

15,000 Minnesota nurses set to strike on December 11

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Are you a health care worker in Minnesota? We want to hear from you: Fill out the form at the end of the article and tell us about your working conditions, and what you're striking for.

As many as 15,000 Minnesota nurses are set to strike on December 11 if hospital chains and the Minnesota Nurses Association (MNA) Union fail to reach a new labor agreement by that time. The strike would hit 16 hospitals in Minneapolis, St. Paul, and Twin Ports, Minnesota.

The announcement by the MNA followed a second strike vote by nurses late last month, and over three months after the MNA ended a three-day strike, which nurses had voted unanimously to authorize.

Allina, Essentia and other hospital giants, along the powerful corporate and political interests behind them, are running health care into the ground, and pushing nurses and other health care workers past the point of human endurance. The subordination of public health to private profit has thrown the entire medical system into crisis.

The health systems received tens of millions of dollars in government bailouts during the first years of the pandemic, and are squandering huge sums on hospital management, and yet are cynically attempting to blame nurses for “weakening Minnesota hospitals financially.”

In the past two years alone, hospital system executives have seen enormous pay raises while cutting staff. Essentia Health cut 900 jobs and paid CEO David Herman nearly \$2.7 million in compensation, an increase of 13 percent from the year before. M Health Fairview CEO James Hereford pocketed \$3.5 million and HealthPartners CEO Andrea Walsh made \$2.4 million.

The crisis in the health care system has been exacerbated by the murderous “let-it-rip” pandemic

policy of the Biden administration. At M Health Fairview hospitals, for example, emergency waiting rooms fill up almost every day with COVID-19 patients. Many others are seen in the lobby, spreading the virus to other patients as well as other health care workers.

As one Minnesota nurse posted on social media, “Wait time in a local Emergency room last week to get admitted to a bed in the hospital was over 40 hours! Overflow patients are being put on specialty units just to fill the beds. Nurses who work on specialty units (Peds, obstetrics, etc.) are experts in their specialty ... but are novices at providing care outside of that. Nurses are lacking ancillary help. Because they don't have enough nursing assistants or transportation staff, the nurses have to do the additional work on top of their own work.”

Another wrote, “If having appropriate staffing to provide the care a patient requires and deserves increases the cost to the patient, then when we're working short do you think they're giving the patient a discount? Nope. Money saved goes right into their greedy pockets, that's why they won't fix the staffing problem. They love it.”

The battle in Minnesota is part of a growing wave of health care worker struggles in the US and internationally. Nurses and other health care workers have been engaged in seven of the 23 major work stoppages that have occurred in the US this year, with over 35,000 taking part in walkouts at Stanford, Sutter Health, Kaiser Permanente, Allina, Essentia and other hospital companies. Later this month, nurses in England, Wales and Northern Ireland will stage the biggest strike in the history of the Royal College of Nursing (RCN) and 100,000 members will conduct partial strikes at 65 National Health Service

Organizations.

But the MNA bureaucracy only called the strike because of the intransigence of nurses who are determined to win their demands. The leadership of the MNA, which is part of the National Nurses United (NNU), has no intention of waging a genuine struggle. After calling a two-day strike by 21,000 Kaiser Permanente nurses in northern California last month, the NNU-affiliated California Nurses Association agreed to a four-year contract, which includes annual wage increases below the rate of inflation and does nothing to seriously address understaffing, overwork and burnout. Nurses are currently voting on the deal.

As it did during the betrayed struggles in 2016 and 2019, the MNA is seeking to dissipate anger through toothless and self-defeating stunts, including sending nurses to US Bancorp Center in downtown Minneapolis to appeal to US Bank executives to press Allina and other hospital systems to negotiate better contracts with nurses.

At the same time, the MNA has spent months electioneering for Democratic Party politicians, who, the union officials claim, will address understaffing issues through the passage of the “Keeping Nurses at the Bedside Act” legislation. But even if this passed, state laws for minimal staffing levels are routinely flouted by hospital chains without any serious repercussions.

The real attitude of the Democratic Party and the Biden administration to the working class was demonstrated by Congress’s intervention last week to prevent a strike by 110,000 railway workers and impose a White House-brokered pro-company agreement, which the majority of railroad workers oppose.

The strikebreaking bill was backed by the Democratic Progressive Caucus, including Democratic Socialists of America members Alexandria Ocasio-Cortez and Minnesota Democrat Ilhan Omar. The latter went to the Minnesota nurses picket lines last month for some photo-ops and has been repeatedly promoted by the MNA as a friend of nurses.

To win their struggle, nurses must form rank-and-file committees, consisting of the most militant and class-conscious workers, to establish lines of communication and carry out democratic discussion to prepare joint action. These committees must draw up a list of

demands of what workers need, not what the hospital executives and MNA bureaucrats claim is affordable.

These should include a 25 percent annual raise and cost-of-living protection (COLA), fully paid health care and pension benefits, and enforceable nurse to patient ratios of 1:1 for the ICU, 1:2 for the IICU and 1:3 for Medsurge.

The cost for these improvements must be paid from the giant profits, government bailout money and executive payoffs of the hospital chains and the insurance, pharmaceutical and medical equipment monopolies.

There is no time to lose. These committees must establish lines of communication between nurses across all 16 hospitals and other health care workers and prepare now to prevent the MNA from pushing through a last-minute sellout deal to prevent a strike. At the same time, the rank-and-file committees must reach out to other health care workers and broader sections of the working class, including railway workers, dockers, UPS workers, meatpacking, auto and other manufacturing workers, to build up the support needed to win their just demands.



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