15,000 Minnesota nurses complete second day of strike, as demands for open-ended walkout grow

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Are you a Minnesota nurse? Fill out the form at the end of the article and 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.

Calls among Minnesota nurses for an open-ended strike are growing, as 15,000 in the state completed their second day of striking yesterday. Nurses are determined to fight to improve their working conditions, which are beset by short-staffed shifts, eroding pay and benefits, growing patient loads and other problems made worse by the pandemic.

The nurses confront not just the intransigence of the hospitals' administrators and multimillionaire CEOs, but also the Minnesota Nurses Association (MNA) union, which is doing everything it can to contain the struggle and prevent it from becoming the spearhead of a broader offensive by the working class. In the face of overwhelming sentiment among nurses for a real fight, the MNA called a limited strike of just three days, giving the hospital chains time to hire scab replacements.

The MNA is working overtime to channel nurses' opposition behind the big-business Democratic Party, which, along with the Republicans, is responsible for a decades-long assault on health care. The MNA held a press conference Tuesday morning, where Democratic Minnesota Governor Tim Walz, whom they have endorsed for reelection, was present. In a phony gesture seeking to burnish his credentials as a friend of workers as he did in the teachers' strike earlier this year, he told the press "we're just down here for support."

When reporters asked him if he would intervene in the strike as Minnesota's Democratic then-Governor Mark Dayton did in 2016, when he forced the demands of Allina on the nurses, Walz evaded the question. "There's a process for doing this, collectively bargaining and negotiations happen," he said, adding that he was pressing the hospital chains and the MNA "to get this worked out."

While for now, Walz is hoping to rely on the MNA to keep the strike from expanding and secure management's demands, the Democrats are finding it increasingly necessary to intervene directly in an effort to suppress the growth of the class struggle.

In neighboring Wisconsin, a planned three-day strike by 2,600 nurses at University of Wisconsin (UW) Health in Madison, the state capital, was called off at the last minute Monday.

Democratic Governor Tony Evers brought representatives from UW Health and SEIU Healthcare Wisconsin to his residence for talks over the weekend, overseeing a settlement which will do nothing to alleviate understaffing, eroding wages, and other burning issues. UW Health has refused to negotiate over pay and conditions, citing a reactionary 2011 law barring collective bargaining with public employees rammed through by Republican then-Governor Scott Walker.

The deal brokered by Evers and accepted by SEIU sends the question of union recognition at UW Health to the Wisconsin Employment Relations Commission, which could take months to reach a decision, during which time conditions nurses face will inevitably continue to worsen. The issue could then ultimately make its way to the state Supreme Court, which is dominated by right-wing Republicans.

In the US and internationally, anger and unrest are continuing to grow among health care workers, who are being pushed to the breaking point by exhausting patient loads and working hours. In California, more than 2,000 mental health nurses at Kaiser Permanente are in the fifth week of their strike; over 6,000 Michigan Medicine nurses voted overwhelmingly for strike action two weeks ago; and 50,000 nurses struck in New South Wales, Australia earlier this month.

With the unions working to isolate or prevent strikes, allowing the profit-driven health care crisis to continue, nurses and health care workers are increasingly organizing in rank-and-file committees in order to coordinate their struggles.

"It bothers me that there are people profiting off of people's health"

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The WSWS spoke to nurses at multiple hospitals in the Twin Cities on Tuesday about the issues they confront. A nurse at Methodist Hospital in the Minneapolis suburb of Edina spoke at length about the conditions nurses face, as well as the experiences of health care workers since the onset of the COVID-19 pandemic. Her name has been withheld to protect her against retaliation.

"For me, our strike is about safer working conditions. We're on the front line dealing with different diseases every single day. And when you are short on staff, you're exposed to those diseases more often because you have more people to care for.

"When the pandemic began, we didn't have adequate PPE [personal protective equipment]. For a long time during the pandemic we were reusing our N95 masks for weeks at a time. Normally, the policy is you would use them once and when you leave the patient, you would discard them and get a new one.

"Now we are so busy, you don't always have time to even put on PPE.

"My biggest reason for striking is the staffing problem. Yes, there is the pay issue. There's inflation. But staffing is really a problem.

"I've read a lot of articles and they say that hospital staffing was bad during peak COVID-19. But actually, our staffing was better during that peak time. It is way worse now.

"We are always having to take on more patients. We have a grid, it tells us how many patients we're supposed to have per nurse. But they make us go over—'take more patients, more charting, do more work'.

"I'm in Med-Surg. There, a charge nurse should have zero patients. The floor nurses during day and evening shifts should have a maximum of four patients. The ICU nurses should only have one or two patients.

"That's the way it's supposed to be. But it is not that way. When I come on shift, as a charge nurse, I might have two patients. Floor nurses can end up taking five or more patients.

"But that isn't the whole story. Our patients are sicker than they were before the pandemic. I've seen the change. They require more care. It's like wow! We call it 'heavy care.' One patient today can be like two or three patients in the past.

"And then the hospital shorts us on nursing assistants. Nursing assistants are a separate union from us. Normally we would have three nursing assistants in a unit, but the other day I was split with five patients and I only had two nursing assistants.

"We have the power to say, 'Hey, look, what's going on with staffing?' We're over the limit. But then what do you do? There are patients in the ER, there are patients waiting in the hallways. ER can't take care of them. So, from the standpoint of the patient, it's better if we have them.

"We just can't get the work done. Call lights are on for 10 minutes. Patients complain to management and management tells the nurses we need to be doing more. But you just can't.

"You're kind of stuck, and management knows that.

"It's our license that's at stake. We've heard what happened to RaDonda Vaught. It could happen to anybody.

"The business model of the hospitals is to have fewer nurses and hope they pick up overtime. It's always been that way, even before the pandemic.

"In our hospital, we have a veteran charge nurse. She has the experience. She knows what to do. She would be able to stand up to management and say, 'No. This is what needs to be done.' But we're losing our veteran nurses. They have a lot of knowledge. They're a resource for the rest of us.

"You could do a poll, and I'm sure that more than half of our veteran nurses have left in the past five years. Now we have nurses that only have a year of experience and they're being trained as charge nurses.

"I'm a charge nurse. I've been here a number of years, and, honestly, I think about leaving the profession, too. I never did in the past.

"People are so burnt out, we've lost so many nurses. They just keep leaving for different careers. And we really can't allow that to happen.

"We knew the baby boomers were going to age, and now that they need medical care, we don't have enough staff to take care of them. We knew that when we were in nursing school. So we have to figure out how we are going to take care of this population when there aren't enough caregivers.

"There's another thing: Our generation has a lot of debt. As a nurse, you feel like it's a debt you can never pay off. One of the reasons nurses work so many hours is that they are under pressure to pay off their educational debt. It's crazy."

When asked whether a three-day strike would win the demands of nurses for safe staffing, she replied, "I'm thinking it will not be enough.

"We're dealing with people's lives. We need to have some kind of plan to keep nurses at the bedside. It bothers me that there are people profiting off of people's health. It's creepy."

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