

Twin Cities nurses face battle over health benefits, staffing

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Nearly 5,000 nurses in the Minneapolis-St. Paul area in Minnesota are in the third day of a weeklong strike against the demands by Allina Health to slash health care benefits and increase workloads on already overburdened nurses. The hospital chain is remaining intransigent and no new talks have been scheduled.

Nurses are overwhelmingly opposed to the health care cuts, which would save Allina \$10 million a year by imposing higher out-of-pocket costs on nurses. Although the Minnesota Nurses Association (MNA) has largely limited its demands to protecting the current union-run health care plan, nurses are adamant about ending chronic understaffing and high nurse-to-patient ratios.

Allina has refused to discuss any issues until the MNA accepts its demand to impose substandard and most costly health plans on nurses. Before the strike, the MNA offered to set up a joint labor-management body to cut health costs but Allina rejected the proposal.

The union ordered nurses to continue to work a month after the May 31 expiration of their current contract and only called the limited strike because of enormous opposition from rank-and-file health care providers.

The strike, which began Sunday, is affecting five Twin Cities area hospitals: Abbott Northwestern in Minneapolis, Mercy in Coon Rapids, United in St. Paul, Unity in Fridley, and the Phillips Eye Institute in Minneapolis.

The hospital chain, which has carried out a massive investment in technology to streamline operations, is offering an insulting two percent pay increase in each of the next three years. The MNA is only demanding a three percent annual raise.

“They spent \$108 million for the staffing program

that doesn’t take into account nurses’ input,” a veteran nurse with over 25 years told the *World Socialist Web Site*. She was referring to recent investments Allina Health made into Health Catalyst, a health IT data management firm in 2015. “Patients are getting older; we could have a 90-year-old who needs more care as opposed to a 20-year-old who is more independent, and the computer system wouldn’t know the difference.”

In 2010, 12,000 nurses at 14 metropolitan area hospitals conducted a one-day strike to demand safe staffing levels. The one-day action called by the MNA predictably failed to attain any concessions from the hospital chains. Following this, the nurses voted for an open-ended strike, but the MNA rapidly caved in, calling off the strike and agreeing to a contract that retained current benefits and included meager wage increases in place of addressing staffing levels.

The local media has weighed in on behalf of Allina by slandering nurses as uncaring and selfish. The *Minneapolis Star Tribune* claims the walkout is endangering patients while ignoring how chronically understaffed hospitals to far greater harm to patient safety and wellbeing.

A study by the American Public Health Association found if proper nurse staffing ratios were implemented, more than 72,000 hospital deaths could be prevented each year. Despite this, neither Allina nor the MNA have addressed this in the current strike.

Demonstrating its contempt for patients, Allina is currently using a national strikebreaking firm to supply nurses and keep its hospitals open. The company has reportedly hired 1,400 replacement nurses, offering them as much as \$100 dollars per hour, along with food and hotel accommodation for the duration of the strike. It is clear Allina has a long-term strategy and understands that the MNA will ultimately bow to its

demands.

In the face of this intransigence, the MNA is keeping some 7,000 nurses at the remaining area hospitals on the job. The MNA signed contracts at these hospitals, months ago, dividing and weakening nurses even as Allina made it clear that it was seeking sweeping concessions, which would rapidly be demanded by the other hospital chains.

The overriding concern of the MNA, its parent union National Nurses United (NNU) and the AFL-CIO and Change to Win labor federations, is to prevent this struggle from developing into a political confrontation with the Obama administration and the Democrats. The unions are allied with the Democrats and support the cost-cutting aims of Obama's misnamed Affordable Care Act. Obamacare, which shifts the costs of health care from the employers to workers, is premised on a savage attack on the living standards and work conditions of health care workers.

There is a general understanding among nurses that other hospitals will follow suit if Allina is successful in imposing its concession demands on nurses. Jude, an Allina nurse with eight years seniority, told the WSWS the strike is really against the pharmaceutical, insurance and technology companies, which stand behind Allina and are seeking even greater profits from the destruction of nurses' health benefits. "It's not just Allina, it's a bunch of companies." Jude added, "The problems of profits and corporations has been a global issue. I don't think it's just an Allina issue—it's global."

If nurses are to take forward the struggle they must take its conduct out of the hands of the MNA through the election of rank-and-file strike committees, to formulate their demands and fight for the broadest mobilization of the working class to defend nurses and the right to quality health care.



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