

Minnesota nurses demonstrate against health care cuts

Anthony Bertolt, Matt Rigel
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On Wednesday afternoon, hundreds of nurses gathered outside the Allina Health headquarters near Allina Health's Abbot Northwestern Hospital in Minneapolis to protest proposed cuts to their health care and pensions, and patient and workplace safety.

With their current contract set to expire at the end of this month, Allina Health has demanded that the next contract remove their current union health care plans and replace them with Allina Health's own, more expensive program which only provides care at Allina Health hospitals.

Allina Health is a major health care system based in Minneapolis, Minnesota, operating 14 hospitals and many clinics throughout Minnesota and Wisconsin. They employed 26,000 employees in 2014, and around 5,000 of these employees are nurses who are members of the Minnesota Nurses Association (MNA) union.

The MNA bargaining team began negotiating a new contract in February, but Allina Health has not responded to the MNA proposals. Instead, they have further reinforced their demand to end the MNA-provided health care plans. During negotiations, they cited the \$10 million the company would gain from transferring all nurses to their company health care.

The WSWs spoke with nurses who expressed their anger and discontent with Allina Health's demands. Angela, a nurse for over 10 years and a bargaining team member, said, "What we currently have is affordable health care. What they're proposing is plans with high out-of-pocket maximums. We've had these plans for quite some time and they're trying to take them away from us." She added, "If they want me to go to their plans, I'm losing about 10,000 dollars."

Lauren, a nurse who transferred from a nonunion hospital in recent years, said, "If we use the health care from Allina, then we pay exorbitant out-of-pocket

costs. Pretty much everyone will end up using it at some point. As nurses, we put ourselves in danger, whether it is infection or physically. We put ourselves at risk every day."

Vicki, a nurse with 38 years' experience, said, "They're trying to cut us down to one plan—their plan." Drawing an analogy to 19th century miners who were forced to purchase everything from the coal company, Vicki said, "It's like shopping at the company store. The only place you can go is their facilities, and it's not very good coverage."

A number of nurses made the point that they had already given up higher pay raises in order to keep their health care plans provided by the MNA. They emphasized that the shift to these health care plans would obliterate any raise offered by the company.

A nurse who has worked at Allina for over three years said, "They want to take health care away, which is basically part of our wages." Vicki agreed: "Exactly, it's another pay cut."

Vicki added, "We've fought long and hard for these insurance plans and given up other things, and now they're going to take the things we fought for away. We've given up raises sometimes, and now they're planning to take our health care away."

Danielle, a recent graduate from nursing school and a new hire, said, "In previous negotiations, we haven't taken the pay increase, so we've paid for this health insurance, and they are trying to take it away."

The Allina Health hospital system made \$150 million last year and is using \$140 million to merge two hospitals in its system, Mercy and Unity Hospital. This is undoubtedly a way to slash jobs, increasing the workload for nurses and jeopardizing patient safety. The demands by Allina Health underscore the continued efforts by the health care industry to remain

profitable at the expense of the workers.

The struggle by nurses against Allina Health follows the ratification of a new contract by union nurses at five other major hospital systems around the Minneapolis-St. Paul area. The aim is to leave the 5,800 Allina nurses isolated in their struggle against attacks on living conditions by the company—without the support of 7,000 nurses at the other major hospital systems in the area.

Nurses' references to previous sacrifices in order to keep an affordable health care plan are a call back to their opposition to concessionary demands made by six Minnesota hospital systems, including Allina Health, in 2010. In that struggle, nurses eventually voted overwhelmingly for a strike in response to the intransigence of the major hospital systems in the Minneapolis-St. Paul area on the issue of nurse staffing levels.

The MNA claims in its bargaining updates, "In 2010, Allina Health agreed to address staffing and acuity issues in a new contract. Nothing happened." This is a false characterization of the events of the 2010 strike. In fact, at a mass meeting nurses voted by an 84 percent margin to authorize an open-ended strike against six hospital systems, comprising 14 hospitals where 12,800 registered nurses composed the bargaining unit.

The meeting followed months of attempts at negotiations, where nurses demanded a minimum nurse-to-patient ratio, citing major patient safety concerns. After the authorization of the strike, on June 30 and July 1, 2010, the MNA had reached an agreement on a contract, dropping the key demand by nurses to ensure patient safety with a minimum nurse-to-patient ratio only five days before the strike was set to begin on July 6.

This was a rapid turnaround, as two days earlier the MNA and the hospital systems had broken off negotiations, declaring their positions unbridgeable.

Allina nurses facing cutbacks to their health care, pensions, and workplace safety share the same enemy in their struggle as nurses all over the country. The only way forward for the Allina nurses is to draw upon the lessons of their own struggle in 2010. Along with other sections of the working class, including the striking Verizon workers and teachers in Detroit and other cities, they must take the struggle into their own hands and fight for the unity of all sections of the working

class on a socialist program.



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