Children’s Hospital of Michigan nurses fight unsafe staffing and low pay under Tenet Healthcare

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A unionization drive is underway among nurses at Children’s Hospital of Michigan (CHM). The campaign, which would affiliate nurses with the Michigan Nurses Association, comes amid years of systemic degradation of healthcare delivery, plummeting professional standards, and the wholesale subordination of a vital regional pediatric institution to corporate profitability.

The campaign with the MNA began more than a year ago. Nurses report that there is soon to be an official vote for unionization, but no further details were immediately available as of this writing.

CHM nurses have reported pay as one of the primary issues, as CHM nurses make significantly less per hour than nurses at other hospitals in the area such as Henry Ford, Corewell and Michigan Medicine. As a result, it is common for nurses with an interest in pediatrics to be trained at CHM before leaving to work at Mott Children’s Hospital at Michigan Medicine. The other main issue–connected at its root for the fight for better pay–is safe staffing, as the hospital cannot keep nurses who can move hospitals for a 10-30 percent increase in pay.

Nurses across the hospital, in particular the Emergency Room (ER), have reported significant retaliation from management for unionization efforts. ER Nurses told the WSWS that they have been aggressively questioned by management, threatened that they would be moved to night shift if they don’t revoke their union card. One nurse reported being physically pushed against a wall by management.

There is no open pay structure at CHM. Nurses are paid very different rates with no transparency. Nurses are using outdated equipment which cause significant safety issues, including, as some ICU nurses have reported, ventilators that have turned off as they critically support a patient’s lung function. Outdated EMR software and outdated policies, including the continued use of some paper charting, create the potential for frequent errors.

Staffing issues are hospital-wide and creating problems that reverberate throughout the hospital, delaying patient care. Lab workers have reported that lab results that could normally take 10 minutes are now taking upwards of an hour because of staffing shortage in the lab.

Cuts have also been made to rapid response teams and IV teams, groups that assist in emergencies and help provide safe, timely IV access. Nursing education, a crucial part of maintaining a safe workforce, has also faced significant cuts. With now only a handful of educators across the hospital, many units are essentially flying blind, without access to updated protocols and education.

Many CHM nurses are particularly drawn to working at this facility because of their interest in serving the vulnerable, underinsured pediatric population in the Detroit area.

In Detroit, 30 percent of the general population lives below the federal poverty line. Census data from 2024 reveals that 51 percent of children in Detroit live in poverty, three times the national average. This makes Detroit the poorest major city in the United States. Between 70 and 80 percent of inpatient admissions at Children’s Hospital of Michigan rely on Medicaid. These are under-resourced families with nowhere else to turn for pediatric care.

CHM is a safety-net facility, providing care regardless of ability to pay. That safety net now faces an existential threat from the Medicaid provisions of the One Big Beautiful Bill Act (OBBBA), which will pressure both children’s coverage and the systems that depend on it. Children’s hospitals are uniquely exposed because, nationally, more than half their patients are Medicaid beneficiaries. Cuts through caps on state payments and restrictions on provider taxes threaten a catastrophic fiscal shortfall, while also increasing the workload of social workers, nurses, and physicians fighting insurers for coverage.

The nurses’ struggle pits them against a financial oligarchy that views sick children as investment vehicles. Since CHM’s acquisition by the Dallas-based corporate giant Tenet Healthcare, the clinical environment has been systematically starved to feed corporate margins.

A recent Forbes analysis found several Detroit Medical Center facilities—owned by Tenet Healthcare—at heightened risk of closure, including Harper-Hutzel and Sinai-Grace Hospitals, the former on the same medical-center campus as CHM and the latter in northwest Detroit. If Medicaid cuts push these sibling

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facilities over the brink, the fallout will immediately destabilize CHM.

The historically nonprofit DMC was sold in 2010 to for-profit Vanguard Health Systems; in 2013, Tenet purchased Vanguard for $1.73 billion, folding Detroit's safety net into its investor-owned network.

Tenet CEO Saum Sutaria received $43,108,969 in 2025—up from $24,661,553 the prior year—711 times the median employee's flat $60,657, driven largely by $31.7 million in stock awards as investors cheered a record $218 share price.

Tenet's history is marked by ruthless cost-cutting, intimidation and whistleblower retaliation. Within five years of ownership, DMC slashed charity care for indigent patients by 98 percent—from $23 million in 2013 to $470,000 in 2016. Clinicians who spoke out faced swift termination.

In October 2018, DMC stripped three top cardiologists of their leadership roles after they raised safety concerns about preventable deaths, skeleton staffing, and unskilled doctors performing heart operations. Dr. Ted Schreiber resigned in protest, calling it an "orchestrated attempt to silence" whistleblowers.

The pattern continued during COVID-19: veteran Sinai-Grace nurse Kenisa Barkai was fired in March 2020 after posting a video showing extreme PPE and staffing shortages. Weeks later, nurses held a midnight sit-in as photos emerged of body bags stacked in empty rooms.

Tenet has also faced federal scrutiny: a $29.7 million False Claims Act settlement in 2023 over kickbacks for physician referrals, following a $513 million settlement in 2016 over bribes to prenatal clinics referring Medicaid patients. This past summer, Sinai-Grace workers detailed unsafe conditions—a prolonged hot water outage, broken air conditioning, and a lack of security leading to assaults and sexual harassment in the emergency department.

Interest in unionization reflects the recognition by CHM nurses of the need to organize their collective strength against a ruthless profit-driven healthcare giant. But the decisive question is who controls this struggle. The MNA bureaucracy, by contrast, seeks to establish a cooperative relationship with hospital management, as it has at other facilities, where union officials have isolated workers' struggles, restricted their ability to fight and imposed contracts containing concessions.

Far from mobilizing the collective strength of nurses against the hospital corporations, the apparatus works to subordinate their demands to the financial interests of management.

In 2022, 96 percent of nurses at Michigan Medicine voted to authorize a strike. MNA officials instead brought forward a contract that treated nurse-to-patient ratios as guidelines, imposed no requirement to hire additional nurses and preserved exceptions to mandatory overtime. Staffing complaints would be routed through joint committees and arbitration. The full 167-page agreement was released only as ratification meetings were about to begin.

In July 2026, MNA officials canceled a planned strike-authorization vote at Michigan Medicine after reaching another three-year agreement, with annual base-pay raises of 4, 4.5 and 4.75 percent. The union president hailed it as a "shared commitment" with hospital management, following months of struggle by 7,500 nurses over staffing and pay.

At Tenet's Huron Valley-Sinai Hospital, represented by the MNA since 2018, nurses reported in February 2025 that low wages were driving coworkers out and causing severe staffing shortages. The MNA organized an informational picket outside working hours and filed unfair-labor-practice charges. Years of union recognition had failed to resolve the staffing crisis.

CHM nurses say that MNA officials have already begun lowering expectations before the union election has even taken place. In the early organizing meetings, they are being told that real gains will "take time," that there is no guarantee of any increase in pay and that no-strike clauses are an expected part of union contracts. Nurses say organizers have urged them to accept "baby steps."

But healthcare workers cannot accept "baby steps" and wage concessions when Tenet is amassing billions in profits and its executives are pocketing tens of millions of dollars.

Regardless of whether nurses choose to organize with the MNA, nurses must establish independent rank-and-file committees, elected in every department exclusively from practicing healthcare workers, not officials. These committees should set non-negotiable demands for substantial raises, enforceable staffing ratios, modern equipment and protection from retaliation, and organize collective action to win them. If the MNA becomes the bargaining agent, nurses must retain the power to reject and overturn through collective action any deal or decision by union officials that violates the democratically expressed will of the rank and file.

Crucially, the CHM nurses must actively link their struggle with the ongoing struggle of resident physicians as well as the support staff, respiratory therapists, and tech workers across all DMC and regional facilities.

By building rank-and-file committees across hospital lines, Detroit's healthcare workers can unite their immense collective power to take healthcare out of the hands of the financial oligarchy and establish it as a fundamental social right.



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