

# AFT-UMMAP agrees to sellout tentative contract at Michigan Medicine

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More than 4,500 diagnostic technicians at the University of Michigan medical system in Ann Arbor are being presented with a tentative contract by union officials that does not address their demands and instead opens the door for an intensification of attacks on their rights by hospital management.

Members of the United Michigan Medicine Allied Professionals (UMMAP) include radiological professionals, physical therapists, lab and medical assistants, rehab and social workers, diagnostic and other clinical technicians.

On January 14, UMMAP, which is affiliated with the American Federation of Teachers (AFT), announced that a three-year tentative agreement had been reached with Michigan Medicine. The contract was announced jointly by UMMAP President Penni Toney and Michigan Medicine President David Miller, who receives a salary of approximately \$1.5 million, in a press release published on the hospital's website.

This fact by itself is a warning to workers. Both Toney and Miller praised the "bargaining teams" for working "tirelessly" and "diligently" to reach the tentative agreement. However, nothing of substance was stated by the union or the hospital about what is in the contract. Additionally, UMMAP has not published a statement on its website about the contents of the tentative agreement.

In the Michigan Medicine press release, UMMAP President Toney is quoted as saying that workers "will have the opportunity to review the proposed contract and cast their vote to ratify it" in the coming weeks.

However, according to information made available by UMMAP, the agreement is a betrayal of what workers have been demanding since they first joined the AFT-affiliated union in February 2023.

Since then, the medical technicians have been fighting for their first-ever contract with Michigan Medicine. The workers have demanded wage increases that recover income lost to inflation, along with cost-of-living adjustments across the three-year term of the contract. The workers are also seeking improvements in working conditions, including an end to understaffing and mandatory overtime.

Michigan Medicine has posted operating margins of between \$100 and \$170 million annually since 2021, acquired Sparrow Health in Lansing, Michigan, for \$800 million in April 2023 and is constructing a brand new \$1 billion 264-private room, state-of-the-art hospital in Ann Arbor scheduled to open later this year. Meanwhile, all sections of the hospital workforce have seen their incomes deteriorate and their working conditions worsen.

## What is in the contract?

That the contract is a sellout is evident from the details that have been made public by UMMAP. The following are a few of the clauses agreed to that workers need to be aware of so that a campaign for a no vote can be organized against the tentative agreement:

**Compensation:** In the section on wages, the lowest paid and least seniority workers will receive 6 percent in the first year, 3 percent in the second year and 2.25 percent in the third year. This total of 11.25 percent does not make up for income lost over the last four years and means that workers will fall further behind the current rate of inflation when the contract expires in November 2026. Meanwhile, greater wage increases are being granted to more senior and experienced workers, which serves to split up the workforce. Some of these workers are receiving an increase of 11 percent in the first year of the contract.

**No-Strike Clause:** The UMAPP-Michigan Medicine tentative contract contains a clause which bans strike action by workers, even if management unilaterally implements policies that overturn terms of the agreement. This section, which was signed off by UMMAP President Toney on June 5, 2024, states that the union agrees "not to cause, support, encourage or condone any action against or any interference with the operations of the University during the term of this Agreement," such as, "strike, work stoppage, sit down, slow down, curtailment of work, or restriction of production at any location on the University premises or restriction to the unlimited right of ingress and egress of University premises."

The clause further states that UMMAP, "on notice from the University," must without delay "take affirmative steps to prevent and bring about the termination of such action or interference." Although the language also prohibits employer lockouts, there is nothing stating what will happen if hospital management violates this prohibition. By endorsing the no-strike clause, the AFT-UMMAP union bureaucracy is tying the medical technicians' hands behind their backs.

**Management Rights:** In this clause, the union cedes authority over the workplace entirely to the management of Michigan Medicine, including the right to "change or introduce new operations, methods, processes, means or facilities, and the right to determine whether and to what extent work shall be performed by Employees" and the right to "hire, establish and change work schedules, set hours of work, establish, eliminate or change classifications, assign, transfer, promote, demote, release and lay off Employees."

While the clause claims that management must negotiate with the union over any decisions made that impact "wages, hours, working

conditions, or other mandatory subjects of bargaining,” it shows the contract is not worth the paper it is printed on because Michigan Medicine can change anything it wants and workers who oppose them must go through a long, drawn-out grievance procedure that will lead to few results.

**Reduction in Force:** In this four-page section, instead of demanding job security for workers, the union agrees to a set of arrangements that protect management’s ability to eliminate jobs as it sees fit. Meanwhile, in another clause that divides the workforce, employees with less than 10 years “must be given written notice as soon as practicable, but not less than thirty (30) calendar days prior to anticipated layoff or mandatory reduction in hours,” while employees with 10 or more years of seniority will be given a 90-day notice that they are being laid off or their job is being eliminated.

Meanwhile, a laid off worker, “who does not respond within seven (7) calendar days of a notice regarding a recall to work or an opportunity for an interview for an open position, will lose seniority and their employment will be subject to termination ...”

**On-Call:** UMMAP has signed off on mandatory overtime arrangements with Michigan Medicine. While the specifics are slightly different per job classification, the typical language in this part of the agreement states, “An employee who is not on shift, but must remain available to report to work at any time to provide emergency service or address equipment issues.” Mandatory on-call status will be enforced if “volunteers are unable to fill the on-call need.”

**Communicable Diseases:** While the tentative agreement refers to “prevention of the spread of communicable diseases,” there is no mention of the COVID-19 pandemic, even though the virus is continuing to spread unimpeded within the population. Getting their orders from the US government of a “forever COVID” policy, both hospital management and the union apparatus have no interest in protecting workers or the public from the continuing spread of the deadly virus.

These brief examples demonstrate that UMMAP officials are presenting a contract to the Michigan Medicine diagnostic technicians that gives the hospital everything it wants and cripples the ability of workers to fight for their interests.

That the tentative agreement is a betrayal of workers’ demands was entirely predictable given the fact that after workers voted by 96 percent for a one-day strike against hospital management last November, UMMAP called off the action 15 hours before the workers were scheduled to begin picketing. At the time, UMMAP President Toney told workers that strike action was not necessary because a “memorandum of understanding” was signed by hospital management establishing a “framework” for contract negotiations and that there was “movement” from the hospital on “economic proposals.”

It is now clear that the “framework” and “movement” on “economic proposals” all came from management and the union negotiators put forward nothing that reflected workers’ demands.

The entire series of events leading up to the UMMAP tentative agreement follows a well-worn path that has been used by other unions at Michigan Medicine—such as the SEIU— and across the country in healthcare and other industries, such as auto, railroads, the docks and UPS. The union apparatus does not represent the interests of the workers but the interests of the employers. It functions to keep workers divided and to strangle the class struggle.

Meanwhile, the union bureaucracy is increasingly embedded with both the Democrats and Republicans, including the fascist politics of

Donald Trump. In the days since Trump assumed the presidency for the second time, union officials, such as UAW President Shawn Fain and Teamsters President Sean O’Brien, have indicated their willingness to support Trump’s economic nationalism and tariffs that will have a devastating impact on workers in the targeted countries and workers within the US.

In the case of the UMMAP’s parent, AFT President Randy Weingarten has penned a letter giving credence to Trump’s lying claims about an immigrant “invasion” and has opposed any mass action by educators to protect their students and parents from ICE raids and deportation. She has also signaled her willingness to collaborate with Trump’s nominee for Education Secretary Linda McMahon, who has made no secret of the fact that she will carry out the president’s plan to abolish the Department of Education.

UMMAP workers must reject the tentative contract as a sellout and advance the fight for improved wages and working conditions, including an end to mandatory overtime.

The first step in this fight is to form an independent rank-and-file committee of diagnostic technicians that will take the conduct of the struggle against Michigan Medicine out of the hands of the union bureaucracy.

The rank-and-file committee must prepare an indefinite strike against the hospital based on a list of demands that meet workers’ needs. This must become the basis of a hospital-wide walkout that unifies all employees and takes in all of their demands on wages, benefits and working conditions.

The struggle of Michigan Medicine employees is part of a growing rebellion of workers across all industries and throughout the world, against exploitation, profit-making by the corporations and billionaires who own them and against authoritarian governments. This includes the 5,000 nurses in Oregon who have been on strike since January 10 to fight for improved wages and medical benefits and adequate staffing levels. The nurses just rejected by 83 percent a contract brought back by the Oregon Nurses Association (ONA) which failed to meet their demands.

Healthcare is a very profitable industry for hospitals and service providers, including nominally non-profit state institutions, such as Michigan Medicine, which are based on the exploitation of the workforce.

The rank-and-file committee must unite Michigan Medicine workers with workers across the US and internationally, as well as with other industries—such as auto, information technology, transportation, logistics and education—in a common struggle against capitalism and for a socialist healthcare system.



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