

Minnesota nurses denounce understaffing

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Some 12,000 registered nurses staged a one-day work stoppage in Minnesota on June 10 in the largest strike by nurses in US history. Thousands of red-shirted RNs picketing 14 hospitals in the Minneapolis-St. Paul metropolitan area expressed determination to oppose hospital management's drive to gut contract language and undermine patient safety in the quest for ever-greater profits.

The Minnesota Nurses Association (MNA) has called for contract language that will set minimum nurse-to-patient ratios in order to limit management attempts to impose increased workloads that endanger the lives and health of patients. A growing body of research shows such conditions affect hospitals across the nation. One study by the American Public Health Association found if proper nurse staffing ratios were implemented, more than 72,000 hospital deaths could be prevented each year.

The 14 health care facilities in the Twin Cities area are owned by six hospital systems: Allina Health System; Children's Hospital's and Clinics; Fairview Health Services; Park Nicollet Health Services; and North Memorial. The hospitals, run by millionaire CEOs, have waged a relentless campaign to divert attention away from the patient safety issue and whip up public opinion against the economic gains won by nurses through past struggles. In one such pronouncement, management insisted, "Today's health care environment...won't allow the luxury of compensation, pension or health plan benefits [of nurses] that exceed all other industries in our region."

Behind this public campaign is an effort to destroy the limited ability nurses have to combat increased patient workloads. Priscilla Taylor, a 35-year veteran nurse who has worked at Minneapolis's Abbott Northwestern Hospital for the past 20 years, explained to the WSWWS, "There is a significant difference between a nurse and, say, a worker on the assembly line at Toyota. When a Toyota executive makes a decision to use faulty brake parts and the person on the assembly line installs those parts, the worker is not legally liable for that administrative decision.

"But from day one in nursing school, we are taught, *and we believe*, that we are personally, ethically, and legally responsible for the safe care of the patient. Technically, there are two people who assume risk for executive decisions in the hospital. The patient assumes the risk and the nurse assumes the

risk.

"Management continues to make decisions that we have no power over, yet we have the ultimate responsibility for the patient. If something untoward or horrible happens to a patient, the individual nurse is the one who gets left holding the bag. If a patient falls and breaks a hip and the hospital didn't have enough staff to properly cover all patients, it's still the nurse's fault.

"So what is happening here in the Twin Cities is that the hospitals have been trying to follow a business model, and in doing that, they are only concerned about the short-term bottom line.

"The one safety valve in our contract we have used was that the 'charge' nurse had the power to close any given hospital unit to the admission of additional patients. The nurse who is on the floor and can see what is going on has that power. Of course, they put all sorts of obstacles in our way to impede us from obtaining ideal conditions. But because the nurses had that power, hospitals were in general forced to hire more staff.

"Now the hospitals want to take that away. For us, it seems the only safe way to make sure nurses are able to take care of the patients they have is to put specific ratios in the contract."

In addition, hospitals want the "flexibility" to float nurses between stations and hospitals—moving nurses from so-called overstaffed units, to understaffed units. Nurses object to this clause, not only because staffing ratios will be at management's whim, but nurses could also find themselves assigned to patients outside their clinical specialties, and again, patient safety would be put in danger and nurses will be held responsible for the consequences.

Further, hospitals want to double the number of days to six that allow management to unilaterally send nurses home without advanced notice. In addition, nurses sent home could be put on call and be required to remain at the ready to return to work.

At a press conference two days before the strike, a number of nurses provided a litany of incidents and horror stories to demonstrate the crisis in the hospital industry. Cindy Olson, a registered nurse at St. John's Hospital, revealed that nurses have been filling out "unsafe staffing forms" in an effort to document conditions in the hospitals. "It's getting worse. Each year there's more and more."

This past year, nurses filled out 12,000 forms. But, Olson

pointed out, “There’s a multitude of nurses who don’t even fill [the forms] out.... They’ve been intimidated. I had one person [in management] I heard of that actually tore [the form] up in front of the nurse at the desk to intimidate her from filling out more.” Another nurse indicated the tactic of tearing up forms by management was “a fairly common occurrence.”

The most heart-wrenching story was told by Melissa Randal, a nurse at Mercy Hospital, who said, “My dad and his nurse were unfortunate victims of unsafe staffing. My dad went to a Twin Cities hospital with...symptoms of muscle weakness and tingling. He was then admitted to a neural-stroke unit. He was to be watched more closely for a stroke.

“The nurse who admitted him that night knew that I was a nurse, so she felt comfortable talking to me about how busy she was, how understaffed she was, and that she was actually thinking about leaving to work somewhere else.”

A tearful and distraught Randal went on. “During that night, she had another admission besides my dad’s and missed very important neural checks that had to be done on my dad per the doctor’s order, to monitor him closely for a stroke, which he ended up having that night. And she missed it because she was too busy.... The nurse was disciplined and left that unit. This is quite emotional, because we just found out today, that shortly after that, the nurse committed suicide.”

“These kinds of things are like a chronic state of crisis for nurses,” said another nurse, Nellie Munn. “The hospitals have done nothing to improve staffing, they’ve made absolutely no commitment to do so, and they’ve made it very clear that they don’t want any interventions on what they are doing, they don’t want any minimum ratios, they don’t want anybody—including the registered nurses who have a professional obligation to speak to what patients need—they don’t want anyone, telling them what to do.

“And I feel like when I listen to these arguments, to me, it sounds like BP. They don’t want government intervention, they don’t want rigid rules, that the market can take care of everything, that everything is safe and fine, and they can produce a lot of good commercials about it. But the reality is very different.”

While the one-day strike attracted great sympathy by sections of workers who joined picket lines, it was met with hostility by the leading daily in St. Paul, the *Pioneer Press*. While attempting to evince evenhandedness, it went on to rant, “We do not begrudge the excellent pay and pension package nurses currently have.... But increased staffing costs money as surely as increased wages do, and our health-care costs are already spiraling out of sight. If this is the make-or-break issue, we are led to wonder if nurses would be willing to help pay for the extra staff by insisting on less in pay and benefits than they otherwise would have.” Nowhere does the editorial mention the profits of the hospitals and the bloated salaries of their CEOs.

While the one-day strike revealed real determination by nurses to struggle, no illusions should be harbored in its ability

to move management. Behind the intransigence of the hospitals is the growing crisis of capitalism and the drive by Corporate America—fully backed by the Obama administration—to slash health spending.

While the White House has handed trillions to Wall Street, it is seeking to cut federal health care entitlements, such as Medicare and Medicaid. State governments—reeling from a record low level of revenue due to the economic crisis—are carrying out brutal cuts. In Minnesota, the state legislature has reduced payments to hospitals under Medicaid or other programs.

In order to maintain profitability and high returns to their investors, the hospital corporations are restructuring their operations to cut staff and other costs, undermining the safety of patients. Last year, Twin Cities hospitals laid off 1,700 employees.

The nurses’ union and the AFL-CIO have no answer to the universal demands for wage and benefit cuts and the destruction of working conditions. Thoroughly tied to the Obama administration and the Democratic Party and wedded to the profit system, the MNA and AFL-CIO were enthusiastic supporters of Obama’s health care overhaul even though its essential content was restricting access to care and implementing cost-cutting measures that adversely affect health care workers and patients. In the end, the union apparatus is seeking a seat at the table so it can be a “partner” in the slashing of costs.

The struggle of nurses and for health care in general must become part of the overall struggle of all workers against the capitalist system as a whole. The hospitals and health care system must be taken out of the hands of the corporate elite and placed under the democratic control of the working class, to be run in the interests of providing what workers need, and not for the profits of a narrow few.



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