Minnesota nurses strike at Allina Health facility over pay and benefits

Jonas Boquist 18 October 2021

Nurses at an Allina Health facility in Plymouth, Minnesota, a suburb of Minneapolis, launched a three-day strike October 17 over pay and benefits. The 48 nurses, who work at a WestHealth emergency department and urgent care facility, recently joined the Minnesota Nurses Association (MNA) but are part of a separate bargaining unit from Allina's 4,000 nurses, leading to a disparity in pay between the groups of workers.

Workers rejected a previous agreement and voted by a supermajority on October 6 to authorize a strike. In a press release, Allina declared, "We previously reached a contract settlement that was unanimously recommended by the union's bargaining team. Unfortunately, the union could not finalize that agreement."

One of the issues that helped trigger the strike was the refusal of Allina to grant additional pay for summer holidays and Thanksgiving. Currently, unlike other Allina nurses, the WestHealth nurses do not receive this. In an interview with WCCO News, WestHealth nurse Sonya Worner said, "They're telling us if these 48 nurses were to receive summer holiday pay, that Allina somehow feels committed, that they'll also have to provide that to the noncontract employees. And frankly, we think they should."

Nurses have been working understaffed, leading to grueling conditions as patients flood the hospital due to the pandemic. More than half of the hospitals across the state are at 95 percent capacity or higher, and there are only 8 unused ICU beds remaining in the entire Minneapolis-Saint Paul metro area, home to more than 3.6 million people.

With contracts for 4,000 Allina nurses and an additional 10,000 nurses at other healthcare systems coming up in 2022, the MNA has not given any

indication that the WestHealth nurses will be incorporated into a broader bargaining unit.

For years, this has been the hallmark of the MNA union, which has worked to divide nurses and bar the way to a unified struggle against the companies. In the 2016 contract negotiations, the MNA signed contracts with the other healthcare systems and left the Allina nurses to strike alone. Nurses rejected the same contract three times before the MNA finally wore down their resistance and forced through a concessionary contract.

In the 2019 contract struggle, while nurses sought a united front against the hospitals, the MNA dribbled out separate agreements one by one, leaving Allina nurses to be the last unit to settle.

Allina has shut down its emergency department and urgent care facilities at WestHealth and is directing traffic to its other facilities, where the MNA is essentially forcing nurses to act as strikebreakers.

This demonstrates that the MNA functions not as an organization to advance the interests of nurses, but as a junior partner of Allina management. The healthcare unions throughout the country have played the same role. In Massachusetts, the Massachusetts Nurses Association has isolated nurses at St. Vincent Hospital in Worcester on the picket line for 8 months, even as hospital management hires hundreds of permanent replacements and is moving to unilaterally impose the contract.

All nurses and workers in general must come to the defense of the WestHealth nurses. City workers in Minneapolis and St. Paul have issued strike authorizations indicating that the WestHealth nurses are not alone.

We call on workers to look to the example of autoworkers, educators and other workers who have begun to establish rank-and-file committees to take the direction of their struggles out of the hands of the procompany labor bureaucracies.



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