

Twin Cities nurses strike against gutting of health care benefits

Anthony Bertolt, Matt Rigel**20 June 2016**

Nearly 5,000 nurses at five hospitals owned by Allina Health in the Minneapolis-St. Paul metro region in Minnesota launched a week-long strike Sunday after the company demanded that nurses accept inferior health care benefits. The company wants to scrape traditional health plans—won through decades of struggle—so Allina can realize \$10 million in annual savings.

Nurses are also opposing understaffing and dangerously high workloads. Corporate management, however, insists that the Minnesota Nurses Association (MNA) accept the abolition of traditional health plans before discussing any other issues, including safe staffing ratios and a safe working environment. Given the ultimatum by management, nurses voted by an overwhelming margin to strike. The MNA has limited the walkout to eight days.

“This strike is more than just about health insurance,” said Kelsey, a nurse with three years at United Hospital. “It’s about patients, our families, our fellow nurses, and our co-workers—people we work with day in and day out with.

“It’s also about safe staffing ratios. This is for our patients, making sure they have the correct staffing ratios and that they are receiving quality care. Allina wants to transition to a computerized or electronic system to handle the nurse-to-patient ratios. But computers don’t know what’s best for our patients. We know our patients. We’re asking for the ability to accept or decline a patient into our unit, based upon how sick the patient is and based upon the current patient load on the floor at that time.”

When the WSWS asked Lexie, a nurse with one year at United, what happens when patient ratio increases, she bluntly replied, “I don’t get to take my breaks or I might have to skip my lunch break. That means I can’t take care of myself and that affects taking care of my patients.”

Another nurse with 14 years seniority told the WSWS, “Dealing with patients can be very intense, and I have no help. The nurses on call could take 30 minutes to get

there. By the time they get there, I don’t need their help, because the patients are already in the OR.”

On the issue of employee health care, Jan, a nurse with 35 years at Allina Health, told the WSWS, “In 2001 other employees were forced onto Allina’s corporate insurance plans. They used to have the choice of selecting the same health insurance as we had. Many of them are supporting our strike because it might help to protect them as well. It’s a trickle down thing. If we lose, they will lose as well.”

Another nurse told how the corporate health care plans will affect her. “My son was born with gastroparesis, and the closest doctor that can help him is in Columbus, Ohio. The Mayo Hospital in Rochester, Minnesota can’t help him. So we have to drive 14 hours to get this treatment done that costs \$14,000 dollars in order that he can grow up normally. Under the plan that Allina wants to put us on, that won’t be covered.”

In their corporate propaganda, Allina has attempted to manufacture an antagonism between its other 30,000 employees who are under the company’s corporate health care plan and striking nurses who are defending past gains on the health care issue. Allina CEO Penny Wheeler, in a message to Allina employees, asked, “Are we treating our employees equitably?” She then went on to say, “Continuing to offer unsustainable plans to one group of employees simply because the plans have been in place for 20 years is not an equitable way to distribute benefits.”

The spectacle of a highly compensated CEO of one of the largest health care systems in the Twin Cities lecturing workers on equality of sacrifice is instructive. The relentless attack on health care and workers’ living standards has one purpose: to maximize profits for executives and other corporations that benefit from their business relationship with a ‘non-profit’ hospital.

Allina has contracted with 1,400 replacement nurses for

the duration of the strike. The company is willing to incur the short-term expense in order to achieve its long-term aims. At the same time, Allina is counting on the MNA and the other AFL-CIO and Change to Win unions to leave the embattled nurses isolated and to eventually come to management's terms.

When contracts for 11,000 nurses at six hospital systems in the Twin Cities came up this year, Allina broke with the other hospital chains and announced it would negotiate separately. The MNA then proceeded to negotiate wage-only contracts for 6,000 nurses with the other five chains that left benefits unchanged from the previous agreement. Those contracts were ratified on January 19 and the result has been to leave the 4,800 nurses in the Allina system isolated to fight on their own.

At this point, the lessons of the 2010 contract struggle that involved 12,000 nurses at all six hospital systems must be recalled. When a one-day strike by all nurses failed to move the companies, nurses voted overwhelmingly for an open-ended strike. In response to a media and political campaign vilifying the nurses, the MNA caved in on safe staffing, called off the strike and agreed to minor wage increases and retention of benefits.

Having taken the measure of the MNA, Allina management is taking the offensive against nurses. During negotiations back in February, the MNA proposed a joint task force on health insurance to Allina. According to the MNA, Allina "made it clear that they 'will not' delay in removing these health plans from the MNA nurses. The message is clear there isn't a compromise in sight unless MNA agrees to the elimination of all the health plans now or in the near future."

While Allina has remained intransigent, the MNA has repeatedly offered its assistance to cut health care costs. Last February, the MNA stated: "The Union and Allina Health will create a joint committee of equal membership of management and the Union to examine the impact of the health insurance plans on Allina Health and the impact of the benefits to the nurses." Allina rejected the proposal because it did not have a guaranteed "outcome." It will only negotiate if the MNA proposes a "transition plan" that ultimately eliminates the four health insurance programs.

There is no doubt that Allina enjoys the full backing of the other hospitals in the Twin Cities. Any concessions imposed on Allina nurses will be quickly followed by demands for concessions from other nurses. This only underscores the criminal character of forcing Allina nurses to fight this battle alone.

The unions, which are allied with the Obama administration and the Democrats, are doing everything possible to prevent a direct confrontation between nurses and the Democratic Party. After the betrayal of the 2010 strike, the MNA claimed it would pursue safe staffing ratios by appealing to state legislators in the Democratic Farmer Labor Party (DFL—the official name of the Democrats in Minnesota). Predictably, the Democrats have done nothing.

President Obama's misnamed Affordable Care Act has been a catalyst for companies to shed supposedly "Cadillac" health care plans and dump their workforces into substandard plans. An integral part of the restructuring of health care is a ruthless cost-cutting campaign against nurses and other health care workers. Nurses across the country who have advocated for their patients and sought to create a safer hospital environment are seen as an obstacle to the drive to maximize profits.

In an effort to give itself a "left" cover, the MNA and its parent union, National Nurses United, endorsed Vermont Senator Bernie Sanders. The self-described democratic socialist is now packing in his campaign and preparing to endorse Clinton, a multi-millionaire who is the embodiment of the incestuous relationship between the giant corporations and the government.

If this struggle is not to be betrayed like so many other strikes, including the recent walkout by 40,000 Verizon workers, then Allina nurses must take the conduct of the struggle into their own hands and fight for a common struggle—including mass meetings, protest rallies and other actions—with nurses and other sections of workers throughout the Twin Cities. Nurses should elect rank-and-file committees, independent of the unions and the Democratic Party, to fight for the broadest mobilization of the working class to defend Allina nurses and the right to health care.

Above all what is needed is an independent political struggle by the working class to take the profit out of medicine by putting an end to the privately owned health care corporations and establishing a system of socialized medicine.



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