Union works to sabotage unity of Minnesota nurses' struggle

Matt Rigel 28 June 2019

The Minnesota Nurses Association (MNA) union representing nurses across the Minneapolis-St. Paul metro region is preparing to sell out nurses in the interest of the hospital systems and banks in Minnesota. The conduct of the MNA during this fight has been to actively cut across the unity of nurses. Because of this, it is imperative that nurses be prepared to take the struggle against corporate attacks on healthcare, wages and working conditions out of the hands of the MNA.

On Thursday, June 20, a tentative deal by the MNA was ratified at Children's Hospitals of Minnesota. Then on Monday, June 24, a tentative deal by the MNA was ratified at Fairview Hospitals. According to the MNA, the contracts, which the MNA urged nurses to ratify, passed overwhelmingly. These were two of six hospital systems that are currently undergoing negotiations over contracts for 13,000 nurses, which expired at the end of May.

The contracts made no progress on working conditions, above all on the nurses' demands for higher nurse-to-patient ratios. Additionally, the wage increase of 8.25 percent over 3 years falls far short of the 21 percent increase that nurses demanded. In addition to the low wage increase, the nurses at Children's Hospital have been left with a contract where the hospital system fully dictates their healthcare.

The ratification of these contracts took place as the MNA announced tentative deals at all other hospital systems they represent nurses, at except North Memorial Hospital. These tentative agreements contain similar wage proposals to those already ratified. Going into the struggle, nurses demanded a unified fight to win on their most urgent issues, especially wage increases enough to offset rising healthcare and living costs.

Nurses in Minnesota fighting against attacks on their

healthcare, wages and working conditions must take this as a sharp warning: The MNA is preparing a determined sellout on the nurses' main demand for a unified struggle of all nurses, and they've made significant progress towards this.

By calling for a vote and signing the contract at Children's Hospitals before votes at the other hospital systems, they already weakened the struggle of nurses by reducing the nurses' strength by 1,500. This is a violation of a fundamental principle of working-class solidarity, breaking the unity of nurses while proposing sub-standard contracts. This is occurring while nurses at North Memorial hospital don't even have a tentative deal, leaving them out in the cold.

The MNA has aimed to convince nurses that the contracts they are negotiating are the best they can get under the economic circumstances. In a bargaining update for Fairview Hospitals on June 14, one of the six they cover in the Minneapolis-St. Paul metro region, the union stated, "Other systems are scheduling bargaining dates and may call for an unfair labor practice strike vote soon. A good settlement at these systems could help to force Fairview back to the table with a wage offer that helps close the gap." This is complete nonsense, and the history of their actions demonstrates this.

Before the nurses' strike in 2016, 5,000 nurses who work for Allina Health hospital systems were left to battle against Allina Health on their own after the MNA rushed through contracts at the five other hospital systems where they represented nurses. The result was a nearly seven-week strike of nurses determined to defend their MNA health insurance.

In the end, Allina Health nurses were left with the same contract they initially rejected. In 2010, all 13,000 nurses in the metro region were ready to fight the

hospital systems and determined to win better working conditions for all nurses. The MNA actively betrayed their struggle by limiting the strike by all nurses against the hospital systems to one day. They refused to call an open-ended strike and settled contracts without nurses' main demand for better working conditions. The MNA instead assured nurses that the local Democratic Party would enact legislation to force safer nurse-to-patient ratios, a promise that has not been fought for by the Democrats to this day.

The MNA has sought to create illusions in the Democratic Party as part of its policy to tie the nurses to the capitalist system, thus preventing them from advancing their interests beyond those of the corporations and banks. This policy was also shown in the conduct of the MNA in 2016. Instead of uniting Allina Health nurses with their allies at the other hospital systems and other sections of healthcare workers, Mary Turner, the president of the MNA, boasted of support from scores of local Democratic Party politicians in a letter titled "Solidarity is Alive and Well."

In fact, it is primarily the Democratic Party that has led the attack on healthcare. The misnamed Affordable Care Act (ACA), enacted under the Obama administration, has increasingly shifted the cost of healthcare onto the backs of the working class and created the conditions for gutting employer-sponsored healthcare. Drafted by the pharmaceutical companies, insurance companies and hospital chains to boost their profits, the ACA has had double the effect at hospitals, which are working to squeeze more work out of already overburdened hospital workforce. This highlights the need for nurses to break all ties to the political parties of Wall Street and the unions that tie them to the capitalist system.

Nurses are at a critical point in their fight. They must see this as a struggle, not just of nurses, but of all healthcare workers across the nation and across the world. Their determination to fight is part of a resurgence of the class struggle internationally. In Ohio, nurses recently rejected a contract forced upon them by the United Auto Workers after the UAW tried to prematurely end their strike against Mercy Hospital systems. This year began with strikes of teachers from around the world, and eventually saw a strike of 70,000 auto parts workers on the US-Mexico border, the

largest strike on the North American continent in decades.

Nurses should form rank-and-file committees at all Minneapolis-St. Paul area hospitals. They should send delegations across the hospital systems, discussing the most fundamental demands of nurses, and enforcing the unity of nurses in the fight against the hospital systems. These new organizations must fight for the interests of nurses and the defense of healthcare for all, with the ultimate goal of expropriating the for-profit healthcare industry and placing healthcare as a social right democratically controlled by a workers government. If Minneapolis-St. Paul area nurses are victorious in winning their demands, it will strengthen the fight of all healthcare workers in the US and internationally.



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