

Stop the MNA-UMPNC betrayal of the strike authorization vote

Unite Michigan Medicine nurses with Minnesota and California health care workers!

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Are you a nurse or health care worker at Michigan Medicine? Build the Michigan Medicine Rank-and-File Committee! Sign up to join the fight for nurses to take immediate strike action and to mobilize the rank and file behind their demands for safe nurse-to-patient ratios. What are the main issues you face at your workplace? What do you think needs to be done? If you would like to tell us your story, contact the WSWS Health Care Workers Newsletter using the form at the end of this article. All submissions will be kept anonymous.

The 96 percent vote last week to authorize strike action by 6,200 nurses at Michigan Medicine revealed the determination of the entire hospital staff to reverse the intolerable working conditions at the health care facilities run by the University of Michigan in Ann Arbor. The conditions at Michigan Medicine are just one example of the decrepit state of the nation's health care system, which is the root cause of a mass exodus of nurses who are leaving the profession.

The Michigan Medicine nurses' contract fight is part of a widening movement of health care workers and university employees. On September 12, 15,000 nurses in Minnesota will go on strike for three days; 2,000 mental health workers in Northern California have been on strike for more than three weeks at Kaiser Permanente, and 500 faculty members at Eastern Michigan University in Ypsilanti, Michigan, went on strike on Wednesday.

Across the industry, financial motivations are leading to deliberate understaffing, threatening patient care as well as the health and safety of nurses. At Michigan

Medicine, the hospital policy of mandatory overtime and extended on-call hours, which has worsened throughout the coronavirus pandemic, is compromising the health and safety of both nurses and patients.

Nurses must be warned that their near-unanimous strike authorization vote and fight for safe staffing are being undermined. They are facing the intransigent refusal of management to even discuss nurse-to-patient ratios, with Michigan Medicine's chief negotiator, Michelle Sullivan, stating repeatedly that any mandatory staffing requirements put forward by nurses are "illegal subjects of bargaining."

Rather than immediately setting a strike date after the massive vote for a walkout, the MNA-UMPNC posted the following notice on the union website: "The bargaining team now has an important bargaining tool to hold the University accountable to the law. Remember, this is not an announcement of a ULP [unfair labor practice] work stoppage."

In other words, now that nurses have authorized a strike, the MNA-UMPNC is doing everything it can to delay the fight and, if possible, prevent a strike from ever taking place.

This betrayal of the nurses' interests and democratic will to fight by the MNA-UMPNC is not an isolated case, but rather one example of the overall policy of the corporatist unions, which work with the health care giants to impose sellout contracts on nurses and workers more generally.

Instead of preparing a walkout, the MNA-UMPNC is telling nurses to take part in another fruitless protest at the Board of Regents' meeting more than two weeks

from now. Nurses are well aware that the management of Michigan Medicine and the University of Michigan Board of Regents have done nothing to address their demands. These are the very people responsible for creating the horrendous working conditions at the hospital in the first place.

The very fact that the MNA-UMPNC is encouraging nurses to appeal to the highly compensated and enormously wealthy individuals, who benefit from the short staffing that fuels the profits of the \$5 billion corporation, should clarify for the nurses why they must begin organizing independently.

Meanwhile, after the results of the strike vote were reported on Friday, hospital President David C. Miller, who makes \$490,000 per year, told *Crain's Detroit Business* that Michigan Medicine is “prepared” for a strike and has contracts “lined up” with replacement nurses to be used as strikebreakers in the event of a walkout by nurses.

Instead of responding to the hospital’s strikebreaking plans by moving urgently to shut down the hospital and broaden the struggle to link up with autoworkers, logistics workers, striking EMU professors and hospital workers on strike or preparing to strike in Northern California, Minnesota and internationally—and demanding a general strike by Michigan labor against any attempt to break a strike by Michigan Medicine nurses—the MNA-UMPNC is going back to the bargaining table with the hospital negotiators.

Meanwhile, Michigan Medicine spokeswoman Mary Masson has said that “the nurse’s union and the University are close to a resolution.”

There are unmistakable signs that a rotten agreement is being prepared behind the backs of the nurses. The union has announced a series of meetings beginning today that may lay out the basis for a tentative agreement that meets none of the nurses’ demands.

Working closely with Democratic Party politicians like Representative Debbie Dingell and union bureaucrats like Michigan AFL-CIO President Ron Bieber, the union is doing everything it can to avoid a strike that would expose the anti-working class role of the Democratic Party, which politically dominates the Board of Regents. These individuals are part of the ruling establishment that views health care not as a critical public service but as a money-making enterprise for the wealthy.

Michigan Medicine nurses must draw the lessons of the previous betrayals of pending strikes shut down in the eleventh hour by union officials, in order to impose contracts that maintain understaffing and cut real wages. Most important are the lessons of the 2021 Kaiser struggle, which must be studied by all nurses who are determined to fight and win vital staffing demands.

In reality, the nurses are in a fight on two fronts: against Michigan Medicine and against Michigan Medicine’s enforcer in the form of the union bureaucracy, which has collaborated with hospital management for decades and politically disenfranchised the working class through its alliance with the big business Democratic Party.

This is why nurses must take the conduct of the struggle out of the hands of the union apparatus. Nurses must join up with their brothers and sisters in the Michigan Medicine Rank-and-File Committee, founded to lead the struggle for safe staffing and decent working conditions at Michigan Medicine independently of the pro-corporate unions.

Help build the Michigan Medicine Rank-and-File Committee to link up with health care workers and nurses across the US and internationally! In recent days, 15,000 Minnesota nurses have voted overwhelmingly for strike action against the same intolerable conditions faced by Michigan Medicine nurses.

In Northern California, mental health providers at Kaiser are in their fourth week of an opened-ended strike. The union representing the mental health providers is refusing to pay them any strike pay in an attempt to starve them out on the picket line.

In New South Wales, Australia, nurses have embarked on their fourth statewide strike.

The struggles of nurses and health care workers will be united internationally through the building of the Michigan Medicine Rank-and-File Committee as part of the International Workers Alliance of Rank-and-File Committees (IWA-RFC).



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