Minnesota nurses press for improved wages and staffing, while MNA forces work to continue without a contract

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Last Wednesday, the Minnesota Nurses Association (MNA) union held "informational pickets" at hospitals in Minneapolis and St. Paul, the day after contracts for approximately 12,500 nurses in the Twin Cities had expired. The contracts for 2,500 more nurses in Duluth, Minnesota, will expire on June 30.

Nurses in Minnesota, like health care workers throughout the US and internationally, have reached a breaking point and are determined to fight for better conditions for themselves and their patients. Minnesota nurses have confronted unaddressed and dangerous staffing ratios, attacks on their health care and hellish working conditions during the pandemic. In the previous decade, stagnating pay has pushed many health care workers and nurses out of the profession as well.

The strategy of the MNA, however, is aimed at blocking an effective struggle, as demonstrated in the toothless character of the pickets on Wednesday. Despite nurses in the Twin Cities working without a contract, the MNA has yet to even hold a strike authorization vote, let alone call a walkout. In its press release announcing the June 1 pickets, the MNA was at pains to make clear that the event was "not a work stoppage" and that it would "not affect hospital operations."

The MNA has demagogically stated it is demanding a 39 percent wage increase at hospital systems in the Twin Cities. The MNA's record, however, shows that it has no intention of seriously pursuing this figure, which it undoubtedly expects will be whittled down to an amount acceptable to the hospital chains in negotiations. The union has repeatedly backed contracts in preceding years with either wage freezes or raises that barely keep up with inflation.

Allina Health, for its part, has reportedly offered nurses an 8 percent pay increase over three years, a slap in the face given the enormous sacrifices nurses have made throughout the pandemic. With annual inflation running currently at 8.5 percent, the proposed raises could easily amount to a double-digit percentage *cut* in real income for nurses.

A spokesman for several of the hospital systems, speaking to the *Minnesota Reformer*, cynically claimed that higher wage increases were "not realistic nor in the best interests of our community," and were "not financially viable." These are lies. The hospital systems have expended millions on executive compensation, with M Health Fairview's CEO, James Hereford, alone receiving a 90 percent raise from 2018 to 2019, reaching $3.55 million. Further enormous sums are squandered through the subordination of health care to various profit interests, including the pharmaceutical and insurance giants.

The MNA is fully aware of the growing resolve of nurses and held the picket Wednesday with the aim of blowing off steam while it worked behind the scenes to produce a deal with the hospital systems.

Moreover, the MNA sought to use the event to channel the anger of the nurses into the safe confines of the Democratic Party. The union invited and promoted several Democratic Party politicians, including Attorney General Keith Ellison, who recently supported Hennepin County Attorney Mike Freeman's decision not to press charges against the police officers who fatally shot Amir Locke.

It is in fact the Democratic Party which has played the leading role in the assault on Minnesota nurses' working conditions for decades. In 2016, after the MNA attempted to divide contract negotiations for 5,000 Allina nurses from five other hospital systems across the Twin Cities, Allina nurses repeatedly rejected the contracts the MNA brought back. Following this, Democratic Party Governor Mark Dayton intervened in the contract negotiations to force a settlement on Allina's terms. This contract gutted nurses' health care plans and made no progress on unsafe staffing ratios.

The MNA continues to subordinate the struggle of nurses to the Democratic Party. As contract negotiations began, they launched a campaign aimed at convincing the CEO to place patient care before profits, an appeal which they know will fall on deaf ears. At the same time, the union has promoted the "Keeping Nurses at the Bedside Act," legislation that would establish a state-controlled labor-management committee to oversee staffing ratios. Even in the unlikely event the bill were passed over Republican opposition, it would do nothing to seriously alleviate hazardous staffing levels.

Beyond Minnesota, it is also the Biden administration's embrace of the "let it rip" policy—initiated under the Trump administration—toward COVID-19 that has enabled the virus to spread unchecked and continue to mutate, causing turmoil in hospital systems across the US and leading to extreme crisis conditions for health care workers.

The MNA, hand-in-hand with hospital management, is working fast to suffocate the strivings of health care workers for better

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working conditions and pay. What is necessary now is for Minnesota nurses to establish rank-and-file committees, democratically controlled by workers themselves and independent of the MNA and the Democratic Party, uniting with nurses and health care workers in the Twin Cities and Essentia nurses in Duluth.

Such committees would allow nurses to draw up a list of demands based on what they actually need, not what the hospital executives claim is affordable, and would lay the basis for organizing a genuine fight to ensure these needs are met.

“This struggle exists because the hospitals are putting profit before saving lives”

Members of the Socialist Equality Party spoke to nurses and other health care workers in the Twin Cities Wednesday to advance the call for rank-and-file committees, distributing the statement “15,000 Minnesota nurses prepare for fight as contracts expire.” A number of nurses voiced their agreement with the perspective in the statement, with one saying, “I would agree that unions function as an added layer of management.” Nurses also brought handmade signs to the pickets expressing their opposition to the domination of capitalist profit-making over health care, including slogans such as, “Patients are not products, keep your corporation out of our health care!”

Other health care workers declared their support for nurses. A veteran scrub nurse who works for M Health Fairview, speaking on condition of anonymity, described the conditions nurses face. “On a daily basis we have to work and redo our schedule to figure out how to get by with the staffing we have and the patients we have to take care of. We literally have to redo our schedule day by day and sometimes hour by hour based on staffing availability.

“All health care workers have problems with staffing ratios, and the pandemic has worsened that, very much so. It’s been bad for years, probably two years before the pandemic. And the pandemic has made it at least three times as bad.”

“Pay, the long hours, the conditions … People are too stressed out and they aren’t seeing their families as much because they’re here all the time. They are not getting their breaks as they should. We’re promised by the hospital to be trained in new areas, but we can’t be trained because we aren’t staffed enough in all the areas.

“Pay is definitely an issue for health care workers because you can get more if you become a traveling nurse, so, why shouldn’t nurses ask for more?

“For the hospitals, it’s all about getting by until something happens. For the nurses, they see staffing as a problem, supplies are a problem. And until someone is hurt or injured the hospitals are not going to do anything about it.

“The bottom line in all of this is money—for the corporations, not for us.”

The nurse spoke critically of the role of the unions and how they fragment the workforce into separate unions with separate contracts, saying, “That’s a way they can pit workers against each other, to be honest. When they single out nurses, in particular, it does make other health care workers bitter.

“The nurses are already getting more than many other health care professionals, and I think the hospitals capitalize on that. They don’t want to see health care workers band together. They want to pit employees against each other in any way they can.”

Members of the SEP also spoke with a doctor who works as a hospitalist at M Health Fairview. He spoke about the conditions nurses in particular have faced throughout the pandemic.

“With the COVID pandemic, the one thing I have realized in the five hospitals I have worked at, is that the nurses are the ones who have to work directly with the patients. So often we assume about patient care that all of the health care providers work with the patients. But consultant doctors do not need to be physically present in the patients’ rooms. It was the nurses who were there taking care of the patients.”

Speaking about the official response of the Biden and Trump administrations to the COVID-19 pandemic, he continued: “The role of the government in the pandemic has been terrible. Terrible. Somebody might say we prevented millions from dying, but that is not true. In a country that is the wealthiest country in the world, we’ve had a million people die from COVID.

“The truth is that a country like China with a population of 1.4 billion, has, the last time I checked, probably less than 5,00 deaths. And more recently, it is probably less than 10,000 deaths now. Think of it. With a population of 1.4 billion.”

The doctor continued to speak about the subordination of public health and health care to private profits. “I would say that the COVID pandemic exposed the inefficiency of America’s institutions such as the Centers for Disease Control and the National Institutes of Health. I’m afraid that in America, especially concerning public health, my confidence is at its lowest. I used to believe in the CDC, but it is highly inefficient and probably very corrupt.

“Even the FDA. These government institutions have tens of thousands of highly qualified professionals. But it looks like the pharmaceutical companies like Pfizer and Moderna are the ones that drive the recommendations that the government would adopt. This is the worst example of how public health should be managed.”

Speaking about how these issues affect nurses, the doctor continued, “What we have seen is that nurses are complaining of burnout and there is an outcry of shortages in many hospitals. This struggle exists because the hospitals are putting profit before saving lives. Keeping the country’s economy going is more important to these institutions than saving lives.”

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