

Minnesota Nurses Association pushes through contracts after blocking strike by 15,000 members

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The Minnesota Nurses Association (MNA) announced last week that labor agreements for 15,000 nurses across the state had been ratified by the membership. MNA officials predictably hailed the deal as a “historic win” with “unprecedented language to address chronic understaffing.”

Nurses were prepared to strike 16 hospitals in Minneapolis, St. Paul and Twin Ports, Minnesota, on December 11 when the MNA announced it reached an agreement with Essentia, Allina and other hospital giants.

The deal includes wage increases of just 17–18 percent over the life of the three-year deal. This amounts to a further cut in real income for nurses given the persistently high rate of inflation, which remains over 7 percent nationally.

The MNA claims that the deal will give “nurses a say in staffing.” In fact, the deal will ensure continued unsafe conditions, burnout and the scapegoating of health care workers for the inevitable accidents caused by understaffing and other forms of cost-cutting.

The contract specifies that hospital units must first cross a certain threshold of dangerous conditions for nurses and patients alike before “management and the union” will even “re-evaluate staffing levels.” It does not, moreover, oppose further staff reductions but only says the union must give its blessing first.

Nurses in Minnesota and throughout the country have already suffered firsthand from such labor-management schemes, which invariably sanction management’s cost-cutting measures, aimed at squeezing more work out of fewer workers.

The real measure of who benefits from the contract was demonstrated by the celebratory statements of

hospital executives. Essentia Health, Allina Health and other hospital chains all released statements declaring that they were “pleased” with the settlements.

Many rank-and-file nurses had a diametrically opposed view. Commenters on the live feed expressed this, with one saying: “I feel they should have held out. The staffing ‘language’ doesn’t necessarily mean staffing or safety will be better...” She added, “Not all hospitals got family leave... why didn’t it get held off for those hospitals? So many nurses have mental health issues due to the stress and anxiety from these jobs and they won’t cover them.”

Speaking more for herself than for nurses, MNA President Mary C. Turner told local MPR News, “I think nurses are relieved that we are not going to be walking out in December, before the holidays. Nobody really wanted this.”

In fact, the MNA has spent more than nine months seeking to wear down the militancy of nurses and impose this pro-company deal. From the beginning of the year, the MNA has carried out a strategy of defeat, isolating nurses in Minnesota from striking nurses in New York, California, Wisconsin and other states.

Determined to mount a successful counteroffensive against the decades-long onslaught on working conditions, wages and general infrastructure to improve patient care, Minnesota nurses were adamant to win 30 percent wage increases or greater, an immediate end to staffing shortages and the implementation of workplace safety measures to protect nurses and patients.

The MNA dragged out the struggle and sought to divert and dissipate anger through impotent appeals to hospital executives and hedge fund owners. This included a toothless campaign, initiated last January, to

“shame” hospital executives over their bloated salaries.

At the same time, the MNA told nurses to look to Democratic Party politicians to defend their interests, touting a state bill backed by the Democrats titled, “Keeping nurses at the bedside act.” This continued until the weeks before the contract expired in June.

Rather than calling a strike, the MNA began holding several informational pickets at a few hospitals where they invited various Democrats to promote the legislation. These included Minnesota Rep. Ilhan Omar who joined Alexandria Ocasio-Cortez and other Democratic “progressives” earlier this month in the congressional vote to block a strike by 110,000 railroad workers and force them to accept a pro-company contract brokered by the Biden administration, which they had previously rejected.

After forcing nurses to work nearly three months without a contract, the MNA called a three day limited strike in September. The walkout was shut down before mental health workers in Minneapolis and St. Paul went on strike, at the same hospitals, over the same conditions, with similar demands for an increase in staffing ratios and better pay.

The MNA is opposed to any genuine fight because it is tied to the Democratic Party, which subordinates health care to private profit. Far from reforming the profit-driven system, Obama’s Affordable Care Act was largely written by the giant insurance companies and was predicated on “containing costs” and “improving efficiencies,” i.e., increasing the exploitation of health care workers.

As the *New York Times* recently documented, “non-profit” hospital chains like St. Louis-based Ascension slashed thousands of jobs and implemented 16-hour nursing shifts to boost their bottom lines and executive bonuses. This led to a massive nursing shortage whose devastating consequences were exposed when pandemic hit in early 2020.

When the pandemic began, both parties worked to downplay the severity of COVID-19, while rejecting the necessary public health measures needed to eliminate the virus as China, New Zealand, Australia and other Asia Pacific countries initially had implemented. Now the Biden administration is carrying out Trump’s pseudo-scientific “herd immunity” strategy, placing even more strain on health care workers, who are left to deal with an ongoing pandemic

in the face of an entire political apparatus that insists it is over.

The MNA is an affiliate of the National Nurses United (NNU), which has intimate ties to the Democratic Party and Senator Bernie Sanders in particular. Sanders has made a political career out of keeping workers tied to the corporate-controlled Democrats and perpetuating the myths that subordination of the health care system to profit can be ended by appealing to the conscience of the ruling class and without putting an end to capitalism.

This is why nurses must form new, rank-and-file committees to take the struggle out of the hands of the MNA bureaucracy and transfer power to health care workers on the hospital floor. This includes enforcing safe staffing levels, work loads and schedules in opposition to the corporatist labor-management bodies.

The contract vote is not the end of the struggle for Minnesota nurses. In coming weeks, the contracts covering 20,000 nurses at private hospitals in New York City are expiring, nursing assistants and other staff at the Cedars-Sinai hospital in southern California just concluded a five-day strike and National Health Service nurses in the United Kingdom are engaged in the largest NHS strike in history.

The International Workers Alliance of Rank-and-File Committees (IWA-RFC) was founded last year to assist all workers in organizing and coordinating their struggles across national boundaries and against the capitalist system. We urge Minnesota nurses to draw the lessons of this experience and contact us on the form below for assistance in building a rank-and-file committee in your own health care facility.



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