

Minnesota nurses vote to authorize open-ended strike

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Nurses in Minneapolis and St. Paul, Minnesota voted by a solid 84 percent margin June 21 to authorize an indefinite strike against six Twin Cities health care systems. According to the Minnesota Nurses Association (MNA), the vote tallies received strong support at all 14 hospitals where some 12,800 registered nurses comprise the bargaining unit.

In the aftermath of a June 10 one-day strike by the MNA, the Twin Cities Hospitals and the union wrangled about terms upon which the two sides would resume negotiations. Hospital management had the union agree to a no-strike pledge in return for new talks. The MNA only pledged not to strike provided contract talks remained “productive.” But one day after nurses voted for an open-ended strike, the Federal Mediation and Conciliation Service stepped in to instruct the union and the six hospital systems to resume negotiations starting June 24.

Among the many concessions demanded by the hospitals is the gutting of pensions and taking away full medical coverage for part-time nurses. But what has become the biggest bone of contention is management’s drive for the destruction of work rules that will take away the limited ability that nurses have to prevent hospitals from increasing workloads. Nurses, on the other hand, are concerned that under current workloads there is the potential that patient safety can be undermined and are demanding the setting of nurse-to-patient ratios to ensure proper care.

The demand that nurses have a say over working conditions—combined with the widespread sentiment that the CEOs, health care corporations and their big stockholders are an impediment to safe care of

patients—has become a concern for the defenders of the wealthy elite who profit from the health care industry.

The St. Paul *Pioneer Press* lashed out against the nurses in a June 12 editorial, “MNA leadership would also have us believe that our local hospital administrators are not to be trusted to care for the sick, that they care only about money and nothing about people—neither nurses nor patients.... The employer is harsh and uncaring, and insistence on concessions can only be a sign of malice and fat-cat greed. We don’t buy that line of reasoning.”

The newspaper is warning that MNA union leaders must rein in the growing class opposition of nurses. Behind this admonition is its insistence that workers pay for the crisis of American capitalism. The *Press* continues, “These are difficult times. All indications suggest a period of sustained difficulty and the need for more flexibility in the workplace, not less.... With an eye on a lousy economy and through-the-roof health care costs, and with all due respect, we hope that the hospitals will find a way to remain reasonably firm.”

This past week, Mary Brainerd, CEO of HealthPartners, operator of three nonunion hospitals in the Twin Cities that are not involved in the negotiations, stepped forward to denounce the nurses’ call for patient ratios as “very expensive.” Brainerd, who pulled in a salary of \$1.5 million in 2008, sees the interference of nurses in the prerogatives of management as impinging on profits. “Locking in [ratios] freezes any sort of productive change,” she said.

During a June 22 interview with Minnesota Public

Radio, however, the spokesperson for Twin Cities Hospitals, Maureen Schriener, in a stumbling performance, inadvertently made the case for nurse-to-patient ratios when she said that the union proposal would require the hospitals “to staff at 100 percent.”

“Let me give you this scenario,” said Schriener. “This happens every day. Let’s say there’s a medical surgical ward. You have one nurse assigned to four patients, and another nurse that’s assigned to four patients. And let’s say you have one patient that is coming out of anesthesia, is confused, and is kind of thrashing around. So, on a daily basis, what will happen is, one nurse will leave those four patients to go and help that other nurse at the bedside... Well, if you have to have the ratios, you don’t have that flexibility, you actually have to have another person on staff to go in and help that nurse.”

In other words, from the hospital’s perspective, it is more profitable to abandon the four patients with the risk of deterioration of their condition, rather than incur the cost of additional nurses. When asked if research proved that increased ratios contributed to greater patient safety, Schriener admitted, “Many studies say yes... But do we want to invest...?”

The decision by nurses to endorse an open-ended strike deserves and requires the full support of all workers. But such a struggle brings the working class into a direct conflict with the profit system. The MNA and the AFL-CIO, which support the Obama administration and the Democratic Party—and were firm supporters of the president’s cost-cutting health care “reform”—are opposed to any mobilization of the working class that challenges the political monopoly of the corporate-backed parties and the subordination of health care to private profit.

The struggle for socialized health care—in which profit is taken out of medicine by nationalizing the hospital chains, insurance companies and pharmaceutical giants under the democratic control of working people—requires the mobilization of the entire working class against the Obama administration and both big business parties. The prerequisite for such a struggle is the organization of rank-and-file committees

of nurses and other health care workers, independent of the MNA, to rally the support of the entire working class behind this fight.



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