

# Minnesota nurses struggle betrayed by union

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The ratification by nurses of a tentative agreement at North Memorial Hospital on July 2 brought the series of six separate contract struggles of the 13,000 nurses in the Minneapolis-St. Paul metro region to a close. The first ratification was on June 20 when the nurses at Children's Minnesota voted to accept the agreement pushed by the Minnesota Nurses Association. This was followed by three separate settlements reached by the MNA at Fairview, Methodist, HealthEast hospitals on June 24 and, finally, the 5,000 nurses at AllinaHealth ratified on June 27.

The piecemeal ratifications carried out by the MNA diluted the strength of all 13,000 nurses and facilitated the implementation of contracts acceptable to hospital management. The MNA abandoned any demands for safe nurse-to-patient ratios, and its original demand for wage increases of 21 percent over three years shrunk to 8.25 percent. The minor adjustments to healthcare insurance will not prevent the hospitals from increasing the burden of healthcare costs down the road.

The separate hospital systems' final proposal on wages were exactly the same at every location, with annual increases of 3, 3, and 2.25 percent. This indicates that there was a considerable collaboration between hospital owners while the union divided and weakened nurses.

In recommending contracts, the MNA said it was the best agreement the union could reach. In reality, management set the parameters and let the MNA figure out how to impose its dictates.

While the contract negotiations were carried on separately at six different bargaining tables, the healthcare system in the Minneapolis-St. Paul region has been going through a process of greater and greater concentration. Both HealthEast and Methodist are merging under Fairview. Allina already has control of several hospitals, including Abbott Northwestern, Mercy, Unity and United. In reality, there are three

systems, Allina, Fairview and North Memorial.

Sitting on the boards of directors at these institutions are bankers and corporate tycoons who approach healthcare, not as a social right for all, but a profit-making operation for the giant pharmaceuticals, insurance companies, healthcare manufacturers and financial corporations. Their aim is to destroy the living standards and working conditions of the doctors, nurses and other healthcare workers and to transfer even more wealth to the banks and corporations.

Whatever the competitive conflicts between the hospitals, their directors saw fit to set those aside all the better to focus their attack on the nurses. At the same time, nurses have recognized the need for greater solidarity in order to strengthen their own position.

When replying to surveys conducted last year, nurses made this sentiment felt and MNA union officials thought best to at least give an initial acknowledgment of this mood among nurses, only to betray it later on. In October of 2018, the MNA website revealed, "A letter to each of the Metro hospitals went out on Friday, September 21, 2018 from the MNA Negotiating Teams. Each respective letter told the hospitals that nurses wished to discuss wages and larger issues that affected all Metro members at one large table." A week later, another post declared the letter was sent "proposing coordinating bargaining between all of the hospitals on common issues and using the power of 12,000 nurses as one."

But this early acknowledgment by the MNA officials was to be systematically violated by concluding separate tentative agreements and contract ratifications.

Why has the MNA done this?

All of the unions subordinate the interests of the workers to the capitalist profit system. Because of this they accept the parameters of what the corporate owners and big business politicians say is affordable even as society's wealth is hoarded by a tiny minority

of the population.

At the same time, the MNA and its parent union, National Nurses United, are politically tied to the Democrats, which no less than the Republicans defend for-profit medicine and the corporate domination of healthcare. The NNU has closed ties to Vermont Senator and Democratic presidential candidate Bernie Sanders who has played a particularly pernicious role in keeping workers straitjacketed within the Democratic Party. Despite his “Medicare for All” rhetoric, Sanders supported Obama’s misnamed Affordable Care Act, which was drafted by the giant insurance and healthcare interests and has been specifically used to increase the exploitation of hospital and other healthcare workers.

In 2010, when nurses voted for an open-ended strike to win safe staffing ratios, hospital management and the capitalist press howled. The MNA jettisoned staffing ratios, sabotaged the strike and quickly got contracts signed. They then claimed they could achieve safe staffing ratios through the legislature and the support of the Democratic Party. Of course, this never materialized.

In 2016, Allina was seeking to recover a \$10 million loss from a reverse interest-rate swap engineered by the corporate board to fill the coffers of the banks. The company saw that by taking away the union health insurance plans and substituting corporate plans, they could make up this \$10 million through concessions.

To facilitate this, the MNA settled contracts early on at the other five hospital systems leaving 5,000 Allina nurses to wage their courageous 38-day strike alone in the summer of 2016. The MNA, with the support of Sanders, wore the nurses down by repeatedly bringing the same contract back for ratification under it was reluctantly approved.

An interesting footnote to the 2016 Allina contract struggle gives an insight into the role of trade union officials as a second layer of management for the corporations. In a short bio of Rose Roach, the executive director of the MNA, the union’s website notes that “Governor Mark Dayton appointed Rose to his Health Care Financing Task Force. ... In August 2016 she was named one of Minnesota’s 100 influential leaders in healthcare.”

The handing out of such positions and payoffs is only one way the capitalist establishment rewards its servants in the labor bureaucracy. As for Democratic

Lieutenant Governor Tina Smith and Governor Mark Dayton, they intervened to bring recalcitrant nurses into line and order the bargaining committee to end the strike. Dayton likened his role to that of a “sledgehammer” should it be needed to end the strike.

In conversations with nurses, members of the Socialist Equality Party found wide support for a joint struggle of all nurses and a united strike to win their demands.

The *World Socialist Web Site* advocated that nurses establish independent rank-and-file committees to take the struggle out of the hands of the MNA and unite nurses and all healthcare workers in a common struggle. At the same time, we said these committees should appeal to teachers, Amazon and UPS workers and every section of the working class to prepare a general strike to fight social inequality and austerity.

Such a struggle would immediately raise taking healthcare out of the hands of the banks and corporations and the profit system of capitalism and placing it under the democratic control of the working class as part of the fight for socialism.



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