Lessons after one year of the Genesys nurses' strike in Michigan

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20 September 2026

A year ago this month, more than 700 nurses and case workers at Henry Ford Genesys Hospital in Grand Blanc, Michigan, walked off the job for enforceable nurse-to-patient ratios, improved wages and an end to conditions that made it increasingly impossible to provide adequate care.

They remain on strike today. During those 12 months, Henry Ford Health has maintained operations with replacements and steadily hardened its position. At the same time, tens of thousands of nurses and other healthcare workers have struck across the United States over the same basic issues of staffing, workload, wages and patient care.

The experience of the past year poses the need for a change in strategy. The isolation of the Genesys strike must be broken by uniting it with the far broader movement among healthcare workers, with workers themselves taking control of the struggle through independent rank-and-file organization.

The conditions that drove the nurses out have only become clearer over the course of the strike. Nurses have described assignments that left them unable to provide even basic care. One medical-surgical nurse told the *World Socialist Web Site* that understaffing forced her to choose between holding the hand of a dying patient and passing pain medication. "We all have a lot of shame and guilt from not being able to take care of people properly," she said.

The nurses remained on the picket line through a brutal Michigan winter even after management forced the removal of tents, chairs and burn barrels that provided shelter. "We're still going to stand strong out here," one nurse told the WSWS. "You can take every tent, chair, whatever it may be. We're still out here fighting for the community." When a mass shooting struck a church less than two miles from the hospital, striking emergency-room nurses ran back to Genesys to help treat the victims, only to be ordered by administrators to "get out."

Henry Ford responded to the walkout by maintaining operations with contract nurses and recruiting permanent replacements. It later declared bargaining at an impasse and began implementing portions of its contract proposals. By the spring, management was advertising wage increases of up to 13 percent while rejecting the Teamsters' proposed return-to-work agreement, under which the union demanded that strikers' seniority and previous positions be restored. Henry Ford maintains that every striker can return to a job but acknowledges that workers may not return to the same positions because jobs have been filled or operations changed during the strike.

Management has therefore used the duration of the strike itself to alter the workforce and change the terms on which nurses can return. Henry Ford says more than 350 nurses, who either worked through the strike or were hired afterward, are now working at Genesys.

Genesys is part of Henry Ford's 13-hospital, $12 billion healthcare system, which took over operations at the hospital in October 2024.

Nurses who hoped incorporation into a larger system would bring more staff and resources instead described shortages of adult briefs and wipes, unrepaired equipment and staffing cut to the bone. One nurse with 27 years at Genesys recalled when it was a smaller community hospital where staff would readily bring their own families for treatment. "Henry Ford … is terrible," she said. "They do not care about the patients; it's entirely about money."

Over the course of the strike, a series of struggles involving tens of thousands of healthcare workers erupted across the country.

In October 2025, 46,000 Kaiser Permanente workers struck for five days in California, Hawaii and Oregon. In November, nearly 40,000 University of California service and patient-care workers struck. More than 25,000 UC nurses had announced a sympathy strike before the California Nurses Association reached a separate tentative agreement on the eve of the action and canceled their participation.

In January, roughly 15,000 New York City nurses walked out at major private hospitals, demanding improved staffing, protection from workplace violence and health benefits. Days later, more than 31,000 Kaiser nurses and healthcare professionals began an open-ended strike across California and Hawaii that continued into a fourth week.

The struggles continued through the summer. In July, more than 4,000 nurses at Brigham and Women's Hospital in Boston struck, while hundreds of Mass General Brigham home-care clinicians began a separate seven-day strike. The hospital locked the Brigham nurses out for another four days after their one-day walkout ended.

These struggles arose from conditions healthcare workers encounter every day. The emergency measures imposed during the pandemic were turned into permanent expectations for smaller staffs carrying heavier workloads. "Management saw what we did during COVID … and expected us to continue doing exactly that," one Genesys nurse told the WSWS.

Hospital consolidation and the penetration of healthcare by finance capital have accelerated the process. Private equity firms spent an estimated $505 billion on US healthcare acquisitions between 2018 and 2023. A study of 49 acquired hospitals found substantial reductions in employment and salary expenditures and increased mortality among emergency department patients.

Hospitals and entire communities are being caught in the same process. In June, the century-old Sturgis Hospital in southwest Michigan announced that it would cease operations roughly 70 hours later. The hospital, which employed about 300 people, shut its emergency department and all other hospital services, leaving residents as much as 25 miles from emergency care.

The Michigan Nurses Association (MNA) responded by filing a

WARN Act lawsuit demanding back pay and benefits for nurses who received only three days' notice. The suit may recover money owed to workers, but it does not challenge the closure itself or mobilize healthcare workers to prevent the destruction of a hospital serving an entire community.

The federal government is intensifying the pressures on hospitals and patients. The Medicaid provisions in the reconciliation legislation signed by President Trump on July 4, 2025 are estimated by the Congressional Budget Office to reduce federal spending by $886.8 billion over 2025-34 and increase the number of uninsured by 7.5 million in 2034. KFF, a health policy news source, estimates that rural areas alone will lose roughly $137 billion in federal Medicaid spending over a decade, far exceeding the temporary $50 billion rural health fund included in the legislation.

The administration has also cut the federal public health workforce, removed the CDC's vaccine advisory panel and moved to terminate or wind down 22 mRNA vaccine-development projects worth nearly $500 million, even as the country experiences its worst measles outbreak in decades.

The enormous readiness of healthcare workers to fight has repeatedly collided with the policy of union bureaucracies that divide struggles according to employer, bargaining unit and contract expiration.

At the University of California, the California Nurses Association (CNA) canceled a planned sympathy strike by 25,000 nurses after reaching a separate agreement. In New York, NYSNA sent most of the 15,000 striking nurses back with separate agreements, while thousands at NewYork-Presbyterian remained out. At Kaiser Permanente, UNAC/UHCP ended its open-ended strike while negotiations continued.

The same policy has been applied to the extreme in Michigan.

Ten thousand registered nurses at Corewell Health East began bargaining for their first Teamsters contract in June 2025, while the Genesys negotiations were already heading toward a strike. Only 17 days after the Genesys nurses walked out, the Teamsters reached a tentative agreement with Corewell on a specific no-strike article prohibiting strikes, slowdowns, refusals to work, sympathy strikes, picketing and boycotts during the term of the eventual contract. Any nurse who participates in prohibited action is subject to mandatory termination.

In March, with the Genesys strike entering its seventh month, nearly 90 percent of the Corewell nurses voted to authorize a strike over staffing, wages, health insurance and workplace safety. The Teamsters never called one.

The eventual three-year contract provided 15 percent wage increases and established a joint staffing committee, but explicitly states that Corewell is not required to add a nurse to any unit as a result of the committee's work and that nothing the committee does—or fails to do—can be challenged under the grievance procedure.

Even within Genesys, the nursing strike has been kept separate from other sections of the workforce. The hospital employs more than 2,500 people. In June, while the nurses remained outside, a separate Teamsters Local 332 technical unit covering 172 workers in emergency medicine, radiology, labor and delivery and other departments ratified its own three-year contract and continued working. Henry Ford says it has concluded eight separate union contracts since the nurses struck.

The apparatus has substituted carefully controlled demonstrations of "solidarity" for industrial mobilization. Teamsters President Sean O'Brien and General Secretary-Treasurer Fred Zuckerman visited the Genesys picket line in October. Members of UAW Local 598 at the nearby Flint Assembly plant wore red and appeared with the strikers in solidarity. But these actions were never developed into common workplace action capable of stopping production or hospital operations in support of the nurses.

In March the Teamsters took the strike to the state Capitol in Lansing under the slogan of demanding that lawmakers "hold Henry Ford accountable," with prominent Democrats speaking. The rally occurred the same day the 10,000 Corewell nurses announced their overwhelming strike authorization.

Henry Ford has used the nurses' isolation to hire replacements, fill positions and reorganize work, so that strikers now confront not only the contract dispute that began last September but conditions management created during their absence.

Genesys nurses have accumulated a year of experience from which to draw a different strategy. A rank-and-file strike committee, elected and controlled by the strikers themselves, would provide the means to act on these experiences. It should appeal directly to Corewell nurses for common action and to the technical and other workers at Genesys, while establishing links with nurses and healthcare workers involved in the struggles at Kaiser, New York, the University of California, Boston and elsewhere.

Such an appeal should extend to autoworkers and other workers throughout the Flint area and beyond. The question posed by the past year is how the enormous social power already demonstrated in separate struggles can be brought together against hospital systems that operate across cities and states and against the financial interests driving the deterioration of healthcare.

Safe staffing ratios, wages capable of retaining experienced nurses and benefits that protect workers and patients cannot be secured by waiting indefinitely for Henry Ford to change course. Breaking the isolation of the Genesys strike requires that the rank and file take control of the struggle and organize the unity that the existing apparatus has spent the past year preventing.