workers love taking care of people and don't do it to be rich."

Referring to Michigan Medicine's layoff of roughly 1,400 workers, she continued, "they laid off workers when we really needed them early on during the pandemic. Even with things like parking they marked an entire garage in blue for upper management and fined workers \$75 when they didn't know. The university pushes the political agenda of the Democrats. With Roe v. Wade, which is important, they sensationalize it. They are so rooted with the Democrats and are corrupt."

The hospital worker continued speaking about conditions facing Michigan Medicine employees throughout the pandemic: "We had a limited shutdown for two weeks early on. Then we had a number of ER and other hospital staff laid off. Most of us took care of COVID patients. Just the emotional stress of watching people die

before our eyes, and then they let the front line, that was not contracted in the ER, go on a 'zoom call,' took away retirement matching, froze pay, and told us we should just feel 'lucky' to have been spared to not lose our jobs.

"All departments experienced this where someone would be trained for a long period of time then work one shift and leave. We had many people coming from [temporary] agencies. We have more people quitting. No one is coming here even though it's supposedly the best hospital in the country.

"We all have PTSD from this experience. The hospital gave us five [psychological] visits, that is not enough. There are a lot of people who left due to mental leave. As a hospital worker, you see people die, removed from life support, and serious traumas. With COVID this quadrupled. For younger workers this was a lot to digest. We literally had one mask given to us and for five uses, while managers were at home and not coming in to work.

"In the first round of COVID a lot of people were dying. But with the vaccine, it went down to half. Now there are people with other symptoms from COVID and that is also with no mask mandates. The vaccines can't keep up." Asked about the eradication strategy promoted by principled scientists and the WSWS, she agreed and stated, "this did not happen through the government."

When the subject of a need for mass struggle by nurses and equality for all hospital workers came up, she spoke on the necessity for a joint struggle. "That's so true!" she said, "Then we'd be more powerful because there would be all disciplines of the hospital all together fighting for one another. Taking away retirement, marching and firing some of our best workers a month after the first round of COVID, yet those with a contract were 'safe' was a huge slap in the face especially to those that were at bedside. The hospital is always shoving 'equality and inclusion' down our throat. There are multiple emails a week, but they pick and choose what should be equal and included."

The hospital worker spoke strongly about the role of the MNA-UMPNC in keeping workers divided, "The nurses' union gave their VP a high percentage raise. The rest of us didn't have that. They also split other workers with nurses because they are under the union, they are likely getting 10-11 percent from what we hear. The pay doesn't keep up with inflation.

"Some of the staff received an email from the university that we'll receive a 4.5 percent merit raise. We pay more taxes than everyone while the board gets wealthier. The working class pays for everything. We think they're preparing for them to give the nurses' union 10 percent and we'll have a freeze after that, but you know it's all guessing.

"It's unfortunate that a union allows those in it to be 'worth more' than other staff. They were necessary in an earlier period, now it's about the money. Whatever their contract is, it should also be the same for non-contract staff. We shouldn't have to make up the difference and that's what we worry about. There was a time that we wanted their contract to get it all, because they did for the most part give the non-contract staff the same perks. I am fully supportive of nursing, and they make up a large portion of the employees."

On July 12, the WSWS Health Care Workers

Newsletter wrote that the MNA-UMPNC's rally and informational picket was a fruitless appeal to a hospital administration and was intransigent on demanding nurses accept a new concessionary contract. Furthermore, we have warned that the July 16 rally and picket was part of the preparations of the unions, in cooperation with the Democratic Party, to force a sellout agreement onto nurses.

Nurses and hospital workers must follow the strikes and struggles of workers in many industries taking place throughout the US and internationally. Workers are now repeatedly rejecting contracts negotiated by the union bureaucracy and demanding a road forward to fight for improved wages, benefits and working conditions. In each of these struggles, the union bureaucracy has attempted to isolate workers and prevent them from conducting a struggle for their interests.

For example, the Oregon Nurses Association (ONA) announced last month a new tentative agreement for 1,600 nurses at Providence St. Vincent Medical Center. Claiming victory, the union presented a contract that was identical to the one that had been previously voted down by a margin of 4 to 1. At Saint Michael's Medical Center in Newark, New Jersey, more than 300 nurses, respiratory therapists, radiology technicians and other workers have returned to their jobs after a strike of nearly four and a half weeks. The Jersey Nurses Economic Security Organization (JNESO) used thoroughly undemocratic means to end the strike and impose an austerity contract on these workers.

To prevent a similar outcome at Michigan Medicine, we strongly urge nurses to demand an immediate strike vote and that they adopt the following demands:

- A pay increase of 10 percent per year, plus cost-of-living adjustments (COLA) calibrated on a monthly basis so that wages keep pace with rising inflation, currently at 9.1 percent annually.
- Safe nurse-to-patient ratios. Hire more nurses and support staff. The hospital must improve conditions so nurses can ensure their own health and safety and that of their patients.
- Halt mandatory overtime and extended on-call hours. Nurses are tired of being called heroes while being treated like garbage. They deserve a quality of life that is free from 16-hour shifts and being on-call all hours of the day and night.
- Upgrade protections against COVID-19. New and more dangerous variants are rising. Nurses need sufficient PPE, facility upgrades and procedures put in place to ensure their health and safety while on the job and protect the health of their patients.

These demands can only be fulfilled by united action of all hospital workers through the formation of an independent rank-and-file committee that will take the struggle out of the hands of the MNA-UMPNC leadership and stop them from subordinating nurses to their political relationship with the Democratic Party in Ann Arbor and the state of Michigan.



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