

Michigan Medicine nurses' union blocks strike action with unfair labor practice filings

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Are you a nurse or health care worker at Michigan Medicine? Contact the WSWWS Health Care Workers Newsletter using the form at the end of this article. What are the main issues you face at your workplace? What do you think needs to be done? All submissions will be kept anonymous.

On Tuesday morning, the Michigan Nurses Association (MNA) and University of Michigan Professional Nurse Council (UMPNC) announced the formal filing of an unfair labor practices (ULP) claim and a supporting lawsuit against the University of Michigan for “its refusal to bargain over safe workloads” for 6,200 nurses in contract negotiations that began five months ago.

In a press release, the MNA-UMPNC said that Michigan Medicine, the university’s hospital system, is “breaking the law” by refusing to discuss the “number of patients assigned per nurse, which is tied directly to patient safety concerns that nurses have been raising for months.”

Nurse-to-patient ratios have been at the center of the struggle of nurses against Michigan Medicine. Management carried out mass layoffs during the onset of the pandemic in 2020 and has refused to address insufficient staffing at the state’s fifth largest health care system, based in Ann Arbor.

At every opportunity, nurses have explained that when they have too many patients at once, health care declines and nurses are put in danger of injury or burnout. They have explained that the intolerable conditions at Michigan Medicine have resulted in the resignation of a large percentage of experienced nurses in every department.

Meanwhile, nurses have been in a fight against the MNA-UMPNC, which has concealed details of negotiations with management and refused to call a strike even though the previous contract expired on July 1. The union has been telling nurses to make fruitless appeals to the University of Michigan Board of Regents and to rely on false promises from AFL-CIO bureaucrats and Democrats in Lansing and Washington D.C. that they “have your back.”

When nurses have called on the union to take a strike vote and prepare for a walkout to win their demands, the MNA-

UMPNC has claimed that strikes by public employees are illegal unless there is evidence of unfair labor practices by Michigan Medicine.

Now, as the MNA-UMPNC has filed an unfair labor practices charge with the Michigan Employment Relations Commission (MERC) and a lawsuit seeking injunctive relief from the Michigan Court of Claims, there is still no discussion of a strike from the union.

Both the ULP charge and the lawsuit were filed on Monday, August 15. The union’s submission to MERC reveals that Michigan Medicine has been attempting to force through a contract that explicitly excludes staffing ratios that are acceptable to nurses.

The documents show that Michigan Medicine Director of Labor Relations and lead negotiator Michelle Sullivan has repeatedly demanded that the union withdraw any mandatory staffing ratio proposals and claimed that they are “non-mandatory and illegal subjects of bargaining.”

The union’s “Description of Unfair Labor Practice” quotes an email to the union dated May 9, 2022, in which Sullivan makes the incredible statement that mandatory bargaining issues must be “inextricably intertwined with the safety of employees” and that the union’s “mandatory staffing ratio proposal has no relationship to employee safety, and as such, is a non-mandatory.”

In other words, according to Michigan Medicine, nurse-to-patient ratios have nothing to do with “the safety of employees,” and, therefore, nurses cannot declare the issue to be mandatory. As everyone knows, this is a blatantly false and vicious bargaining stance that has nothing to do with the health of patients or the safety of nurses but is motivated entirely by the financial interests of Michigan Medicine management and its executive leadership.

The ULP concludes with a request for relief to be imposed by MERC that would include a “cease and desist” order compelling Michigan Medicine to “bargain in good faith” and stop demanding the union “withdraw its proposals relating to nurse workloads” and repayment of “employees’ lost wages” due to Michigan Medicine’s refusal to bargain.

The lawsuit filed by the MNA-UMPNC with the Michigan Court of Claims calls for the imposition of a preliminary injunction against Michigan Medicine and the University of Michigan. The lawsuit states, “In the absence of immediate injunctive relief, bargaining unit nurses will continue to suffer the harmful and irreparable physical and mental effects of understaffing and excessive workloads, with attendant effects on the quality of patient care, until MERC has adjudicated the ULP charge and ordered the University to resume collective bargaining.”

This means that the union is well aware that the ULP filing will not be “adjudicated” quickly and is asking the court to resolve the bargaining conflict over mandatory staffing ratios in the union’s favor in the meantime.

These tactics are designed to keep Michigan Medicine nurses on the job and working without a contract indefinitely, while the university continues to pile up profits. The union bureaucracy is leaving the rank and file completely at the mercy of a ruthless management that is driven only by greed and the demands of bankers and investors.

Above all, the well-paid executives who control the union want to isolate the nurses and prevent them from using the basic weapon they possess: the ability to withhold their labor and go on strike. The nurses are in a potentially powerful position to shut down the health care system and mobilize broad support among the rest of the Michigan Medicine staff, UM grad student workers, and students returning to school under conditions of new and more infectious COVID-19 variants as well as monkeypox and with all measures to contain the viruses having been lifted.

A strike is, moreover, the only way to protect the health of patients, which is being sacrificed to the university’s cost-cutting drive.

The nurses can reach out to broad sections of workers—in auto, education, logistics and transportation—coming into struggle against raging inflation, impossible work schedules and the treachery of the pro-corporate unions.

This, however, is the last thing the MNA and the Michigan AFL-CIO want. Their overriding priority is to campaign for Democrats in the upcoming November elections, including the reelection campaign of Michigan Governor Gretchen Whitmer. These are the very politicians, no less than the Republicans, who enforce anti-strike laws that strip workers of their democratic rights.

As 15,000 nurses in Minnesota voted Monday to go on strike and join 2,000 mental health nurses at Kaiser Permanente in Northern California who are already on strike, the MNA-UMPNC is doing everything possible to prevent Michigan Medicine nurses from taking similar action.

As we have been insisting throughout the contract fight, the only way forward for Michigan Medicine nurses is to take matters into their own hands. To do this, nurses must form a rank-and-file committee independent of the union, elect a new bargaining committee, immediately call a strike vote and set a date within days to launch a strike until their demands are met.

The *WSWS Health Care Workers Newsletter* suggests nurses adopt the following demands:

- **A pay increase of 15 percent per year, plus cost-of-living adjustments (COLA) on a monthly basis so that wages keep up with rising inflation.**

- **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 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 and monkeypox. New and more dangerous COVID-19 variants are rising. Nurses need sufficient PPE, facility upgrades and proper procedures to ensure their health and safety on the job and to protect the health of their patients.**

A strike by Michigan Medicine nurses, especially one led by a rank-and-file committee, would send a lightning bolt through the profit-driven health care industry. Health care workers everywhere would take courage from the nurses’ struggle. Such a strike would be the first step in the mobilization of the working class against a system that has proven it values profits over lives.



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