

“We should be striking too”: Former Allina nurse says small hospitals should join walkout

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As 15,000 Minnesota nurses at 16 hospitals in the Minneapolis-St. Paul metro region, Duluth and Moose Lake begin a three-day strike September 12, the *World Socialist Web Site* is posting the comments from a former nurse at Regina Medical Center in Hastings, Minnesota. Regina is one of the smaller hospitals in the Allina Health system with some 90 nurses in its bargaining unit, but they are not part of the more than 4,000 nurses in the Allina Health system that will be striking.

Regina nurses labor under an inferior contract than other Allina nurses. The Regina facility has a considerable turnover rate and must bring in a large number of the more costly traveling nurses to maintain operations.

The Minnesota Nurses Association (MNA) has blocked efforts by nurses at Regina and other smaller regional hospitals to join the master labor agreements covering 15,000 nurses statewide. Instead, the MNA forced Regina nurses to accept a substandard contract earlier this year.

This has allowed Allina to use the Regina facility to offload work during the strike. Last November, 48 nurses at Allina's WestHealth facility in the Minneapolis suburb of Plymouth went on strike. As one WestHealth nurse succinctly put it during their strike, Allina treats them as “cheap labor.”

The WestHealth nurses have not been brought under the Allina master agreement. Allina has an additional hospital across the state line in River Falls, Wisconsin, whose nurses are also excluded from joining the strike by Minnesota nurses.

“The hospitals and nursing facilities have one goal these days, and that is to make health care workers think they have no value and no voice. It is absolutely not about labor being too expensive. When staff nurses

are outnumbered by travelers on any given day, the hospital can hardly claim regular staff are ‘too expensive.’ We all look at the agency listing on our breaks. We know how much the travelers are getting paid.

“The hospitals are not only exploiting the workers, they are exploiting the patients. They purposefully set into motion a system where patients will receive substandard care in order to maximize the profits from the hospital's REAL customers: the insurance companies and Medicare. They have been doing this for years. The pandemic has just made the hospital administration more resentful of the workers. At negotiations, the feeling was they have a personal vendetta against nurses.

“It's the same on the floors and the emergency rooms and clinics. The verbal and physical abuse, which had already become an accepted ‘part of the job,’ has become downright vicious. We were heroes one minute and then punching bags again. It's exhausting. It's demoralizing. It's 24 hours a day, 7 days a week. We don't get paid sick days. We don't get the paid emergency medical leave. We did not stay home and collect unemployment. We did not get hazard pay. We DID get COVID. We DO have Long COVID. Some of our brothers and sisters never came back.

“And the hospitals do not care. They refuse to admit any value to what health care workers have done and continue to do. Perhaps, to do so would make it too clear that while they were ‘working from home’ and collecting their yearly bonuses and paid emergency leave, the workers were actually stocking the stores, moving materials, growing the food, and caring for the sick. We were essential. They were not. Let's not forget that. Ever.

“MNA represents our facility at the Regina hospital

in Hastings. However, we are a small bargaining unit, and they seemed more concerned with getting our contract done and out of the way than waiting so we could strike with the Twin Cities and Twin Ports. There were moments when we had momentum among our nurses to strike. However, the union rep eventually came down on the side of acceptance of the contract, even though we did not get anywhere with negotiations. We felt abandoned by MNA at contract time.

“Regina hospital in Hastings is now part of Allina’s United Hospital in St. Paul, which is one of the 16 hospitals going on strike. Our members did ask about bargaining as part of the United unit, and we were led to believe that would not be possible. I am not sure what the reason was. We did ask for some of the same things like the pension plan, holiday pay, sick days and vacation. All of that was denied.

“I don’t understand why we cannot all be one massive unit. Statewide or regional even. On Friday, United in St. Paul was starting to ship patients to Regina. It’s small, but it gives them an option to divert some during the strike. We should be striking too.”

The comments by the Regina nurse make clear that any forward movement of nurses requires the building of rank-and-file committees to oppose the sabotage of the MNA and fight for decent working conditions and wages that are commensurate with raging inflation. Staffing ratios should come under the control of health care workers rank-and-file committees and lay the basis to put an end to the profit motive in health care and place it under the democratic control of the working class.



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