

Minnesota nurses support call for open-ended strike: “I don’t think they’re going to budge until we do it”

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Are you a Minnesota nurse? Tell us about the conditions you face and what you think about uniting with health care workers across the country to fight for safe staffing and other improvements. Fill out the form at the end of the article. All information will be kept anonymous.

Fifteen thousand nurses began a strike in Minnesota yesterday against inadequate staffing levels, overwhelming workloads, shrinking pay exacerbated by inflation, and ongoing safety issues confronting nurses and their patients.

While nurses are determined to fight, the Minnesota Nurses Association (MNA) has limited the strike to three days, while giving hospital chains time to hire strikebreakers.

Reporters for the *World Socialist Web Site* spoke with nurses at various hospitals in the Twin Cities who supported calls for an open-ended strike.

Jenny, a nurse at Abbott Northwestern, described how inadequate staffing causes multiple issues, even for requesting time off. “I’m concerned that the hospital won’t be able to retain new nurses... If a newer nurse requests time off, they have to wait, and then if another with seniority requests after, they get it instead.”

Speaking on the limited nature of the three-day strike called by the MNA, Jenny spoke in support of an open-ended strike. “We did [an open-ended strike] in 2016, and I think this is just a preliminary action. I don’t think they’re going to budge until we do it.”

Sam, a nurse at Children’s Hospital for over 15 years, said, “Hopefully, we can get the ball rolling and start something here. Something has to change.”

Kristina, another Children’s Hospital nurse, described the grueling conditions that nurses face and

how they are scapegoated for the shortcomings of the hospital systems: “I had five triples that I was in charge of. I lost my circulating nurse who was my backup for emergencies. She had to take an assignment, and I was in tears from what I had to do to my coworkers. I told my supervisor that if I get an assignment, I’m going to have to call an administrator to come in and do my job because I refuse to lose my license because you can’t get your s*** together.”

WSWS reporters noted the case of RaDonda Vaught, who was victimized for the cruel workloads that led her to make an error, and a new law passed in North Carolina that enables nurses to be sued for harm caused by physicians’ orders, legally permitting the scapegoating of nurses for the conditions created by the hospital systems.

“The hospital just sent out an email saying that we’re protected if we refuse an assignment,” Kristina said.

Sam added, “How can we refuse an assignment, what happens to the patients then? Who is going to take care of them then? It isn’t an option for us to refuse an unsafe assignment. We’re getting unsafe assignments because there is not enough staff in the first place.

“I don’t believe them when they say they’ll protect us. There’s some little asterisk somewhere that has some exception.

“At my old hospital, when we were overflowing with COVID patients, they told us we didn’t need to chart certain things to save time. What about years down the road when something happens, I’m not going to remember by then... At my previous hospital, patient acuity was measured by how much charting was done

on the patients. So if you're not charting, they don't look like a complicated patient when in fact they are a more complicated patient because you don't have time to chart because they're so complicated."

"They then use this tool to justify low staffing: 'Well look, we don't need more nurses today because our acuity is low!' It takes the judgment away from the charge nurse who knows."

The daughter of a striking nurse told the WSWs, "My mom can end up working 20 hours straight. Sometimes I never see her. It's hard on our family life. And then it's disgusting that these [traveling] nurses show up and they get paid \$18,000 a week to cross the picket line. The fact that the hospital CEOs have that kind of money to pay the scabs, and they are choosing not to give it to the actual nurses that work hard: That's what we're fighting against."

An Allina nurse commented on a statement from the WSWs *Health Care Workers Newsletter*, "I am so glad the WSWs highlights the huge emotional burdens on healthcare workers. PTSD or something similar has become another thing that is just 'part of the job'. There are some things we hesitate to talk about with anyone but each other, especially now that medical errors have become criminalized. We certainly won't talk with our company-sponsored EAPs (Employee Assistance Programs)."

The fight of nurses in Minnesota is putting them in direct conflict with both the Democrats and Republicans, who are seeking to make healthcare workers and all workers pay for the escalating economic crisis. It is also pitting them against the MNA and trade union apparatus, which is isolating Minnesota nurses and deliberately limiting their strike to three days.

On the other hand, Minnesota nurses have powerful allies among health care workers and other sections of the working class throughout the US and internationally. Nurses at the University of Michigan have voted to strike overwhelmingly, Kaiser Permanente mental health care workers have been striking for almost five weeks, and University of Wisconsin Health nurses voted to strike, but their strike was called off by their union leadership yesterday.

The struggle of nurses takes place as 100,000 railroad workers are preparing for strike action, 6,000 teachers are on strike in Seattle, and all sections of workers are

seeking a way to fight against soaring inflation and increasing inequality.

Minnesota nurses should organize a rank-and-file strike committee to establish direct lines of communication with health care workers in Wisconsin, Michigan, New York, California and other states. These committees should prepare coordinated action, including a national strike to fight for what health care workers need, not what the hospital executives and their wealthy investors say they can afford.

For more information, fill out the form below.



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