

Henry Ford Genesys walkout enters 6th month, as Corewell Health nurses vote on strike action

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The 750 Henry Ford Genesys Hospital nurses and case workers, who have been on strike in Grand Blanc, Michigan for six months, are under intense pressure by management, the Teamsters apparatus and government mediators to end their fight. This is happening as 10,000 Corewell Health nurses across Michigan vote on strike authorization over essentially the same issues of unsafe staffing and unbearable workloads.

The strike at Henry Ford Genesys Hospital began September 1, 2025, after the labor agreement expired in June and negotiations deadlocked over staffing ratios and pay. With federal and state mediators involved and no publicly announced tentative agreement, discussions are clearly focused on ending the walkout and orchestrating a return to work.

In recent days, Henry Ford has presented an “improved” contract package that includes pay raises—reported locally as up to 13 percent, with claims that some nurses will make over \$100,000 a year—and provisions for strikers to return to work.

However, the offer does not guarantee that nurses will return to their original positions, units or shifts, since the hospital insists it can reassign them where “needed” because many positions have already been filled during the strike.

The central objective of the current talks revolves around how to shut down the strike, manage reentry of the workforce and stabilize operations after months of disruption. The talks between management and the Teamsters are not about meeting nurses’ core demands on staffing and working conditions.

Management’s public posture stresses that it is willing to let nurses “return” while refusing to undo the staffing and scheduling changes it rammed through by hiring permanent replacements during the dispute, a mechanism that allows it to punish militant workers and break up cohesive units.

Union officials have signaled that the latest offer is being “considered,” and they have framed it as a serious step. But they themselves have admitted in local news coverage that the lack of job-protected reinstatement and the absence of firm staffing guarantees remain major unresolved issues.

The thrust of the Teamsters messaging is to prepare members to accept a return-to-work arrangement where the hospital retains its new staffing structure and the strikers are forced to fit within it.

Throughout the strike, Henry Ford Health has pursued an aggressive policy of strikebreaking and workforce restructuring.

The hospital has brought in replacement nurses—using agency staff and other outside hires—to maintain operations, while simultaneously offering permanent full-time positions to non-striking nurses to backfill the roles of those on the picket line.

Official statements from the hospital emphasize that management has remained “fully committed” to serving patients, while in practice this has meant using the strike to reorganize staffing on management’s terms: filling key positions, shifting schedules and establishing a new baseline of nurse-to-patient ratios without any agreement from the strikers.

Henry Ford communications have attacked the strikers, calling their demands a “union agenda,” as a means of deflecting criticisms of the understaffing and attempting to normalize the replacement of strikers as an established fact.

From the beginning, the courageous Genesys Hospital nurses have centered their fight on chronic understaffing, unsafe nurse-to-patient ratios and the erosion of patient care, alongside demands for higher pay to keep experienced staff from leaving. Nurses have described conditions in which they are routinely assigned more patients than they can safely care for, forced into exhausting overtime, and left without adequate support staff to handle complex caseloads.

The hospital has ignored the centrality of the ratios and talked of “flexibility” tied to management’s daily staffing decisions. Management has also attacked “premium pay” arrangements that pay slightly more if staffing is short while refusing to acknowledge that the shortages are central to the nurses’ demands.

Recent offers from the hospital that have focused on wage increases without enforceable ratios or hiring commitments prove that the core issues in the strike have not been addressed. The ending of the strike would leave management’s control over staffing largely untouched.

While the determined fight of the Genesys Hospital strikers enters its sixth month, approximately 10,000 nurses across the Corewell Health system in Michigan have begun voting on whether to authorize a strike as they fight for their first ever contract.

These nurses, members of Teamsters Local 2024, have been in negotiations since June 2025. The strike authorization vote runs through mid-March. Issues at Corewell include wages, just-cause protections and a real grievance procedure, but the central

concerns echo Genesys: safe staffing levels, protection from arbitrary discipline in a high-pressure understaffed environment, and improvement that make it possible to provide safe, humane care at the bedside.

Corewell nurses are pushing back against workloads and scheduling practices that mirror those that drove Genesys nurses to strike, underscoring that these are system-wide problems across Michigan healthcare, throughout the US and in fact the world.

Corewell nurses are voting for a strike authorization because months of bargaining have failed to produce a contract that addresses these fundamental problems. The fact that this is their first contract intensifies the stakes: The hospital and the Teamsters bureaucracy are both trying to set a pattern that will govern thousands of nurses for years to come, including wage structures and how staffing is managed.

The strike authorization does not by itself trigger a walkout, but it gives the union formal authority to call a strike while signaling overwhelming anger and readiness to fight among the rank and file. The timing creates the objective possibility of a unified struggle of hospital workers across multiple systems against the same corporate practices.

For six months, Teamsters Local 332 and the Teamsters International apparatus have kept the Genesys strike confined to one hospital, despite widespread support among workers and the existence of other Teamster-organized healthcare workforces in Michigan. There has been no effort to mobilize the full Genesys workforce—technical, support and ancillary staff—or to organize solidarity actions by workers in the broader Henry Ford system or other Teamster-organized facilities.

Instead, union officials have focused on sporadic negotiations, media events and appeals to Democratic Party politicians and government mediators, channeling the struggle into safe institutional channels while management has entrenched its position with replacements. Rank-and-file frustration is rife due to the lack of any strategy to expand the fight.

If Genesys nurses are on strike and actively seeking solidarity as Corewell nurses moved toward a walkout, it would pose the immediate question of a uniting 11,000 nurses and hospital workers in a single struggle over the same issues of staffing, wages and patient safety. The Teamsters leadership's opposition to calls for coordinated action and its emphasis on separate bargaining tracks and limited, localized protests demonstrates how the union apparatus is the chief obstacle to broadening a working class offensive against the entire for-profit healthcare system.

The *World Socialist Web Site* has consistently called on Genesys nurses and other hospital workers to form independent rank-and-file committees to take control of the struggle out of the hands of the Teamsters apparatus. Such committees would link the Genesys fight with healthcare workers at Corewell and other healthcare systems, such as Michigan Medicine at the University of Michigan in Ann Arbor where there are 6,000 nurses.

The recent experiences of hospital workers in New York City, California and Hawaii have also shown that healthcare workers are in a life-and-death battle not only against the hospital chains and their wealthy backers but the pro-corporate union apparatus that functions as their partner. In both cases, strikes that had been

prepared and launched with widespread rank-and-file support were rapidly wound down or shut off by the bureaucracy, which moved to impose concessionary agreements and prevent the struggle from developing into a broader political confrontation with the government and the healthcare corporations.

The sabotage of these struggles took place in coordination with the Democratic Party, which postures as a defender of workers and public health while defending the private profit system that is destroying conditions at the bedside. In New York City, this included the involvement of self-proclaimed “democratic socialist” Mayor Zohran Mamdani, who, like other DSA-aligned officials nationally, has consistently acted to contain and defuse working class struggles rather than to mobilize them against the corporate and financial interests that dominate city and state policy.

In California and Hawaii, United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP), working with Democratic officials, shut down the powerful strike by 31,000 healthcare workers at Kaiser Permanente before even reaching a tentative agreement. Again, the union apparatus worked to block the strikers' demands to resolve chronic understaffing and the degradation of care.

These experiences confirm that hospital workers can only defend their interests and those of their patients through independent rank-and-file committees, which break from the grip of the union apparatus and the Democratic Party and mobilize all healthcare workers against the subordination of medicine to profit.

The rank-and-file committees, which would be democratically elected by workers themselves, would fight to enforce safe nurse-to-patient ratios, end mandatory overtime and dangerous understaffing, secure real wage increases that keep pace with inflation.

In the face of management's strikebreaking and the Teamsters bureaucracy's efforts to isolate and shut down the struggle, only an independent, rank-and-file-led movement can unify Genesys and Corewell nurses, mobilize broader community and working class support, and fight for the social right to high-quality, fully staffed healthcare for all.



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