

After calling off strike at eleventh hour, OPEIU Local 40 passes new contract at McLaren Macomb Hospital

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Local 40 of the Office and Professional Employees International Union (OPEIU) announced on August 3 that the nurses at McLaren Macomb Hospital had voted by a margin of 3 to 1 in favor of the three-year contract negotiated a week earlier. The voting followed informational meetings on Monday, held after the union called off a planned strike which had been scheduled to begin on July 28.

The 530 nurses voted nearly unanimously for strike action back on June 29 when it became clear that the management of the \$6 billion health care corporation had no intention of addressing the inadequate staffing levels at the hospital, which been worsened during the year and a half of the pandemic. Nurses have reported that they have had to care for as many as six patients per shift, including those who are in intensive care, in complete violation of previous contractual agreements between management and the union.

In announcing both the tentative agreement and the ratification vote, the OPEIU Local 40 leaders said almost nothing publicly about the content of the contract. When asked about the agreement, Local 40 President Jeff Morawski told the *Macomb Daily* that the deal was a “huge day” for the nurses because “the contract was settled in six months, a first in the local’s history.”

The *Macomb Daily* reported that the agreement includes “an average 15.5 percent pay increase” over the three-year life of the contract, “appreciation and retention bonuses” and “an increase in nurse-to-patient staff ratios.” The report adds that the contract includes, “first-time procedures to quickly expedite staffing disputes to arbitration that will include financial penalties if the hospital management is found to be

below the required staffing matrix.”

However, given that the current annual inflation rate is at 5.4 percent, the wage increases would likely result in a pay cut over three years. Meanwhile, the other items listed are vague and indicate that there are no meaningful enforcement mechanisms in place to specifically guarantee that McLaren will abide by the staffing obligation.

When the tentative agreement was announced, the union issued a statement which said that the negotiations had been “bogged down” due to the failure of McLaren Macomb Hospital “to follow federal labor law.”

OPEIU Local 40 Vice President Dina Carlisle let the cat out of the bag when she made it clear that the union had no intention of going on strike in the first place. Carlisle said that the bargaining team was proud that “even with the exhaustion still affecting us from COVID” the union was able to “stay focused and come to an agreement before going on strike.”

Given the fact that the union leadership has so little to say about the contents of the agreement, it is likely that the reality of the contract falls far short of the vague promises made by the union.

Additionally, while the company was making public statements throughout the negotiations that began on February 1—including a plan to hire replacement nurses and a threat to cut off employee health care in the event of a strike—there had not been a single word from the union. In other words, McLaren Health depended on the union leadership to sell an agreement to the nurses that is in the interests of management.

That the OPEIU never intended to organize a movement of employees against the health care

corporation was also demonstrated by the fact that there never were any preparations to bring other sections of the hospital staff or the tens of thousands of professional and hourly workers throughout the McLaren Health across the state of Michigan into the fight.

There is significant support in the surrounding working-class communities for the Macomb Hospital nurses. This was evident in the social media response to a report of a 10-day strike notice submitted to the hospital on the Facebook page of WXYZ TV. The 238 comments posted were overwhelmingly sympathetic to the nurses and in support of strike action against McLaren.

One post that received a large number of Facebook likes stated: “Applause and solidarity to these nurses. These conditions that they are citing are not only putting the patients and staff at risk but also keeping the staff from being able to do their jobs. Shame on the hospital for putting dollars before the care of patients and staff.”

The way forward for health care workers is to establish their own initiative by forming independent rank-and-file committees to organize independent of the health care chains and the unions that have collaborated with management and the government for decades against the interests of the working class.



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