

Union opposes Michigan Medicine nurses' demands for strike action at informational meetings

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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.

Two weeks after Michigan Medicine nurses voted overwhelmingly to authorize an unfair labor practices (ULP) strike, the Michigan Nurses Association (MNA) affiliate, the University of Michigan Professional Nurse Council (UMPNC), has doubled down on its efforts to avoid a strike.

This comes as 15,000 Minnesota nurses are carrying out a three-day strike and 2,000 Kaiser Permanente mental health care workers are entering the fifth week of an open-ended strike. In New South Wales, Australia, 50,000 nurses struck earlier this month.

In all of these struggles, the issue of safe staffing and workloads is central, along with compensation, which has been eaten up by inflation.

At a series of MNA-UMPNC “bargaining information sessions” held on Friday, September 9, no mention was made of these struggles by union officials. Instead, the union used the meeting to push back on the growing demands by nurses for a walkout, telling them to place confidence in the ongoing negotiations with Michigan Medicine. MNA-UMPNC President Renee Curtis said, “If we can negotiate and get this contract settled at the table, that’s the point of this.”

The nurses have been working without a contract since July 1.

Curtis told the nurses that she has met with Michigan Governor Gretchen Whitmer’s office as well as with “further political influencers,” including “a philanthropist who put millions of dollars in the hospital to get their names on the hospitals.”

More than 4,000 of the 6,200 nurses in the bargaining unit turned out for the strike authorization vote, and 96 percent voted “yes.” That was over two weeks ago.

At a distribution of the WSWs Health Care Worker Newsletter last week, one nurse said, “We should strike, we voted on a strike, let’s do it! They’ll cave. They can’t operate this without us. What are they going to do without 6,000 nurses?”

Another nurse said, “I have heard about the strikebreakers [being hired by Michigan Medicine]. I think they should strike so they can get what they need.”

At the information meetings, the MNA-UMPNC was forced to acknowledge the pro-strike sentiment among nurses. While Curtis said her email inbox was being inundated with messages calling for an immediate walkout, she repeated again and again that nurses had to “be patient.”

She talked about “using leverage” and concluded, “We want the university to do the right thing.”

She did not explain how blocking a strike while Michigan Medicine, backed by Whitmer and the Democratic-controlled university Board of Regents, was hiring strikebreakers increased the nurses’ “leverage.” These are evasions and lies. Michigan Medicine continues to refuse to even discuss the critical issues of patient-to-nurse ratios and understaffing.

At one of the informational meetings, Curtis acknowledged: “The latest and the biggest issue actually is the refusal to bargain over safe workloads.”

One emergency department (ED) nurse asked, “Does anyone have intentions of helping us and our boarding [holding a patient in the ED until there is a space for them to be admitted into the hospital] problems, or will we continue to ignore them?”

Curtis responded by blaming the nurses, saying, “All of you have to stand up. I cannot carry the cross for you guys. You guys are going to have to carry the cross.”

Another nurse responded, “It kind of feels like being scolded a little bit. Whereas I know in my work unit, time after time we put in ADOs [assignment despite objection forms], like one after another, and it felt like there was no avail or no light at the end of the tunnel.”

Curtis replied, “We need you to be seen and heard in our community and in the hospital.” In other words, more harmless protests. The next diversionary activity of the union is for nurses to attend and protest once again at the upcoming meeting of the university Board of Regents on September 22.

The nurses can increase their leverage and prepare for the inevitable struggle against not only the university but also the Democratic administration in Lansing by immediately contacting the nurses in struggle around the country and forging a fighting unity with them and with other sections of the working class—autoworkers, rail workers, logistics workers—facing soaring inflation, falling real wages and intolerable work schedules.

The MNA and the UMPNC, like the unions in general, work to suppress the class struggle in the interests of the corporate elite and its two political parties, particularly the Democrats. All the more so in the midst of critical mid-term elections and a historic crisis of the entire US political system.

The only way nurses can take forward their fight and unify with the strikes already underway in Minnesota and California is to take the conduct of the contract struggle out of the hands of the union apparatus and put it in the hands of the rank-and-file.

The Michigan Medicine Rank-and-File Committee has been established to provide a way for nurses to fight for a winning strategy that will break through the backstabbing policies of the union. Each day that the MNA-UMPNC avoids a strike is another day of revenue for the hospital and another day that they have

to prepare replacement nurses as strikebreakers.

The Michigan Medicine Rank-and-File Committee exists to unite nurses and other hospital employees in joint action, and through the International Workers Alliance of Rank-and-File Committees (IWA-RFC) unite them with nurses and hospital workers entering into struggle throughout the US and internationally.



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