MNA sends Minnesota nurses back to work with no contract after three-day walkout

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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.

On Wednesday, the Minnesota Nurses Association (MNA) ended a planned three-day strike of 15,000 nurses in the state. Nurses at 15 hospitals began returning to work Wednesday evening and Thursday morning with no contract.

The walkout was one of the largest health care strikes in recent years and was a powerful expression of the nurses' determination to fight. Among the issues driving the strike are unmanageable staffing ratios, the staggering rate of inflation eating up any pay raises and the disastrous subordination of health care to private profit.

While nurses have been seeking to go on the offensive and finally reverse the intolerable conditions they are confronting, the MNA apparatus has instead been working to throttle and sabotage their struggle.

When the strike began, nurses had already been on the job without a contract for over two months in the Twin Cities and more than a month in Duluth. The walkout, never wanted by the MNA, was only called in the face of growing frustration among nurses and demands for action. In order to minimize the impact of the strike as much as possible, the MNA limited it in advance to just three days, allowing the hospital systems plenty of time to prepare in advance and hire replacements.

Both during the strike and following it, disquiet has been growing among nurses, with many on social media and in discussions on the picket lines raising calls for an open-ended strike.

"An open-ended strike is the only way to go," a nurse at Allina told the WSWS. "Three days is nothing, it's just workers giving up three days' pay for no reason. Just another delaying technique."

The enormity of the problems confronting nurses—dangerous understaffing, exhausting hours and patient loads, wages eaten up by inflation—requires a sober reevaluation of the situation and the adoption of a new strategy in order to prevent yet another concessions contract from being imposed.

The path to real victory lies through nurses taking matters into their own hands, through the formation of rank-and-file committees at every hospital and facility. Such committees will provide a means for nurses to formulate their own demands and strategy in a genuinely democratic manner. They will also enable nurses to link up and coordinate with the thousands of nurses engaged in struggles elsewhere—in Wisconsin, Michigan, California and New York—and the tens and hundreds of thousands of workers in other industries seeking to fight back against inflation and brutal working conditions.

The strategy being pursued by the MNA, in contrast, has proven itself bankrupt and is aimed at channeling nurses' anger behind appeals to the big business Democratic Party and to the consciences of multimillionaire hospital executives. While nurses want to break the stranglehold of profit interests over health care, the MNA has been objectively working to prevent the domination of the financial oligarchy from being seriously challenged.

The MNA is leading nurses to lose against the hospital systems and the capitalist system behind them. In a press conference delivered on the final day of the strike, MNA President Mary Turner admitted that the "committees on safe staffing" promised by the MNA have no say in the hospitals. Hospital negotiators, by

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the MNA's own account, remain intransigent following the three-day strike and are refusing to budge an inch from management's dictatorial control over working conditions. Despite this, instead of waging a fight to expand the strike, the MNA is appealing to these very same hospital executives to "do the right thing."

But when errors inevitably occur because of unmanageable workloads and chaotic, profit-driven efforts to lower costs, management has and will work to cover them up, scapegoating the nurses and health care workers, like they did to Vanderbilt University Medical Center nurse RaDonda Vaught.

Nurses are fighting amid the deadly COVID-19 pandemic that has been allowed to rip through the population as a policy first, by the Trump administration and the Republican Party, and now, the Democratic Party. Thousands of health care workers have died, and of those who survived the illness, many of them have psychological scars or are debilitated with Long COVID, or both.

While executives praised nurses and health care workers as "heroes," they have refused to pay nurses enough, hire and train more nurses to ease workloads and even provide personal protective equipment (PPE) at times. While these major hospital chains received billions in COVID-19 relief funds from the government, they still directly profit from cutting staff and labor costs to the bone.

Nurses and health care workers across the country are also calling for wage increases that will combat inflation, which is in excess of 8 percent, as food and fuel costs rise even higher. The MNA responded to 12 percent raises over three years offered by the hospital by demagogically calling for 30 percent raises over the same period initially, only to immediately reduce their proposal to 24.5 percent after they shut down the three-day strike.

By ending the strike and sending nurses back to work without a contract, the MNA engaged in a maneuver that the hospital chains could prepare for financially. The hospital chains understand that they can spend up to $15,000 per nurse bringing in replacements if they will eventually get their demands.

But the Minnesota nurses' strike takes place as part of a massive upsurge in struggles of workers across the US and internationally. Minnesota nurses are joining a struggle of nurses at the University of Wisconsin (UW) Health in Madison; Kaiser Permanente mental health care workers in Northern California and Hawaii, including 2,000 in their fifth week of an open-ended strike; Kaleida Health nurses in New York; Michigan Medicine nurses who have already overwhelmingly voted to strike; and over 50,000 nurses in New South Wales, Australia and more.

Beyond the health care industry, more than 100,000 railroad workers are facing a struggle against the corporations, the rail unions, and the Biden administration. They are fighting against a concessions deal which leaves in place punitive attendance policies that prevent workers from spending time with their families or even scheduling doctors' appointments.

"I'm reading about the rail workers and the stuff they've been going through," an Allina nurse said. "It's sick. These companies are making billions of dollars and holding onto every penny. At a certain point, that penny means nothing to a billionaire's life. The only reason to keep it is to deny it to someone else."

The three-day strike is over, but the battle is not. The *World Socialist Web Site* urges nurses to form rank-and-file committees to end the isolation of their struggle and fight for demands based on what nurses actually need, not what the multimillionaire hospital executives claim is affordable. Such demands should include an immediate 50 percent wage increase, cost-of-living adjustments (COLA) to combat inflation, the hiring of thousands of new nurses, a sharp and enforceable reduction in patient-to-nurse ratios, and the abolition of exhausting work schedules.

The working class, which produces all of society's wealth, has enormous power, but wielding this power requires organizations independent of the capitalist class' political parties, the Democrats and Republicans. Such organizations must and will take up the fight to break the stranglehold of profit over medicine and establish a socialist system in which free, high-quality health care is a guaranteed social right for all.

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