Minnesota nurses demonstrate against low staffing, poor conditions

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On Wednesday, nurses held informational pickets outside 11 hospitals in the Twin Cities and Duluth, Minnesota. The action follows the expiration of contracts covering approximately 12,000 Twin Cities nurses who are members of the Minnesota Nurses Association (MNA) on May 31. In Duluth, around 2,000 nurses have contracts set to expire on June 30.

Nurses are confronting dire staffing ratios and deteriorating conditions. Megan Finnegan, an RN at Aspirus St. Luke's in Duluth, told Fox Local21 News, "We can no longer work with the unsafe nurse to patient ratios that St. Luke has forced us to work with. That's why we are out here today. We are standing up for our community, for our patients, for you."

Another nurse at the same facility, Andrea Rubesch, said, "Over the years, the amount of patients that I have taken care of has increased and the amount of help and resources from other staff has decreased. Now routinely, I take care of six to eight patients at night, twice as much as 10 years ago."

The WSWS spoke to a Certified Nursing Assistant (CNA) with the M Health Fairview hospital system who is a member of the Service Employees International Union (SEIU).

"The nurses have been asking for a lot of things and striking to get things to help them on the job, but the hospital never comes through. The nurses are asking for wages and workplace safety, but the big thing is we are understaffed. It's not just the nurses. I'm a CNA and we don't get recognized by the hospital, either. We do a lot of the heavy lifting and we need a lot more help. We're always understaffed.

"Our work can be very demanding on the body because we have a lot of over-sized patients in our unit—you can definitely get hurt. The hospitals do invest in equipment to help us, but it's not enough. Not every room has the equipment. We need that extra help just like any other worker in the healthcare industry. So I think that if the nurses and the CNAs can get that, there will be a lot less stress on the job.

"One of the problems I have as a CNA is that I am part-time and don't get a paid vacation. I've been working two years and am in the SEIU and there's no [paid time off]… But what really upsets me as a CNA is the way the hospital handles shifts. On the calendar for the month, I will be scheduled for a shift. But the hospital has a float pool that is staffed by an agency. And they will decide at the last second to cancel my shift and send someone from the float pool to take my place. They will cancel our shift one hour before we start on the day we have to come in. I've actually shown up for work and they've told me my shift is canceled. It's crazy."

When asked about the struggles by nurses nationwide, the CNA replied: "It should be a united struggle of both nurses and CNAs."

Hospital executives and administrators have made clear they are placing cost-cutting plans on the back of workers. Allina Health told Minnesota outlet Bring Me the News it was seeking a "responsible" contract, stating, "Now, more than ever, negotiations must reflect the reality of rising costs, declining reimbursements and uncertainty around programs like Medicaid."

Health administrators have refused to commit to enforceable staffing ratios and are pressing for "flexibility" in scheduling and staff deployment—a euphemism for continued overwork and unsafe conditions.

For his part, Chris Rubesch, MNA president since November 2023, stated last month, "Patients are facing longer waits, and overworked staff are facing dangerous conditions." But the MNA bureaucracy has refused to organize a serious struggle, instead seeking to channel nurses' anger into fruitless appeals to the administrators

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and largely symbolic pickets.

The experience of the 2022 contract struggle must serve as a warning. The union blocked an all-out statewide strike demanded by nurses in a strike vote, limiting them to a piecemeal action. In August 2022, 15,000 nurses and members of the MNA overwhelmingly voted to strike. However, the MNA apparatus limited the walkout to only three days.

Months later, the MNA eventually pushed a contract onto nurses, claiming the agreement was a "historic win" with "unprecedented language to address chronic understaffing." In reality, little has changed. Staffing remains dangerously inadequate, and no enforcement mechanism was included in the contract.

Nurses continue to work under the same conditions, or worse, than they fought against two years ago. Through the holiday season and into the beginning of this year, emergency departments were overwhelmed by cases of COVID-19, flu, RSV, and norovirus in a "quad-demic" that lasted for weeks. Over 40 percent of Minnesota's flu-related hospitalizations from last fall and winter occurred in a single week, the week ending in January 4.

This, combined with the attacks on public health by the Biden and Trump administrations in their response to the ongoing COVID-19 pandemic produced a crisis in Minnesota hospitals, with ERs being overwhelmed. Metro area hospitals reported up to a two-hour wait earlier this year, and some hospitals expanded their emergency department rooms into their ambulance garages and main hospital front lobby to accommodate the surge of patients, which was affecting capacity to treat heart attacks and strokes.

This demonstrates that a new approach is required—one based on what nurses actually need, not what management and the union deem acceptable.

There is potential for a unified national and even international movement of healthcare workers. In addition to the Minnesota nurses' struggle, workers at Butler Hospital in Providence, Rhode Island (who are also SEIU members), have been on strike for nearly a month, with management now threatening to permanently replace them. On May 26, 163 workers at West Anaheim Medical Center in California launched a five-day strike after nearly eight months without a contract. And in Madison, Wisconsin, nearly 1,000 nurses struck at UnityPoint Health-Meriter in late May, only for SEIU Wisconsin to push through a sellout deal days later.

Minnesota doctors recently picketed on June 3 over pay, paperwork, and other demands, and have been in contract talks for approximately 15 months. Throughout the Twin Cities, doctors, physician assistants, licensed practitioners, residents and fellows, and other healthcare workers, have voted to unionize, an indication of growing opposition and recognition of the need for an organized, collective struggle. But actually unlocking the power of the working class requires a fight for rank-and-file control to block any attempts by the bureaucracy to limit strikes, impose sellout contracts or take any measures which violate workers' democratic will.

The Trump administration, staffed with anti-vax hucksters like Robert F. Kennedy, Jr, is declaring all-out war on healthcare. Trump's budget bill threatens to cut 11 million people from accessing Medicaid by cutting nearly $800 billion and imposing restrictions, including work requirements. But in this, Trump is greatly expanding on what came before under the Biden administration, which prematurely declared the coronavirus pandemic over and began suppressing official tracking of the disease.

In this context, appeals to the political establishment or the union apparatus are worse than useless. The WSWS and the International Workers Alliance of Rank-and-File Committees (IWA-RFC) are calling on nurses to build independent rank-and-file committees at every hospital and unit.

These committees should link up with other sections of the working class in healthcare, education, logistics, manufacturing, and beyond to wage a united struggle to end the for-profit healthcare system and place it under workers' control and public ownership. The WSWS urges nurses to discuss this perspective with coworkers, study the lessons of recent struggles, and take the first steps in forming democratic organizations of class struggle capable of fighting for safe, humane, and publicly funded healthcare for all.

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