

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer MyMichigan Medical Center Sault		b. Tel. No.
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 500 Osborn Blvd. Sault Ste. Marie, MI 49783	e. Employer Representative David Buday Miller Johnson 100 West Michigan Ave., Suite 200 Kalamazoo, MI 49007	g. e-mail budayd@millerjohnson.com
		h. Number of workers employed Approx. 115
i. Type of Establishment (factory, mine, wholesaler, etc.) acute care hospital	j. Identify principal product or service healthcare	

The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

- On or about October 25, 2023, the Employer violated the Act by issuing subpoenas in a proceeding before the NLRB to a bargaining unit employee and the Michigan Nurses Association which had an unlawful purpose and the effect of coercing protected union or concerted activity.
- On or about March 12, 2024, the Employer violated the Act by engaging in unlawful surveillance of nurses engaged in a peaceful informational picket.
- The Employer has bargained in bad faith by unilaterally changing terms and conditions related to paying nurses their negotiated hourly rates for all hours worked.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

Michigan Nurses Association

4a. Address (Street and number, city, state, and ZIP code) 2310 Jolly Oak Rd Okemos, MI 48864	4b. Tel. No.
	4c. Cell No.
	4d. Fax No.
	4e. e-mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

National Nurses United

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

Andrew Smith

(signature of representative or person making charge)

Andrew Smith, MNA General Counsel

(Print/type name and title or office, if any)

2310 Jolly Oak Rd. Okemos, MI 48864

Address

Date 4/8/2024

Tel. No.

Office, if any, Cell No.

Fax No.

e-mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.