

Henry Ford Health imposes 5-day lockout on Rochester Hospital nurses in preemptive move against strike action

Kevin Reed
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Henry Ford Rochester Hospital is set to lock out 375 registered nurses for five days starting Monday, a preemptive and provocative response to the nurses' overwhelming 87 percent vote to strike for three days.

The nurses, members of the Office and Professional Employees International Union (OPEIU) Local 40, are fighting for safe staffing, fair wages and improved working conditions, after more than two years without a contract. This lockout, combined with the hospital's move to hire contract nurses as strikebreakers, exposes the ruthless methods of hospital management and the broader crisis facing healthcare workers across Michigan and the US.

Henry Ford Hospital has moved to escalate the conflict by hiring contract nurses through an outside staffing agency. This strikebreaking operation is designed to keep the hospital running and undermine the nurses' struggle, sending a clear message that management will go to great lengths to suppress worker resistance.

In an official statement, Henry Ford Rochester Hospital said it was encouraging scabbing among the striking nurses by "giving every Henry Ford Rochester nurse the option to work during the strike and receive their full pay," alongside its retaliatory act of hiring replacement nurses for the duration of the five-day lockout.

The nurses' demands focus on urgent improvements to staffing ratios, competitive compensation and working conditions. The nurses have worked without a contract since 2022 and have been forced to accept chronic understaffing and unsafe conditions that jeopardize both patient safety and staff well-being. On February 28, the nurses staged a protest to demand immediate action and an end to the intolerable working conditions.

Like other unions in the Michigan health care industry, OPEIU Local 40 has framed the strike as an Unfair Labor

Practice action and is focusing on the hospital's refusal to negotiate in good faith. Rather than mobilize the entire hospital workforce and unify with the struggles of healthcare workers throughout the industry, the union bureaucrats have kept the nurses isolated. The union announced a three-day strike, limiting the impact of the strike and handing the initiative to Henry Ford management, opening the door to its escalation via the lockout.

In September 2024, Henry Ford Health and Ascension Healthcare began a joint venture, with the two health systems jointly operating eight hospitals and a recovery center in Michigan. It is part of a strategy by Henry Ford to compete in the regional healthcare market, which is dominated by large healthcare corporations that are the product of recent mergers and aimed at slashing costs, including layoffs, at the expense of public health.

As the *World Socialist Web Site* warned in an article on the planned joint agreement by Henry Ford and Ascension Health in October 2023, "Workers at Henry Ford and Ascension, and their patients, should not believe the lie that this 'joint venture' will by itself resolve the massive financial losses these systems are experiencing. They can only become profitable through a massive assault on workers and patients. Only by slashing wages, laying off workers and raising prices can Henry Ford and Ascension make the new system profitable."

The lockout at Henry Ford Rochester is part of the broader attack on health care jobs and working conditions. At the former Ascension property in Kalamazoo, Borgess Hospital—now owned by Beacon Health of South Bend, Indiana—contract house-keeping, food service and patient transport workers are being laid off. The laid-off workers were contracted by Compass Group USA at Ascension Borgess. While many former employees are expected to

be hired into the new Beacon Health System, no guarantees of employment have been given.

Healthcare in the US is being subjected to a campaign of relentless consolidation into a handful of mega hospital chains. Over the past decade, the number of hospital mergers and acquisitions has soared, with more than 1,600 deals completed since 2010. This has resulted in the emergence of giant “nonprofit” systems like Ascension, CommonSpirit and HCA, which dominate entire regions and wield significant economic and political power.

Despite claims that consolidation would lower costs and improve care, the opposite has occurred. Prices have risen by 20 to 50 percent following mergers, while quality of care has stagnated or declined. Meanwhile, executive compensation has skyrocketed: top hospital CEOs routinely earn millions of dollars a year, even as frontline staff face wage freezes, layoffs and impossible workloads.

In response to these attacks, healthcare workers across the country have increasingly demanded strike action to fight for their rights. According to data from the Bureau of Labor Statistics and labor tracking organizations, the past five years have seen a sharp uptick in strikes and walkouts by nurses, technicians and support staff. In 2023 alone, more than 50,000 healthcare workers participated in strikes, demanding safe staffing, fair pay and respect on the job.

However, the fight of hospital workers in states like Michigan has been repeatedly betrayed by the union apparatus. The pattern is now familiar: union officials call strike authorization votes, allow workers to vent their anger, and then call off strikes at the last minute after negotiating tentative agreements that secure none of the workers’ demands.

A recent example occurred at the University of Michigan healthcare system in Ann Arbor. On November 13, 2024, just 15 hours before 4,500 technicians were scheduled to begin a one-day walkout, the United Michigan Medicine Allied Professionals (UMMAP) union abruptly canceled the strike. Officials claimed to have reached a “memorandum of understanding” with management, but provided no details and admitted that no demands had been met.

Instead, UMMAP officials boasted on social media that the strike had been “averted,” while offering vague statements about “movement from HR on economic proposals.”

In the summer and fall of 2022, the University of Michigan Professional Nurse Council (UMPNC) secured a 96 percent strike authorization vote from 6,000 nurses.

Despite the overwhelming mandate and widespread anger over wages and understaffing, the UMPNC brought in Democratic Party politicians and AFL-CIO officials to assure nurses of their support.

Shortly thereafter, union officials declared that a strike would be illegal and rammed through a tentative agreement that addressed none of the nurses’ demands. Today, understaffing at Michigan Medicine is worse than ever.

In October 2023, 2,700 respiratory therapists, ECMO specialists, phlebotomists, patient care technicians and clerical staff in the Service Employees International Union voted 98 percent to strike. But after organizing informational pickets and setting a strike date, SEIU officials announced a tentative agreement the night before the strike was to begin, again providing no details and telling workers they would learn about the contract “in the coming weeks.” The resulting agreement failed to address demands for wage increases and the restoration of pandemic-era benefits.

The experience of Michigan’s hospital workers demonstrates that the only way to win improvements is to unify the entire workforce in a common struggle, independent of the pro-corporate union apparatus. Rank-and-file committees must be formed to take the conduct of this fight out of the hands of the union bureaucracy and to reach out to other sections of the working class—across healthcare, auto, transportation, retail and aerospace—to unite in a common fight against the profit system.

The struggle against corporate healthcare interests is directly connected with the broader fight of the working class against war and in defense of democratic rights. The five-day lockout at Henry Ford Rochester Hospital is a warning to healthcare workers everywhere. The conduct of the struggle must be taken out of the hands of the union apparatus through the formation of independent, rank-and-file committees that will use the power of the working class to secure fundamental rights.

Only through such a movement can workers fight the relentless drive for profits and ensure that healthcare serves the needs of the people, not the interests of hospital executives and the billionaires on Wall Street.



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