MNA-UMPNC “highlights” expose sellout agreement with Michigan Medicine

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On Thursday, the Michigan Nurses Association (MNA) and its Ann Arbor affiliate, the University of Michigan Professional Nurse Council (UMPNC), announced a tentative agreement with Michigan Medicine, the health care system managed by the University of Michigan in Ann Arbor.

In a series of tweets, the MNA-UMPNC hailed the tentative agreement as a “huge win” and a contract that “supports and respects nurses” but said nothing about what was in it. In a press release the same day, the MNA claimed the tentative contract included “an end to mandatory overtime,” “an improved mechanism for enforcing contractual workload ratios” and “competitive wages.”

“Highlights” of the agreement prepared by the union, and later shared with the WSWS *Health Care Worker Newsletter*, show that it is nothing of the sort. Just like the recent agreement reached by the rail unions, brokered by the Biden administration, to block a national rail strike, the MNA-UMPNC’s deal with Michigan Medicine is an effort to keep nurses on the job and sabotage their fight.

The so-called “huge win” in reality includes the following:

•The wages component of the agreement says nurses will receive pay increases of 7.5 percent in 2022, 6 percent in 2023, 5 percent in 2024 and 4 percent in 2025. While the union says that the increases are “24.43 percent when compounded annually,” at the current annual rate of inflation standing at 8.26 percent, this is in fact a pay cut.

The union is also promoting Michigan Medicine’s offer of a $5,000 bonus “upon ratification” and another $2,000 for nurses “at contract expiration.” However, these amounts do not come close to recovering the income lost by rising inflation and the lack of cost-of-living increases in previous agreements signed by the MNA-UMPNC with Michigan Medicine.

•The “highlights” say nothing about how the hospital is going to resolve the staffing shortage. The tentative agreement includes zero commitment from Michigan Medicine to hire the number of nurses required to adequately staff the hospital and resolve the Number One issue facing nurses. The union “highlights” say in Point 4 that the tentative agreement includes the “first ever contractually enforceable workload ratios” but does not elaborate on what this means.

Given that Michigan Medicine maintained throughout negotiations that mandatory staffing requirements were an illegal bargaining issue and the union immediately dropped specific nurse-to-patient ratios demands, the claim that ratios will be “contractually enforceable” is dubious to say the least.

• In Point 5, the “highlights” say mandatory overtime will be ended but then qualifies this with a long list of exceptions including, “situations that are the result of routine staffing needs from typical staffing patterns, expected levels of absenteeism or time off.” In other words, mandatory overtime has been “abolished” except in those situations where management would ever conceivably demand it.

• Likewise, in Point 9 on the critical issue of on-call hours, the MNA-UMPNC has agreed to what it calls “Incentivized Short-Term High Vacancy Call,” which accepts Michigan Medicine’s refusal to adequately staff the hospital. In this system, nurses will remain on call in 4-hour blocks of time based on “functional vacancy rates” in each unit. While the MNA-UMPNC claims this is a “temporary” system, without any hiring requirements in the agreement, Michigan Medicine will be pushing to make it permanent.

The WSWS *Health Care Worker Newsletter* calls on

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Michigan Medicine nurses to reject the sellout agreement announced by the MNA-UMPNC as a betrayal of this months-long fight. Everything that has happened over the past six months confirms our warnings that the union has been working with hospital management to prevent a strike and impose a new rotten contract.

Nurses and other hospital employees should join the Michigan Medicine Rank-and-File Committee (MMRFC) to organize the growing opposition against the spinelessness and treachery of the union and unite with other sections of the working class such as autoworkers, teachers and railroad workers who are engaged in similar struggles.

Like health care workers in California, Minnesota and New York, Michigan Medicine nurses have shown their determination to fight for an end to the staffing shortages and to provide safe and high-quality care for patients.

Nurses have also repeatedly opposed efforts by the MNA-UMPNC to divert their struggle into useless protests to Democratic Party officials on the University of Michigan Board of Regents. This was shown most clearly in the overwhelming vote for strike action at the beginning of September.

The resolution passed at a meeting of 500 railroad workers on September 14 points the way forward for Michigan Medicine nurses in organizing opposition to the sellout tentative agreement between the MNA-UMPNC and the hospital.

In addressing the tentative agreement blocking the national rail strike, railroaders insisted that they would not accept a contract that did not address their primary demands for pay increases and acceptable working conditions and had not been ratified by the membership. They also said, “any attempt to force through contracts that we do not accept and that have not been voted on, or to keep us working without a contract, will be in violation of clear instructions given by the rank and file.” The Railroad Workers Rank-and-File Committee is now organizing railroaders to enforce the terms of this resolution.

The MMRFC has been formed to unite all hospital employees and break through the isolation and subordination of their struggle to the union’s unfair labor practices filing and Democratic Party officials. It has advanced the following demands:

Reject the sellout tentative agreement and launch immediate strike action against Michigan Medicine.

• Safe nurse-to-patient ratios that are mandatory and nonnegotiable. Michigan Medicine must hire enough nurses to guarantee a safe working environment for employees and patients.

• End the mandatory overtime and extended on-call hours that have destroyed the work-life balance of nurses. All overtime must be voluntary and on-call hours eliminated.

• An inflation-busting 30 percent wage increase to make up for years of declining real wages, plus a cost-of-living escalator to keep pace with inflation.

• Upgrades to PPE against COVID-19 and monkeypox. We need sufficient protective equipment, including well-fitting masks that are N95 or better, to protect our patients and ourselves.

• Full strike pay provided by the MNA-UMPNC and the Michigan AFL-CIO.

• Answer strikebreaking with a general strike of Michigan labor!

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