

Minnesota nurses seek united struggle as contracts for 13,000 Twin Cities hospital workers expire

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Contracts for 13,000 nurses at five hospital systems in the Minneapolis-St. Paul metro-region expired June 1 with none of the contracts settled. Many issues, including wages, health insurance and staffing ratios, remain unresolved and the Minnesota Nurses Association (MNA) has not called for strike votes but instead has extended contracts at all five hospitals.

When nurses took surveys last year in preparation for the current contract negotiations, they expressed the desire for unity of all nurses across the Twin Cities in fighting for their demands from the separate hospitals. Five of the hospital systems—Fairview, HealthEast, Children’s, North Memorial and Methodist—accepted the MNA’s request for coordinated bargaining for related issues such as wages, health insurance and workplace violence prevention, while additional separate bargaining would take place at each hospital over site-specific or local issues.

However, Allina, which is comprised of three major hospitals—Abbott Northwestern, Mercy and United Hospitals—rejected any participation in coordinated bargaining and has been stubbornly persistent in dragging out negotiations and blocking any settlement. The situation is reminiscent of the 2016 contract struggle when the MNA early in the negotiations signed contracts with the other hospitals leaving the 5,000 Allina nurses isolated to fight a 37-day strike on their own and then persisted to force the nurses to repeatedly vote on proposals that replaced their union health insurance plans with the more inferior Allina health insurance.

As a Fairview nurse told the *World Socialist Web Site*: “The union handled the last strike in 2016 wrong when Allina nurses went on strike and lost their MNA insurance. I don’t think what the MNA did was a benefit to anyone. The union handled it wrong in the sense that they did not unite everyone. I mean, who goes out on strike for seven weeks and then gives in to the same contract that you were offered in the first place?”

“But we might be leaning towards that situation again. It sounds like negotiations did not go well today for Allina nurses. The feeling that people are getting here at Fairview is that we are going to get something that we can settle on. We’ll see how it shakes out but it kind of feels like Fairview is making

progress while Allina is at a dead stop.”

When the *World Socialist Web Site* asked if there was a danger the union would sign contracts with the other five hospitals and leave the Allina nurses to fend for themselves, she replied: “Well, someone brought it up at the start of negotiations this time, like we were going to be one big group or united front of all the hospitals. But you wonder. I thought we were going into these negotiations together. Would we possibly settle without Allina? The union has not really given an answer.”

Both Allina and the other five hospitals that accepted coordinated bargaining declined late last fall to reopen the separate contract that governs pensions and retirement benefits. While the hospital corporations want to shrink or take away nurses’ pensions, they calculated that to do so at this point would generate a ferocious opposition from all nurses. Instead, they are looking to divide nurses and inflict a defeat on one or more sections. Then, at a future stage they can consider dismantling pensions when nurses are in a weaker position.

In the current negotiations, nurses have demanded across-the-board wage increases of 7 percent in each year of a three-year agreement. Management at each hospital countered with exactly the same insulting wage proposal of yearly increases of 2 percent, 2 percent and 1.5 percent. During the course of bargaining, the hospitals have increased their yearly proposals by less than one percent.

Nurses are placing a greater emphasis on workplace violence prevention as the myriad of mental illness cases that are a product of capitalism’s decline spill over into violent outbreaks in hospitals. Hospital management across the country for a long time has approached the issue as something that is a part of nurses’ job description and tried to ignore the issue. In 2018, over 200 Fairview nurses reported cases of violence on the job. Throughout the Allina system in 2018 there were 3,000 calls for help.

Nurse-to-patient ratios have long plagued nurses. Unlike the nurses who see proper staffing levels as critical to patient care, corporate management views the cost of hiring additional nurses as cutting into their profits. Nurses can find themselves

attending to multiple patients, some with issues like heart conditions that can rapidly deteriorate and lead to death and require constant monitoring. The issue of low staffing also leads to nurses giving up their breaks, creating further stress and fatigue, which can impact patients.

Merely looking at 2017 CEO compensation gives an insight into the vast gulf between the interests of nurses on the one hand and the executives and healthcare corporations that profit from the exploitation of hospitals. Penny Wheeler of Allina and Robert Bonar of Children's hospitals both made \$2.3 million in 2017. James Hereford of Fairview made \$1.4 million and J. Kevin Croston of North Memorial took home \$1 million.

Nurses were absolutely correct to recognize that they needed to carry out a united struggle against hospital management. But they cannot expect the MNA do this. There is a past history that can be drawn upon to prove this.

In 2010, some 12,000 nurses were determined to make progress on staffing ratios and other issues. The MNA attempted to blow off steam by calling a one-day strike. When management remained unmoved, nurses demanded an open-ended strike to force the issue. Management was completely unprepared to take on an extended strike, and the MNA leadership set to work to sabotage the struggle.

In 2016, the MNA forced Allina nurses on four different occasions to vote on the same sell-out contract. What ultimately ended the strike was the recognition by a substantial section of nurses that the MNA would not prosecute their struggle.

There is also the role of the Democratic Party (in Minnesota known as the DFL-Democratic Farmer-Labor Party), which the MNA and the AFL-CIO claim is an ally of the workers. The DFL is always happy to dispatch some of their members to walk picket lines and give windy speeches to workers.

But the experience of past nurses' struggles proves this is merely an attempt to create illusions among workers that someone else will fight their battles. After the sellout of the 2010 strike, the MNA tried to obscure their betrayal by claiming that safe nurse-to-patient staffing ratios could be obtained through the Minnesota Legislature. Nothing has come of this.

In the 2016 Allina nurses' strike, MNA president Mary Turner announced in an article on the MNA website that "Solidarity is Alive and Well" and gushed over the "support" by more than 100 Democrats who walked on picket lines or issued pro forma letters supporting the union. At the time, Senator Bernie Sanders, then running for president, issued a toothless letter of support.

But none of this so-called support provided any aid to strikers. In a final touch, the MNA leadership brought the bargaining unit over to the governor's mansion where DFL Lieutenant Governor Tina Smith (now Senator) made clear that the union would have to bring the strike to an end. DFL Governor Mark Dayton stood by to intervene if necessary, describing his role as that of a "sledgehammer".

The MNA fulfilled their role of demobilizing the strike by signing an agreement that required picket lines to be taken down two days before nurses even voted on Allina's last offer.

The most important task before nurses is to understand that they must take the leadership of the contract struggle into their own hands by establishing rank-and-file committees at every hospital comprised of the most militant nurses.

An immediate task of these committees is to block any attempt by the MNA leaders to sign contract agreements with any of the hospitals until all have reached agreements acceptable to the nurses.

But to attain their goals, the nurses must reject the union's policy of relying on the Democratic Party and instead turn to the working class. The recent period has seen a significant escalation in the class struggle across the United States, notably those of teachers strikes. This fall, 155,000 autoworkers will enter into struggle under conditions where the carmakers are slashing jobs and will seek to augment that with cuts in living standards of workers.

Internationally, we have witnessed mass struggles of Mexican workers along the U.S.-Mexico border, the yellow-vest movement against austerity in France and mass uprisings in Sudan and Algeria.

In 2016, the MNA leadership consciously attempted to block nurses from establishing a fighting alliance with other sections of the working class by carrying out a "corporate campaign," that is, nurses were sent to protest and appeal to executive boards. Everywhere the working class faces attacks on their living standards. The necessary task is to recognize that these struggles are a product of the growing crisis of the capitalist system.

As nurses understand, healthcare is a right, not a privilege. But to ensure that right, the system of healthcare cannot be the prerogative of the bankers, corporate executives and investors to exploit for personal profit. It must be placed under the democratic control of the working class as part of the struggle for socialism.



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