Michigan Medicine technicians prepare for one-day strike

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Medical technicians at Michigan Medicine, the University of Michigan healthcare system in Ann Arbor are scheduled to go on strike for one day on Tuesday, November 12. The workers are fighting for increases in wages and benefits and improved working conditions.

The rehab and behavioral health workers, lab and medical assistants, hospital services and advanced diagnostic and procedures technologists—members of United Michigan Medicine Allied Professionals (UMMAP) Local 6739, which is affiliated with the American Federation of Teachers (AFT)—are fighting for their first-ever contract at the healthcare system.

After contract negotiations broke down on November 1, the UMMAP leadership announced it was planning to proceed with the one-day strike. In a post on Twitter/X, union officials stated that hospital management asked for a week of bargaining and the union, "gave it to them."

However, after Michigan Medicine asked for the extended bargaining, hospital management came to the bargaining table and "proposed a pittance," union officials said in their online post. They then added, "NO MORE. STRIKE FOR A FAIR CONTRACT!"

As reported previously by the WSWS here, UMMAP members voted overwhelmingly to authorize strike action against Michigan Medicine. The union reported via social media that 86 percent of the members voted by 97 percent to authorize a strike to fight for their demands.

Yet, the workers' contract demands with the hospital have not been spelled out by the union, and a one-day strike is a clear indication that the union has no intention of carrying out the kind of struggle required to win their demands.

At the same time, hospital management has made it clear that a walkout by the technical workers will be met with strikebreaking efforts to "ensure safe staffing levels if a work stoppage occurs." Members of UMMAP have told the WSWS that Michigan Medicine is preparing to bring in scab workers to replace them if they walk out on Tuesday.

UMMAP has published very little on its website about the contract negotiations. As of October 31, the union was reporting, "There has been some movement and our list of TA'd [tentatively agreed upon] articles grows. However, there are places we are not seeing eye to eye."

Information reviewed by the WSWS shows that the union has already agreed with management on many issues, including dues collection, labor-management committees, scheduling and extended work hours, attendance and a no-strike clause. On wages and benefits, the union has had nothing to say.

UMMAP workers must be warned that the call for a one-day strike, if it is carried out in the first place, is a continuation of the strategy utilized by other unions at the hospital to prevent the type of struggle against Michigan Medicine that is required to win workers' demands.

Previously, union officials of the Service Employees International Union (SEIU) in October and the University of Michigan Professional Nurse Council (UMPNC) in 2022 used a strike authorization vote to carry through a betrayal of hospital workers' demands and sign contracts which were completely in the interest of Michigan Medicine.

For example, after claiming that a one-day strike would be launched against hospital management on October 15, the SEIU called off the walkout the night before and announced a tentative agreement. Although SEIU members were not told what was in the agreement before the strike was cancelled, the union

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pushed through the contract and announced on November 4 that it had been ratified.

Union officials then claimed that the 2,700 respiratory therapists, ECMO specialists, phlebotomists, patient care technicians, inpatient unit clerks and clerical staff had won a contract that "ensures benefits" and "raises." However, the SEIU's three-year agreement with Michigan Medicine, which includes a 23.4 percent wage increase, does not address the effective decline in income from prior years of inflation and does not keep up with inflation going forward.

The SEIU and Michigan Medicine also highlighted the fact that the lowest-paid workers at the hospital, who make $15.76 an hour, will be raised to $20 an hour. A wage that is not 135 percent above poverty in Michigan for a family of four.

Significantly, included in the "benefits for workers" section of the SEIU contract, is funding by Michigan Medicine for 5,200 hours of paid time for union officials "to enforce the union contract."

UMMAP workers cannot place any confidence in the union bureaucracy to carry through a strike or the kind of struggle against Michigan Medicine that is required to win their demands. The one-day walkout is designed to let workers blow off steam while another deal that abandons workers' most essential needs is worked out behind closed doors.

A real walkout by UMMAP technical workers would have a significant impact on hospital operations. But the struggle against Michigan Medicine must involve the entire workforce, including doctors, nurses and support staff, who are all fighting for the same exact demands.

Independent rank-and-file committees must be organized by hospital workers to take the conduct of the struggle against the University of Michigan healthcare system out of the hands of the union bureaucrats.

These rank-and-file committees must organize an indefinite strike against the hospital based on a list of demands that meet the needs of the workers. This must become the basis of a hospital-wide walkout that unifies all employees and takes in all of their demands on wages, benefits and working conditions.

Contract negotiations with the hospital must be overseen by a committee made up of the most trusted rank-and-file workers, who report publicly all details of discussions with Michigan Medicine management. Michigan Medicine workers must begin with what workers need and not what the hospital says it can afford.

The struggle of Michigan Medicine employees is part of an expanding rebellion of workers across all industries and throughout the world, against exploitation and profit-making by the corporations and the billionaires who own them. Healthcare, in particular, is an immensely profitable industry for hospitals and service providers. Whether they are ostensibly "non-profit" or "for-profit," they have made enormous sums through the exploitation of the workforce.

The rank-and-file committee must unite Michigan Medicine workers with workers across the US and internationally, as well as in other industries—such as auto, information technology, transportation, logistics and education—in a common struggle against capitalism and for a socialist health care system.

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