

After overwhelming vote for a work stoppage

Michigan Medicine plans to hire strikebreakers and the MNA-UMPNC refuses to set a strike date

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Are you a nurse or health care worker at Michigan Medicine? Contact the WSWs 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.

While the executive management of Michigan Medicine has publicly responded to the overwhelming vote by nurses for strike action with a plan to hire strike breakers, the Michigan Nurses Association (MNA) and its Michigan Medicine affiliate, the University of Michigan Professional Nurse Council (UMPNC), has failed to even set a strike date.

On Friday, after more than 4,000 of the 6,200 nurses at the hospital voted by 96 percent for strike action to fight for safe staffing ratios at the hospital, the MNA-UMPNC posted the following on its website: “Our bargaining team now has an important tool to hold the University accountable to the law. Remember, this is not an announcement of a ULP [unfair labor practice] work stoppage.”

Instead of setting a date for strike action, the union statement says, “We will only call for a strike if we believe it is absolutely necessary to make the University abide by the law. We hope that this vote will send a clear message both to Michigan Medicine executives and to the University’s Board of Regents.”

In other words, after being forced by pressure from the nurses to hold a strike authorization vote, the MNA-UMPNC is seeking to block a strike from taking place. Instead, the union is telling nurses to once again appeal to the very same hospital executives and Board of

Regents who are behind the attacks on their working conditions.

After learning of the strike vote—and fully aware of the determination of nurses to fight for their demands—Michigan Medicine executives turned to the corporate media to explain their plan to break any strike and impose dictatorial conditions at the hospital.

David C. Miller, the president of Michigan Medicine—who earns \$490,000 annually—told *Crain’s Detroit Business* that the health care system is “prepared” if the nurses strike. He said a strike is “not a desirable,” but in the event of a work stoppage, the hospital has “contracts with nurses lined up.”

Miller went on to say that the nurses would be responsible for a “big impact on our patients” because Michigan Medicine “would have to reduce activity in the delivery system” if they went on strike. This claim is from the top executive responsible for the harmful working conditions that have made it impossible for nurses to do their jobs and provide high quality and safe patient care in the first place.

In the same *Crain’s* article, Michigan Medicine Chief Nurse Executive Nancy May, who receives an annual salary of \$454,480, said that the hospital had no intention of negotiating with nurses over mandatory staffing ratios because it would be “inefficient and costly.”

May said that nurse control of staffing ratios “doesn’t give us flexibility and has a huge cost to it.” The highly paid Michigan Medicine executive added that the nurses’ demand for adequate staffing “takes away management’s rights” to staff according to the acuity

level of patients. Acuity level refers to the intensity of nursing care needed by patients.

This claim by May is completely bogus, since it has been precisely the high patient acuity levels throughout the pandemic, combined with management's refusal to hire an adequate number of nurses to care for them, that is behind the massive vote in favor of strike action at Michigan Medicine.

May went on to make another specious argument, saying Michigan Medicine has "among the best nurse staffing levels in the county, eliminating a need to mandate ratios." She claimed that the Ann Arbor hospital has 5 percent vacant positions compared to 17 percent nationally. But even these questionable numbers indicate that under-staffing exists at Michigan Medicine and nurses are on the floor for extended shifts and are being overworked.

While hospital management continues its provocative stance against the nurses, the refusal of the MNA-UMPNC leadership to move forward to prepare a strike shows that the union is collaborating with management against the nurses. The union is planning to return to the bargaining table with hospital negotiators on Tuesday, even as management boasts of its strikebreaking preparations.

The position should be: No strikebreaking or no talks! Nurses should begin talking instead with their fellow hospital workers, as well as with autoworkers, educators, UM professors, staff and students to prepare an all-out fight! Any attempt to bring in "replacement workers" must be met with a general strike of all Michigan labor.

The latest developments in the nurses' struggle confirm the warnings made by the *WSWS Health Care Workers Newsletter* and the Michigan Medicine Rank-and-File Committee (MMRFC) that the MNA-UMPNC will do everything in its power to avoid a work stoppage as long as possible, or prevent it from happening altogether.

For months, while the union kept nurses in the dark about management's refusal to discuss mandatory staffing ratios, the MNA-UMPNC told nurses that a strike by public employees was illegal. Then, without warning or explanation, the union announced an unfair labor practice lawsuit against Michigan Medicine and called for a "work stoppage" authorization vote.

The union leadership attempted to discourage nurses

from voting to authorize a strike to begin with by telling them that there would be no strike pay if they walked out. The MNA-UMPNC bureaucracy has also told nurses to appeal to Democratic Party officials—including those on the university Board of Regents as well as office holders in Lansing and Washington D.C.—to address their concerns.

Nurses must take matters into their own hands and fight for their rights independently of the MNA-UMPNC leadership and the Democratic Party. A strike date must be set, and preparations made to mobilize all hospital employees and the entire university community in a common struggle against Michigan Medicine.

The purpose of the MMRFC is to organize the rank-and-file movement that is needed to take forward this fight and win the demands of nurses and all hospital employees. The MMRFC will also unite the struggle at Michigan Medicine with those of other health care workers around the country, such as the 15,000 nurses in Minnesota who have authorized a strike and are scheduled for a three-day walkout on September 12, and the 2,000 mental health workers at Kaiser Permanente in Northern California who are entering the fourth week of an indefinite strike.



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