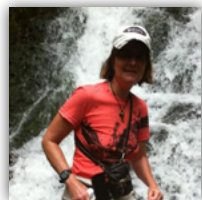


Do you want to be part of a company union that doesn't listen to its members, or do you want to be part of a member-led union that solicits and supports member priorities?

UMPNC members voted in October 2020 and elected your UMPNC leadership. That's how a member-led union should run. That's what makes a union different from the employer: We choose our leadership instead of having someone choose for us. MNA/ NNU operates like a company union. MNA removed the elected UMPNC leadership and replaced us with their hand-picked replacements, many of whom ran for office and lost in the October election. In doing so, MNA/ NNU denied UMPNC member's its right to self-determination.

Why would MNA/ NNU choose to replace your highly experienced and successful executive bargaining team with inexperienced replacements? These replacements are a component of the MNA/ NNU patronage system. For example, the interim UMPNC President also sits on the Board of Directors of both MNA and NNU. During the initial MNA/ NNU information meetings, this replacement boasted that if UMPNC participated in a collective strike with the other regional nursing unions in contract negotiations, employers would be unable to obtain enough replacement nurses during the strike. I find this suggestion irresponsible and focused on an MNA/ NNU political agenda and not on UMPNC Member priorities.

The rogue officers that MNA appointed are inexperienced and do not have the support of the members. Your elected UMPNC leadership continues to hear from members about slow response times, incorrect information, and a lack of preparedness. It seems the rogue officers prefer to spend their time promoting MNA and have little regard for their accountability to members. This does not bode well for the concerns and issues that need to be addressed now. We are the representatives that UMPNC members elected; we are the representatives who selflessly advocate for you.

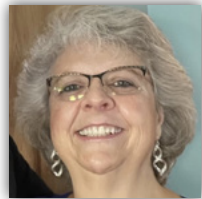


For nearly 18 years I have served in various positions at the University Hospital and Cardiovascular Center operating rooms. Prior to my employment at Michigan Medicine, I was a union steward for Local 1299 of the United Steelworkers of America for nine years. I have been a district representative and chief representative for the operating rooms, post anesthesia care units, and in-patient procedure areas for a total of 12 years. Moreover, I have been a union member for 45 years. I believe in unions and I am committed to advocating for UMPNC members as a union representative.

This campaign includes a show of interest via UMPNC membership application completions. An election then follows which is conducted by the Michigan Employment Relations Commission (MERC). UMPNC members will vote to determine if they will continue to be supported by experienced, dedicated, and skilled elected representatives or succumb to a “company union” dedicated to self-preservation at the literal expense of UMPNC members. By the way, with a successful disaffiliation vote, our contract still remains with us; all references to MNA are removed from our collective bargaining agreement and the employer is legally bound to honor our contract.

–Deborah Totzkay, DNP, RN, CNOR

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This is my 35th year of employment at the university. I have been involved with UMPNC for years and functioned as the chief area rep/on-site ambulatory care for more than six years. The “interim” group anointed by a company union is more concerned about a loss of revenue as evidenced by the silencing of our voices and the overruling of our right to democracy. MNA’s recent actions and the attempted takeover of UMPNC are nothing less than a coup. This is a sorrowful time in our union history. That’s why it’s important to disaffiliate from MNA. It’s about our right to democracy and freedom of choice. I’m not concerned about the impact this has or will have on me personally; I’m concerned for the membership. Every member has the right to be represented by union officers they VOTED for, not a group of “interim” replacements.

–Thea Picklesimer

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I began my nursing career in 2005 on unit 5B at the University Hospital. After one year of service, I transferred to 6 Mott at the former C.S. Mott Children’s Hospital. After four years, I transferred to the Brandon NICU/C.S. Mott Children’s Hospital. I’ve been in this unit for 10 and half years.

I was a district representative of the UMPNC from 2016 until December 2019 when I became the interim chief representative for the peds/perinatal/child psych and VAST cluster. I was officially elected by the membership to the position in October. Winning our campaign to become independent is important so that your elected executive committee can continue to be the voice that drives change for the good of the nurses who have dedicated themselves to providing life-sustaining interventions to their patients. Your elected executive committee has the best interest of the nurses of UMPNC in mind, not the MNA.

–Lynn Detloff

Replacing elected leadership and operating as a company union is straight out of NNU’s playbook. We urge you to think about what kind of organization you want to belong to? We want to belong to an organization that is transparent, democratic, ethical and communicates with its membership and listens to their voices. Sign here if that sounds like the type of organization you want to belong to.

<https://app.hellosign.com/s/GfNug0t5>

