

# Union forces hospitals' demands on Minnesota nurses

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Members of the Minnesota Nurses Association (MNA) voted July 6 by a 90 percent margin to ratify a new agreement that brings the long and tense contract struggle by more than 12,000 registered nurses at 14 Twin Cities hospitals to a close.

The new three-year agreement reverted back to the previous agreement in terms of work rules, pensions and health insurance, while accepting the hospitals' wage proposal of a freeze in year one, followed by increases of 1 percent and 2 percent in years two and three, respectively (see "Tentative pact by Minnesota nurses' union gives up safe patient ratios").

The large margin by which the agreement passed was the product of an abrupt abandonment by the MNA leadership of the nurses' main demand for the establishment of increased nurse-to-patient staffing ratios that would improve patient safety and reduce the stress caused by nurses' heavy workloads. Nurses had previously backed a one-day walkout on June 10 with a 90 percent strike vote, and when the hospitals refused to discuss staffing ratios, they followed up with an 84 percent vote endorsing an open-ended strike.

But after suddenly dropping the patient staffing issue in secret negotiations held with a federal regulator heading into the July 4 weekend—with no mass meeting scheduled and only five days before the July 6 strike date—the MNA apparatus mobilized to convince nurses that nothing better could be achieved than a contract that at least restored previous language allowing nurses a limited ability to fend off increased patient workloads.

In fact, it was precisely the high likelihood that the strike would bring the hospitals to their knees—fears obliquely expressed by the media—that caused the union officials to scuttle the strike. They were above all concerned that an open-ended strike could serve as a rallying point in a broader working class counteroffensive against the austerity measures and "health care reform"

being pushed by both parties of big business.

The union officials have other interests: preserving union finances from being spent in strike support, maintaining the payment of union dues, and seeing to it that their collaboration with management and government continues.

Nurses were left isolated against the state government and the media, which demonized nurses as overpaid, beneficiaries of elite defined-benefit pensions, and enjoying health care benefits even as part-timers. The media meanwhile ignored the millionaire CEOs that stand at the head of the six highly profitable hospital systems, and the multibillion-dollar funds that invest in them.

The media also did the hospitals' dirty work by serving up management reports that large numbers of nurses were preparing to cross picket lines, and even publicized information on how nurses could become strikebreakers. Additional stories were floated about thousands of out-of-state replacement nurses applying for licensure in the state of Minnesota.

Accompanying the tentative agreement was a joint MNA-Twin Cities Hospitals statement: "The Minnesota Nurses Association and the hospitals have agreed to a renewed commitment to working through both parties' staffing issues through the existing committee systems at the various hospitals."

Management made additional verbal pledges. "We are eager to re-focus on the collaborative approach with our nurses that has made our hospitals some of the most innovative in the country," it declared. "The voices of our nurses were clear and resolute—they believe that patient care can be improved and that our work is far from over."

In fact, it was precisely the failure of the existing committees to resolve the workload and patient safety issues that led nurses to make safe staffing the main issue in their contract battle, which spanned more than three

months. Having been rescued by the MNA's climb-down on this issue, the hospitals will do nothing further that will impinge on their pursuit of profits.

During negotiations, the Minnesota corporate, political and media establishment railed against the nurses' proposal for staffing ratios as an impossibility that would undermine the health care system. Without providing any documentation, hospital management attached a figure of \$250 million per year for the cost of the proposal.

Nevertheless, even if their figure were to be accepted, the six hospital systems, which made \$700 million in 2009 on revenues of \$7 billion, were capable of absorbing the cost. But from the standpoint of the wide array of corporate interests that profit within the framework of "nonprofit" hospitals, the staffing ratio proposal would narrow the base of their lucrative operations.

This was evidenced by a Moody's Investor Service report that four of the six hospital systems would, according to the Minneapolis *Star Tribune*, be "seriously threatened by the higher costs" associated with staffing ratios. Moody's, a leading credit rating agency in which billionaire investor Warren Buffet has 13 percent ownership, was heavily involved in the manipulation of worthless mortgage-backed securities, contributing greatly to the financial meltdown that is now being paid for by the working class.

The Moody's report made clear that the corporate world would not tolerate the additional cost of the staffing proposal. A downward revision of hospital bond credit ratings in a tight credit market would be devastating. Analysis by medcitynews.com indicated that Allina Health System's investment portfolio lost \$76 million in 2008, while Children's Hospital's portfolio lost \$52 million. Debt payments for expansion projects and other expenditures are difficult now and will be further complicated as more people continue to lose their health care coverage and as Medicare and Medicaid payments to hospitals are reduced.

Under capitalism, health care is not about the welfare of patients and hospital staff, but a system to be plundered for profit.

In the aftermath of the strike, the MNA is stepping up the illusion that staffing ratios can be secured through the Democratic Party (in Minnesota known as the Democratic Farmer-Labor Party, DFL) in the state legislature. The 1999 staffing ratios legislated in California are being touted as an example. But American capitalism, facing the greatest economic calamity since the Great Depression and bogged down in costly colonial wars of conquest, will

not be amenable to such concessions.

During a June 8 MNA press conference, DFL state representative Paul Thissen told assembled nurses that if negotiations did not provide safe staffing ratios, the legislature was "ready to step in." Traditionally, such rhetoric is often employed by the DFL to defuse workers' struggles. But Thissen's speech drew an immediate barb from the St. Paul *Pioneer Press*.

In an editorial entitled, "Back away, legislators," the paper declared that lawmakers "should stay out of this fight, and legislators should resist the urge to threaten regulation on matters better resolved in hospital boardrooms.... A set-in-statute staffing ratio is among the last things our health-care system needs, particularly as hospitals, nurses and patients adjust to federal health-care overhaul." Ember Reichgott Junge, a former DFL state senator and unofficial media commentator representing the party's views, appeared on a local television program earlier this week to declare she agreed with Republicans who oppose state-mandated staffing ratios.

The scuttling of the Minnesota nurses' strike by the MNA demonstrates that the fight for decent conditions for workers and patients cannot be pursued within the trade unions, which are completely opposed to any struggle that challenges the prerogative of the profit system.

Required is the independent political mobilization of the working class behind a socialist program for health care. This means the conversion of the health care industry into a public utility under the democratic control of the working class in order to meet the needs of the entire population, regardless of wealth, and not the ruthless profit drive of the CEOs and big shareholders.



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