

15,000 Minnesota nurses prepare for fight as contracts expire

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Are you a Minnesota nurse? Contact us to discuss the issues at stake in your contract fight.

Contracts for 15,000 Minnesota nurses at 15 hospitals are heading towards expiration with no settlement for a new agreement in sight. Contracts for the majority of nurses at 12 hospitals in the Minneapolis-St. Paul metro region expire May 31 while the contracts for the balance of nurses at three hospitals in Duluth, Minnesota are set to expire June 30.

The Minnesota nurses' contracts come amid a massive crisis in the health care system. Hospitals are plagued by unsafe staffing ratios, which have led to exhausting and dangerous workloads. They are further roiled by the pandemic and the corporate drive for profit at the expense of hospital workers and patients.

Thousands of health care workers have entered into struggle over the past year. Nurses at St. Vincent Hospital in Massachusetts struck for 301 days. Hospital workers are currently on strike in Newark, New Jersey, and last week, mental health workers held a one-day strike at Minneapolis' Allina and M Health Fairview hospitals. California has seen multiple health care strikes, including at Stanford Medical Center and Cedars Sinai in Los Angeles. Internationally, 10,000 health care workers went on strike in New Zealand and 15,000 in India.

This mighty strike wave makes clear that health care workers are determined to fight for themselves and their patients. But in all these struggles, they have been undermined by the unions who subordinate them to the political parties that defend the capitalist profit system.

Minnesota nurses, like health care workers everywhere, face understaffing problems, compounded by the pandemic, that lead to high levels of stress, burnout, depression and even suicide.

Nurses often become the victims of patients when mental health issues erupt into violence. The failure of both the Trump and Biden administrations to pursue a scientifically based program of eradication to eliminate COVID-19, combined with false and conflicting information, has led to enormous confusion, especially among those forced to turn to crowded hospitals. Nurses and other health care workers have suffered the brunt of this abuse.

Far-right forces have taken advantage of the confusion to accelerate it with their own conspiracy theories. Back in January, a fascist podcaster seized on the death of a COVID-19 patient at Allina's Mercy Hospital with the aim of stirring up a lynch-mob atmosphere against health care workers.

Solutions to safe staffing ratios have long existed. But standing

in the way is the capitalist profit system. CEOs and bankers who infest hospital boards are not troubled by the plight of health care workers nor the mass death from the pandemic. From their perspective, they plainly see that to increase staffing would add to labor costs and cut into profits.

The Twin Cities Hospital Group, speaking on behalf of four health care systems involved in the negotiations, stated, "We will continue to bring forth proposals that recognize ... the realities of the business environment..."

Well aware of the determined mood among workers, the Minnesota Nurses Association (MNA) has adopted some militant-sounding rhetoric in its negotiations. MNA President Mary Turner announced at the beginning of May, "The profit-first policies of hospital CEOs have created a staffing and retention crisis, pushing nurses away from the bedside and putting the bottom line ahead of patient care."

The record of the MNA

But a review of the last 12 years makes it clear that the MNA has collaborated with management's profit-first policies.

In 2010, 12,000 nurses voted overwhelmingly to launch an open-ended strike to win safe staffing ratios. But the credit rating agency, Moody's Investor Services, intervened to warn that the hospital systems would not be able to withstand a strike. Panic erupted in the corporate establishment. Essentially, nurses had Allina over the barrel and were in a strong position to advance their demands.

The *Minneapolis Star Tribune* warned that "long-term financial health would have been seriously threatened by the higher costs that would have come from the MNA's original contract demands on unproven nurse-to-patient staffing ratios, wages and benefits."

Bowing before the profit needs of the health care monopolies, MNA officials withdrew their demands and called off the strike. Never again would the MNA allow a situation where the full force of the nurses could be brought to bear against the corporations.

In the 2016 round of negotiations, the MNA sensed a new wave of militancy among nurses. Their solution was to divide nurses by signing contracts in advance at five of the hospital systems and leaving Allina nurses to fight alone. Despite the isolation, Allina

nurses bravely conducted two strikes. But the MNA repeatedly brought back the company's same contract demands until nurses concluded the MNA would not fight for anything better, and the concessions were rammed through.

In 2019, nurses were determined to conduct a united struggle and put the MNA on notice. The union felt compelled to give lip service to this sentiment and issued a letter promising to use "the power of 12,000 nurses as one."

But the MNA proceeded to dilute the strength of the nurses by announcing separate contract ratifications at different facilities in a chaotic, piecemeal and staggered fashion. No mass meetings were called to maintain the unity of the ranks. The MNA then rammed through another set of pro-company contracts.

The Democrats' "Keeping Nurses at the Bedside Act" diversion

During current negotiations, the MNA has been promoting the Democrats' "Keeping Nurses at the Bedside Act" as a solution to safe staffing ratios.

The legislation, passed by the state house and backed by Governor Tim Walz, is a complete diversion. Not only is the proposal wholly inadequate, but the Democrats know the Republicans, who have a majority in the state senate, would never pass it.

The chief aim of the legislation is to divert nurses from a direct struggle against the hospital corporations and both big-business parties. Rather than using their collective power in a fight against the profit-hungry corporation, the MNA wants nurses to beg the politicians for help that they will never receive.

This was demonstrated during the contract struggle in 2010, when Democrat Paul Thissen, then a member of the Minnesota state house, told nurses if negotiations did not produce safe staffing ratios, the state legislature was "ready to step in."

Thissen, now an associate justice of the Minnesota Supreme Court, knew that the health care corporations would fervently oppose any interference with their profit prerogatives.

In this, they were publicly backed by the *Minneapolis Star Tribune*. In an editorial entitled, "Back away, legislators," the paper declared that lawmakers "should stay out of this fight, and legislators should resist the urge to threaten regulation on matters better resolved in hospital boardrooms... A set-in-statute staffing ratio is among the last things our health-care system needs..."

In the end, Thissen and the state legislature took no concrete measures to improve staffing levels.

Returning to the present, what exactly is the "Keeping Nurses at the Bedside Act" all about?

It is not legislation to set safe staffing ratios. Instead, it sets up a joint committee of hospital management and "direct care workers"—read those approved by the MNA—which purports to assess staffing issues at the various hospitals and assign staffing ratios. While the direct care workers are supposed to be elected by health care workers, it is easy to see how the union will endeavor

to get its people in place to collaborate with management. The result will be that safe staffing ratios suffer the proverbial "death by committee."

Similar "labor-management committees" on staffing, for example at Kaiser Permanente in California, function as little more than cost-cutting committees for management.

There should be no illusions among nurses about the Democratic Party or figures like Bernie Sanders. The Biden administration is seeking to elevate the labor bureaucracy and facilitate union organizing, such as at Amazon, to place workers in a straitjacket that will frustrate and sell out their struggles.

The *World Socialist Web Site* calls upon Minnesota nurses to establish rank-and-file committees independent of the MNA, the Democratic Party and management. These committees, democratically controlled by workers themselves, should unite nurses in the Twin Cities, Essentia nurses in Duluth, along with all other health care workers.

The committees should also unite nurses with broader sections of workers, including autoworkers, steelworkers, teachers and miners who have been a part of a growing strike wave. In many cases, workers have established rank-and-file committees to prosecute their struggles.

It was the independent mobilization of health care workers in defense of former Vanderbilt nurse RaDonda Vaught that prevented the state of Tennessee from sentencing her to prison for a medical error that was the product of the stresses that the profit system places on health care workers. Nurses have now established a national health care workers steering committee to assist in forming rank-and-file committees to defend those victimized by hospital management.

The growing struggles of health care workers for good wages and working conditions should be fused with the fight to remove profit from medicine and establish a socialist system to guarantee the right of high-quality health care for all.



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