

A discussion with a resident physician on the fight to unionize doctors in training at the Detroit Medical Center

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26 February 2025

Resident physicians at the Detroit Medical Center are organizing to fight for better wages, working conditions and lower out-of-pocket health care expenses. In the interview below, the *World Socialist Web Site* spoke with a second-year resident who has been involved in the fight to unionize the doctors in training in the face of fierce resistance by Tenet Healthcare.

Resident physicians, interns and medical fellows routinely work 80-hour weeks for \$15 or less an hour. In June 2024, they voted by 508-8 to join the Alliance of Resident Physicians, which is affiliated with the American Federation of Teachers, but Tenet has refused to recognize the union. Residents believe Tenet will stall even longer now that Trump has paralyzed the National Labor Relations Board, which oversees union elections, by firing one of its board members, allegedly for “unduly disfavoring the interests of employers.”

Tenet acquired DMC, a for-profit alliance of multiple hospitals employing more than 15,000 healthcare workers, in 2013. The Dallas-based health giant is the ninth largest medical system in the US and operates 61 hospitals. In a conference call with investors February 12, executives said Tenet made \$3.2 billion in profits in 2024, up from \$611 million in 2023. Tenet executives attributed the spike in profits to “growth in high-acuity care and effective cost management strategies,” and outlined plans to spend another \$250 million for mergers and acquisitions in 2025.

This WSWs reporter conducted an interview with a DMC resident physician, who is using the pseudonym “Steve” to protect him from retaliation. He described the conditions driving healthcare workers at DMC and other facilities to unionize, the impact of the subordination of healthcare to corporate profit and how Trump’s attacks on immigrants, public health and science are radicalizing healthcare workers.

WSWS: What are the issues driving the unionization campaign by resident physicians?

Steve: In the face of rising rents and childcare costs, Tenet continues to pay their resident physicians the lowest wages in the region. For many residents, the only way they scrape by is by relying on family for housing or childcare. For many other residents—mostly young people in their 30s—delaying their plans to buy a home or start a family is the only option. Most of us are also carrying hundreds of thousands of dollars in student debts.

At the same time, the staffing shortages are the same they’ve been since the pandemic began. I’ve worked in the Detroit Receiving Hospital emergency room and it’s hard to describe how much medicine is delivered to people who are just sitting in a chair because there’s nowhere else to go. So much medicine happens with people just standing there holding their IV bag, because there’s no place to put these patients. There’s space in these hospitals. There are whole floors of empty beds because DMC is eternally understaffed.

When you compare the pay of nurses and other healthcare workers at this hospital to others, it’s night and day. It’s no wonder we cannot get enough staff to run this hospital. So that’s the biggest tragedy.

There are so many amazing things this hospital can do. Harper Hospital is where the first mitral valve replacement, involving a mechanical heart to maintain blood supply, occurred in the world in 1952. The American Academy of Pediatrics was founded at the same hospital. Groundbreaking work was done here on thalassemia, a blood disease that commonly affects people of Mediterranean descent. So much groundbreaking work was also done here on sickle cell and perinatal nutrition. This is a hospital that does amazing, cutting-edge, life-saving medicine for people who have nowhere else to go. But it pains us that the story of the last 10-15 years of this hospital is one that chronically fails its patients, a hospital that you would never want to send your family to. And it doesn’t have to be that way. It so easily can be what it used to be.

The “proletarianization” of resident physicians

WSWS: In the past, residents who were heading towards their own private practices would have considered themselves professionals, not workers in the traditional sense, and on their way to a pretty well-off middle-class lifestyle. Can you describe how conditions have “proletarianized” resident physicians and changed their outlook?

Steve: When we held our protest a Fox News reporter asked us why we wanted a union since we were not part of the working class. To that point, the evolution of healthcare is just like conglomeration of gigantic corporations. Previously, a physician owned their practice, had control of when they practiced, what scripts they wrote, what services they were able to provide. That’s not really true anymore. There’s so many limiting factors now.

As a resident, I don’t control where I work, when I work, how long I work, or the conditions in which I work. Even my attendings want things to be different in Detroit Medical Center, but they don’t control where they work, when they work, what the conditions are. So, in terms of who has power within a workplace, physicians do not have the power that they had 30-40 years ago. I think their position in the workplace is much more analogous to labor, to people doing traditional jobs.

Even though there may be a big difference in pay and education, the position in terms of the relationship to our employer and power in the workplace is pretty similar. I also think it’s important to point out that unionization votes by resident physicians at DMC and other facilities across the country have been very large. We voted to unionize by 98

percent.

WSWS: Healthcare workers often say their best efforts to treat and improve their patient's lives continually run up against a system, which subordinates healthcare to profit.

Steve: Putting profit before healthcare makes absolutely no sense. How can you look at a place like Children's Hospital of Michigan in terms of "in the red or in the black?" What's the right amount to profit off a child who has cancer? The answer is none. It is unthinkable to us to think how these conversations happen. How do you view patients as investment vehicles to drive growth?

But these conversations definitely happen about the cost of medicine and treatments we're providing. Instead of cost-effective medicine we should be discussing what are we doing for people that makes a meaningful difference in their lives?

But healthcare costs are definitely a limiting factor. There are certain things we know won't get paid for because they're really expensive. There are certain treatments we know are inaccessible because of the fight with insurance to get them covered.

GLP-1s are a perfect example. They are an incredible technological pharmacological achievement that we have. A medicine that controls blood sugar, helps people lose weight, and is very much a life-saving medicine. But it costs money and it's expensive. That is a hard stop that prevents so many people from getting these medications. And that's true for so many different healthcare things, whether it's heart failure medicines that are proven to extend people's lives and keep them out of the hospital longer but are patented and expensive. Or whether it's discharging people who need more time in the hospital because their certain diagnosis will only pay for a certain number of days, or they don't qualify for rehab, even though it would be better for them to get stable housing, stable healthcare, and support for their daily activities. Convincing the insurance that that's the case is a battle every single day.

WSWS: What do you hope to achieve by unionizing?

Steve: We are looking for better pay, better benefits and better working conditions. Those are all absolutely things we're demanding and things that we need. Some residents say, 'If we don't get another penny, but we get more nurses, more rest, more respiratory therapists, we feel safe in the workplace, that's totally worthwhile.' So, the question for us is how do we negotiate these things?

That involves a lot of collaboration with other people in the hospital, like talking with our nursing managers, talking with our attending physicians who see how Tenet has squeezed Detroit Medical Center and squeezes the staff. We need to talk with them about what concrete changes we can demand in a contract that improves healthcare for patients, improve working conditions for nurses, and for respiratory therapists. Those are all things that we'll be negotiating, even though they aren't explicitly part of a resident's contract or might not typically be part of a resident's compensation package. They impact how residents do their job, and so they're absolutely part of how we'll be negotiating and what we hope to accomplish.

WSWS: What actions has Tenet taken to prevent resident physicians from unionizing?

Steve: They're not explicitly challenging our right to unionize. They're just challenging every single step along the way to slow the process. And that's what we're seeing right now they're not responding to our demands to bargain. It will be more than 30 days from our demand to bargain that they've been giving us radio silence. That's the reality right now.

Trump's anti-immigrant campaign

WSWS: How is Trump's anti-immigrant witch-hunt affecting resident physicians and other healthcare workers?

Steve: A lot of people do not realize how much healthcare in Detroit and America comes from immigrants. In some residency programs at DMC, well over half of the physicians did medical school in another country and have come here on a visa because their specific talents are not replaceable. To get the pipeline from American middle schools, high schools, colleges to medical schools to produce enough physicians for this country would take decades if ever to realize. If physicians across the world want to come here to be physicians, then we're morons not to say, please come help us. We need you in our healthcare system.

People are concerned about deportation. One concern is that the federal government, the ICE (Immigration and Customs Enforcement) agents, will see a woman physician or nurse wearing a hijab and pick them up. So, a lot of people are carrying their papers with them at all times. This is the concern every immigrant in this country.

The other side of it comes from within DMC. There are lots of people who feel very vulnerable because Detroit Medical Center is their employer and sponsored their visa to come here to this country. The idea of opposing that employer is chilling and reassurances that unionizing and organizing is a right and that immigration status has no effect on that right is not offering much solace for people. We're seeing so many legal paradigms and foundations overturned, and you have no idea what could happen to you.

A lot of residents are from Palestine and Gaza and other places that have been destroyed. They have no place to go back to and people are doing everything they can to keep themselves safe, and that is completely understandable.

WSWS: That's an enormous advantage for the employer to have such a level of intimidation in the workforce. The ICE raids in workplaces are being used to create a climate of terror. There are also Trump's executive order to combat supposed "antisemitism" to gag free speech and opposition to the US-backed Israeli genocide in Gaza. This must be having a chilling effect.

Steve: Absolutely, and they don't even have to say it because the threat is implicit. It's already on people's minds. We know people here on student visas who were involved in or apprehended as part of the anti-genocide protests are being targeted for deportation. That creates fear because they're seeing people face very real life changing, life threatening consequences for speaking out.

WSWS: Trump has also lifted the minimal restrictions on ICE going into schools and hospitals and churches. What are residents thinking about that?

Steve: To my knowledge, no ICE agents have showed up [here] but people are definitely playing through these scenarios in their heads. Everyone is committed to protecting patients and protecting staff. I work at the Children's Hospital and it's shocking to imagine that they could grab a child or their parents if they are undocumented. What do I do? What do nurses do? We can video them and document it.

We have taken a Hippocratic oath to protect our patients, and we are not going to allow any harm to come to these children.

This is also intimidating patients from coming in, even if they're very, very sick. We already saw this play out with COVID. We saw the massive difference in outcomes between patients who did not come to the hospital because they have many reasons to be less trustful of the healthcare system and the government. More people died, hundreds of thousands more people died because in certain communities compared to others, they felt they couldn't show up to the hospital, couldn't trust the information that was coming from government officials. What is happening now, with threat of ICE raids, only multiplies the distrust that was already there.

The war on public health and science

WSWS: What are residents saying about the federal funding cuts to the CDC and other public health institutions and the appointment of Robert F. Kennedy Jr as head of Health and Human Services.

Steve: My colleagues are very concerned because this can devastate research into childhood cancer and other critical areas. Without research there is no progress. My colleagues are pretty fearful, and there is a lot of preparation going on to protect knowledge before it is taken down from the CDC web site and others.

Many physicians I know have the CDC guidelines that existed before January of this year downloaded on our computers. Information is being safeguarded we can't trust that it will continue to be available. And ditto for information about contraceptives, miscarriages and all these situations where we now are not going to be able to trust guidance of government officials. The American College of Obstetrics and Gynecology, the American Academy of Pediatrics and other organizations are taking steps to ensure that physicians have access to that knowledge, because we know we can't trust the source that has historically provided it.

During RFK Jr.'s confirmation hearing a congresswoman cited something he said about black people not needing the same vaccine schedule as white people because they responded to vaccines differently. He endorsed racist medicine and views that existed not just 80 years ago in Jim Crow, but in the pre-Civil War and Slavery era. The idea that black people are inherently different, genetically and biologically, and deserve different treatment. To see us taking such giant steps backward is shocking.

WSWS: Now you are seeing a Trump and Musk throwing the whole public health system and hundreds of federally funded programs as Musk says, "into the woodchipper." Health care workers see the social realities of social inequality, poverty and the lack of health insurance each day. What impact would these cuts have?

Steve: I'm foreseeing a tsunami, especially once open enrollment happens and many of the government programs that get people insurance, like Medicaid, may be taken away. Who knows what will happen to them in the next year. Fortunately, right now, the people who are on Medicaid, I expect to continue to be on Medicaid. I don't know if that will continue to be true in 2026.

We already deal with these realities right now, where somebody stays in the hospital for days because we cannot get them life-saving medicine as outpatients. They can't afford the medicine from a pharmacy, so they spend extra days in the hospital. That's only going to get worse. Patients are already saying, 'I can't afford medicine outside of the hospital, and I'm here, but I have to go back to work. I have to take care of my kids.' They're just going to go out of the hospital and not be able to afford their medicine.

They are going to face the consequences of that to their health, their body, and more people will die and have more morbidities from preventable illness. Our healthcare system, which is already so strained, will see preventable deaths, preventable admissions, people who are only in the hospital because they can't afford their medicine. The patients know what is going to happen. They know what their COPD will do without their inhaler. They know what their heart failure will do without their heart failure medications, and they end up in the hospital. They know what's happening. The physicians know what's happening too. It's like watching a slow car crash happen, knowing exactly what will happen, and knowing you are unable to prevent it.

WSWS: Where were you there when the pandemic first hit?

Steve: I was in medical school. So, I was not in the hospitals at that time but many of my colleagues were. They talk about a sea of ventilators in the emergency department and people unable to take care of all their

patients. So, life-saving treatments, like albuterol and other breathing treatments to open people's lungs and allow them to breathe better were being delayed. And now, as we potentially look down the barrel of another, whatever you would like to call it "quad-demic" and added to that bird flu, people are talking the first days of COVID when the hospitals were overwhelmed far more as a potential future experience.

WSWS: The teachers right now are in a big struggle. Like you, they are very concerned about ICE in their schools. Their parents and students are frightened they're going to be arrested. AFT President Randi Weingarten is telling them the best they can do is write their legislators. That's worse than useless. Teachers are also concerned about closing the Department of Education, the siphoning of public funds for private and parochial schools and plans to promote the most fascistic and religious indoctrination. What is your message to educators about uniting with DMC resident physicians to carry out a common fight.

Steve: My appeal is a personal one. I will be board certified in pediatrics in two years, and my entire career goal is ensuring that children are healthy, happy, safe, and have a bright future full of hope. I share a lot of interests with the teachers, and that sentiment is shared by hundreds of resident physicians in my hospital.

Epilogue

The discussion with the DMC resident physician highlighted the conditions behind the sharp increase in the number of US resident physicians joining unions.

But as WSWS writer Benjamin Matteus explained in an article on this trend:

While this takes initial expression in unionization efforts across numerous hospitals, resident physicians are quickly finding themselves confronting the reality of union bureaucracies beholden to the demands of a health care industry itself under the chokehold of the financial markets. A similar experience with the pro capitalist, bureaucratized unions faces every other sector of the working class.

This has been the bitter experience of hundreds of thousands of healthcare workers whose strikes and struggles since the start of the pandemic and before have been betrayed by union bureaucracies. Most recently, this includes healthcare workers at Michigan Medicine and Providence Health in Oregon, both of whom belong to unions affiliated with the American Federation of Teachers.

If the unionization campaign is successful at DMC, resident physicians will need to organize rank-and-file committees to ensure that power and decision-making is in the hands of the workers on the hospital and clinic floors, not the AFT apparatus. Such committees, controlled democratically by the workers themselves, must outline and fight for their own set of demands, including shorter hours, living wages, safe staffing levels. In other words, the committees will fight for what workers need, not what the Tenet executives, big business politicians and union officials say is affordable.

Most importantly, the interview with the young resident physician highlights the fundamental political challenge confronting healthcare workers and the entire working class. Trade unionism, even at its best, has always been based on the conception that workers can extract reforms from the capitalist system by pressuring the employers and the

government.

But it has been more than half a century since workers have seen any significant reforms. With the ascension of Trump, the oligarchy is setting out to destroy whatever reforms the working class has won in more than a century of struggle. This will not be stopped by the Democratic Party, which is a party of Wall Street, imperialist war and austerity, no matter what “left” cover Bernie Sanders, AOC and the Democratic Socialists of America provide them.

The life-and-death *political issues* confronting the working class can no longer be avoided. That is why the fight by workers in the hospitals and workplaces to improve day-to-day conditions must be combined with the building of a powerful political movement of the working class against both corporate-controlled parties and the capitalist system they defend. The aim of such a movement must be the replacement of the oligarchic rule with the rule of the working class and the replacement of capitalism with socialism.



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