Corewell Health nurses in Michigan denounce sellout Teamsters deal

Riley Ward
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On July 28, the Teamsters announced that it had reached a tentative agreement (TA) with Corewell Health East covering nearly 10,000 registered nurses across nine hospitals in southeastern Michigan.

The announcement from Local 2024 was met with substantial anger and skepticism among rank-and-file nurses, for failing to address their wage and patient ratio demands, the central issues that drove them to unionize in November 2024 and authorize a strike this past March.

A February 2025 bargaining survey identified wages and benefits as the top priority, followed by conditions on the job. 83% of respondents said that Corewell needed to hire more nursing staff.

The highlights released by the bureaucracy "boasts" of a 15 percent wage increase over three years, caps on out-of-pocket health insurance premiums, and the creation of a "staffing committee" through which nurses can raise concerns to management. The increases—5.5 percent after ratification, 4 percent in March 2027, 4 percent in March 2028, and 1.5 percent in March 2029— will be largely eaten up by inflation.

As one nurse wrote online, "Without the union over these same 3 years we would receive a 17.5% raise, the yearly 3% for 3 years as well as the market adjustment of 8.5% that the rest of the staff already received."

The "caps on out-of-pocket health insurance premiums" boasted of in the highlights is misleading. The TA states that the average subsidy for medical plans will be 85 percent and for dental will be 50 percent. But there is no limit on the amount the premium could increase year to year. Corewell profited $1.3 billion in 2025 and owns the company providing medical insurance.

The two most-liked posts responding to the union's announcement were, "What about staff to patient ratios?" and "So no changes to staffing ratios?"

The contract establishes a "staffing committee"—a joint management and union body that, according to the union, will allow nurses from each campus to "raise staffing issues to management directly." However, the text of the TA exposes the toothless nature of the committee, stating, "Nothing in this provision requires CHE [Corewell Health East] to add an additional RN on a unit" and "The Union and CHE agree that nothing the Staffing Committee does or does not do will be subject to the grievance procedure."

One nurse responded bluntly: "A 'staffing committee,' this is a joke! right?! I'm a charge nurse, I fight every shift for our patients for just adequate staffing. We deserve better than a committee, Corewell needs to be held accountable for unsafe staffing! We need guarantees."

Another nurse put it bluntly: "That raise means nothing when taking care of 5 sick patients."

Under the TA, working conditions remain effectively dictated by Corewell, with a Management Rights section guaranteeing their authority to "operate and manage its healthcare facilities and operations" in 27 listed items. The other items in the TA mostly maintain existing practices or contain loopholes that defer authority to Corewell.

While the TA establishes "just cause" requirements for discipline and termination, these do not apply to new hires until after a probationary period of at least 120 days, which can be extended to 180 days.

Basic standards for working hours are established in the TA, though they can be ignored "if the RN agrees" or "for patient safety." This loophole would enable Corewell to avoid providing adequate staffing, allowing them to require, or pressure, nurses into longer shifts or shorter breaks between shifts to maintain minimal

coverage.

The TA establishes a 30 minute “uninterrupted meal break” period. But this is undermined by language stating that if a nurse misses their scheduled break due to “operational issues or patient care needs or is interrupted and required to return to work,” they can take the time during a different part of their shift or skip it entirely.

The bargaining committee’s response to criticism is revealing. One committee member, replying to a nurse who called the staffing committee “a joke,” explained: “Realistically this is a first contract and a foundation. We had to fight over definitions and bulletin boards for crying out loud... Next contracts we will be able to focus solely on our high priority issues.” A nurse replied: “But we have to wait 3 more years?”

The contract has a strict no strike clause that mandates termination for any nurses that “engage in, encourage, or condone any strike, slowdown, refusal to work, sympathy strike, picketing, boycotts or any similar action, whether the issue is grievable or not.” This means that even if Corewell violates the TA, the nurses have no contractual right to industrial action.

The contract is the result of a strategy by the Teamsters bureaucracy, not of fighting for what workers need, but of expanding its dues base while establishing the same corrupt relations with management that it has at other employers. A related goal of the contract is preventing the union from having to dip into a more than $300 million strike fund.

The almost 10,000 Corewell nurses authorized a strike in March 2026 after 10 months of fruitless negotiations. That strike authorization—which, had it been acted upon, would have been the largest Teamsters strike since 185,000 UPS workers walked out in 1997—was ignored by the union bureaucracy, used only to market the eventual sellout to nurses as the product of a “credible” strike threat. A similar maneuver was carried out at UPS in 2023 to secure ratification of a contract which has since cost tens of thousands of jobs.

Thus, the union bureaucracy staged performative “practice pickets” in April and May as negotiations continued. These pickets were held during the nurses’ own personal time in order to avoid the need for strike pay for missed hours and to allow hospital operations to continue as normal.

The Corewell sellout takes place as an 11-month strike of 750 Henry Ford Genesys nurses and case workers in Grand Blanc, Michigan has been systematically isolated and strangled by the Teamsters apparatus. The Genesys strike and the Corewell contract fight emerged from the same conditions nurses are fighting all over the country, and posed the objective possibility of a unified struggle of almost 11,000 nurses across multiple hospital systems.

But union officials have refused to mobilize the broader membership, coordinate with Corewell nurses, or expand the struggle beyond a single facility, even as Henry Ford Health has hired permanent replacements and restructured staffing on management’s terms. Instead of reaching out to Corewell nurses, the Teamsters directed striking nurses at Henry Ford Genesys to appeal to Democratic Party politicians at a rally in Lansing.

Voting on the TA is currently underway, ending on August 20. The rank-and-file response on social media suggests significant opposition. But the real question is not whether this particular contract is ratified or rejected, but whether Corewell nurses draw the necessary political conclusions. The Teamsters bureaucracy cannot be reformed or pressured into fighting. It must be abolished.

Corewell nurses need to build independent rank-and-file committees, democratically controlled by nurses themselves, to fight for enforceable staffing ratios, inflation-busting wages, and the transformation of healthcare from a profit-driven industry into a social right. Such committees must reach out to Genesys strikers, to autoworkers and to the broader working class, and link their struggle to the fight against the entire for-profit healthcare system and the capitalist parties that defend it.