

Tentative pact by Minnesota nurses' union gives up safe patient ratios

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In a rapid turnaround, the Minnesota Nurses Association (MNA) and negotiators for 14 Minneapolis-St. Paul hospitals arrived at a tentative pact on June 30 and July 1 that for the moment heads off an open-ended strike by 12,800 nurses that was scheduled to begin July 6.

The agreement, reached behind the backs of membership, is a betrayal of nurses' central demand for staffing levels that ensure patient safety and employment for nurses.

Just one day earlier, the two sides broke off negotiations declaring positions unbridgeable. The hospitals refused to budge on their own demands for deep concessions, while refusing to concede to nurses' key contract issue of ensuring the welfare of patients by increasing nurse-to-patient staffing ratios.

After the breakdown a federal mediator called union officials and hospital management together, unbeknownst to nurses. According to the *Minneapolis Star Tribune*, three negotiators from each side met for seven hours on June 30. The following day, the MNA's 60-member bargaining team met to discuss the revised offer and after seven hours agreed to recommend the tentative pact to members.

The final pact is alleged to withdraw all hospital concession demands, including those that threatened pensions and the "flexible" work rules that would have destroyed the limited defense nurses had against hospitals imposing greater workloads to the detriment of both nurses and patients.

In return, nurses surrendered a key demand that had mobilized the ranks of the MNA—the establishment of contract language that would fix staffing ratios and

guarantee quality care for patients.

On the issue of pay, hospital management won the day with its miserly proposal that freezes wages in the first year, followed by a 1 percent increase in year two and a 2 percent increase in the third year of the contract.

These "raises" will assuredly be far less than increases in the cost of living, locking nurses into de facto pay cuts for years. The MNA had formally requested an annual 4.5 percent increase during the course of a three-year agreement.

Nurses, who voted by an 84-percent margin for an unlimited strike, erupted in anger on the MNA's Facebook page over the union's about-face on staffing ratios.

"I was just at the MNA meeting last night and heard the negotiating team urge us to stay united and strong and we would [w]in for patient safety, preserve our profession and keep our contract intact and strong with new language that protects [patients] and nurses," one nurse wrote. "I want to know what happened between then and now?? The vote was overwhelming to strike. Why not go out and continue to negotiate? I am embarrassed that our whole campaign was built on [patient] safety and then dropped. We were told last night that everyone around the country was watching us as we stood firm for our profession. WHAT HAPPENED?"

"You guys CAVED!," wrote another nurse. "I am voting NO...we can now look like the greedy nurses we were portrayed as—not really in it for patient safety at all..."

The MNA sought to cover their retreat with talk about

how nobody wins in a strike and that they had preserved past gains. But many nurses disagreed. “We have not made gains folks!,” a nurse said. “I would consider this a loss—no patient ratios, no raise, and I get to keep what I already worked for?”

For one nurse, the retreat by the MNA did not bode well for the future. “I HOPE I am wrong, but in the past when the contract is ratified—we return to work to find our patient load increased,” the nurse wrote.

Another nurse saw the hospitals’ front-loading of their contract proposals with heavy concessions as mere window dressing that would be used to fend off ratios. “This is the same tactic the TCH [Twin Cities Hospitals] used in 2001 but Southdale nurses saw through it, walked, and won,” the nurse stated. “This is the same tactic the TCH used in 2004 and 2007—threaten takeaways, then give them back at the last minute. MNA, you have not made any new gains in over 10 years.”

From the beginning of negotiations, the hospitals have been hostile in the extreme to the whole concept that nurses should have a role in determining patient care through staffing ratios.

At the center of the union’s capitulation is its defense of the hospitals’ “right” to secure profits, a fact frankly acknowledged in a *Star Tribune* editorial from July 1.

“For their part, the hospitals avoided a costly strike, fractured labor relations, and a new and unsustainable economic model,” Minnesota’s leading daily newspaper wrote. “Given their already thin profit margins—and the yet-to-be-quantified financial implications of federal health care reform—Moody’s Investors Service said in a report this week that the four rated hospital systems involved in the dispute could ill afford a strike. More significantly, their long-term financial health would have been seriously threatened by the higher costs that would have come from the MNA’s original contract demands on unproven nurse-to-patient staffing ratios, wages and benefits.”

In other words, had the MNA carried forward with the strike voted on in overwhelming numbers by the rank-and-file, nurses would have found themselves in an exceptionally strong position. But the MNA was far more concerned that a strike could damage the profitability of

the hospitals.

The surrender by the MNA is also bound up with the union’s aim to keep nurses politically subordinated to the Democratic Party, which in Minnesota is called the Democratic Farmer Labor Party.

The MNA and the Minnesota political establishment are nervous over the growing militancy of the nurses, who have publicly identified the corporate health care structure of millionaire managers, CEOs, and stockholders as a parasite on the health care system and in no way beneficial to the welfare of patients.

The fear is that the nurses’ struggle could provide a rallying point for a broader struggle against the vicious austerity policies pushed on the state’s population by both big business parties, and behind that the national assault on the provision of health care spearheaded by the Obama administration in the name of “controlling costs.”

Indeed, both the nurses’ struggle and the right to health care for all workers requires the mobilization of the entire working class, independent of both the Democrats and Republicans, against capitalist control over health care.

Nurses must combine rejection of the sellout agreement with the establishment of rank-and-file committees that will take the struggle out of the hands of the MNA and AFL-CIO. These committees must bring into their ranks all hospital workers and rally the broadest support throughout the working class behind a political program calling for the nationalization of hospital chains, insurance companies and the pharmaceutical giants, and their placement under the democratic control of working people in the interest of meeting needs, and not profits.



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