

# Minnesota nurses reject hospital concession demands

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In a landslide vote, more than 90 percent of Minnesota nurses voted May 19 to reject contract concessions sought by six Twin Cities-area hospital systems. The Minnesota Nurses Association (MNA) reported that a total of 9,200 nurses voted out of a 12,000-plus bargaining unit and that the contract was rejected by over 90 percent at each of the 14 hospital facilities involved in the contract struggle.

The hospitals refused to discuss any of the union's proposals to increase nurse-to-patient ratios, planning for potential health disasters and input to insure that technology actually enhances patient safety. Meanwhile, the hospitals insisted on slashing nurses' pensions by up to one-third, a five-fold increase in the number of days that management can unilaterally cancel shifts at the last minute, and an increase in the number of hours per week that qualify part-time nurses for benefits.

No new negotiations have been scheduled. The rejection of management's proposals automatically gives authorization to the union to walk off the job after providing a 10-day notice of intent to strike. The MNA has said it intends on calling a one-day strike after the current bargaining agreement expires on June 1 unless management reconsiders its bargaining position.

Over and over again, nurses who spoke to the WSWS emphasized the critical nature of nurse-to-patient ratios. A 2005 study by the American Public Health Association found that if proper nurse staffing ratios were implemented, over 72,000 hospital deaths could be prevented each year.

But hospital management has not been moved. In an opinion piece appearing in the Minneapolis *Star-Tribune* last week, Allina Hospitals CEO Kenneth Paulus and Fairview Health Services CEO Mark Eustis issued a statement that is reminiscent of language recently used by bankers to scapegoat sections of Greek workers for the

European economic crisis, writing, "Today's health care environment ... won't allow the luxury of compensation, pension or health plan benefits that exceed all other industries in our region."

There is not a shred of shamefacedness in this declaration by these two executives who command handsome salaries. Eustis brought home a \$1.01 million salary in 2008. Paulus, who recently assumed the leadership at Allina, probably pockets a salary close to his predecessor's \$1.74 million.

They call nurses' proposals for staffing ratios "rigid" and insist, "We cannot justify asking our community to subsidize staffing for hospitals regardless of patient volume."

During the 2009 downturn, Twin Cities area hospitals laid off 1,700 workers and nurses accepted unpaid furloughs. One MNA nurse told the WSWS that through furloughs she had personally saved her hospital \$4,000 last year.

Mikki Sullivan, an MNA member with 14 years of nursing experience, said, "I definitely opposed the contract. We're striking. I've worked in California where patient-ratios are the law. That means you get scheduled breaks. But it's not always practiced here.

"You're supposed to get a break every four hours, but what happens on the floor is that nurses can end up working eight- or nine-hour shifts with one break or no breaks because there aren't enough nurses to cover breaks and shift changes. They can end up covering six to ten patients and then patient safety is compromised. When you go on break you can be off the floor for a half hour, and that's enough time for a patient to go south. We need additional nurses. Hospital administrators need to see that.

"These are nonprofit hospitals making millions of dollars. The CEOs are making millions of dollars. They can afford to hire more nurses.

"I agree that I make a good wage, but the job involves

hard, physical work. It is taxing emotionally. One out of two floor nurses will seek medical care for back injuries because of their job.”

The stress on nurses is not an exaggeration. A study by the Robert Wood Johnson Foundation in July of 2009 found that 26.2 percent of nurses leave their jobs within two years.

A nurse with 34 years experience stated, “One reason I voted the way I did is that I have had young nurses tell me they are not going to work in this career for more than five years. They say, ‘Why do you keep working nights, weekends, and holidays? And lifting heavy patients that can end up ruining your back? And caring for increasingly complex patients without the support to do a particularly good job?’ If the hospitals take away everything that they’re proposing, nobody’s going to want to enter this profession.

“The administration preaches and preaches patient safety, but they do not provide the tools we need. The ratios of nurses to patients are inadequate. The condition of a patient can change in minutes. And if you have too many patients to care for...

“We simply don’t have the time to provide the care the patients deserve. For instance, patients need to be taught properly about their medications and the care they need to do at home so they don’t end up being bounced back to the hospital.”

Another nurse who voted down the contract said, “I’ve been a nurse 36 years. We’ve worked very, very hard for the benefits in that contract. They attract people into the profession and they help to retain them.

“We are in the midst of a nurse shortage. We believe a clear reason why the nursing shortage is not as much of a problem in Minnesota is because of the improvement of contract language we got here in 2001. And we want these benefits for nurses across the country. We are always trying to improve nursing conditions, thus the concentration now on safe patient ratios.

“We’re trying different ways, whatever pressure is needed, to get the hospitals to sit down and negotiate. Nobody likes to strike. And because we are nurses and have patients, we’re dealing with peoples’ lives and limbs. But people need to realize that when there’s a strike, it’s ultimately because they’ve been forced into it. It’s the only way we have left to pressure an employer.

“As far as health care nationally, we can’t sustain the system we have now. Do you believe health care is a basic right? It should be a basic human right—like education. A majority of people believe that. That should

be the starting point, then we decide how to pay for it. But with the hospitals, the discussion is ‘let’s start with what we can afford.’

“We haven’t given up working for single payer. I will not denigrate what’s been done so far, but truly, it’s a health insurance reform bill and not a health care reform bill. It cements the insurance companies in place. But the cost savings is to eliminate that middleman. Every other country knows that and we know it. You won’t hear that in the mainstream media, because it’s a monopoly. But nurses know it. So for now, people will be denied care. People will be hurt or die needlessly.”

Regardless of the maneuvering that takes place over the status of the contract in the next period, it is clear that the hospital corporations are intent on driving down the living standards of health care workers in order to assure health care industry profits.

In order to defend the living standards of all health care workers and provide medical care for the entire working class, it is necessary to make the nurses struggle a component of the overall struggle against the capitalist profit system, of which the health care industry is an integral part.

A barrier to this development is the unions’ subordination of the interests of workers to the Democratic Party—nationally through support to the Obama administration, and in Minnesota where the MNA has endorsed the gubernatorial campaign of House Speaker Margaret Anderson Kelliher of the Democratic-Farmer-Labor Party. Kelliher gave a firm commitment to “fiscal responsibility” this past week by selecting John Gunyou as her running mate. Gunyou served as state finance commissioner for Republican governor Arne Carlson during the 1990s.



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