

Minnesota, Wisconsin primary care providers carry out 1-day strike

Jonas Boquist**7 November 2025**

More than 600 doctors, physician assistants and nurse practitioners carried out a one-day strike November 5 across 61 clinics operated by Allina Health in Minnesota and Wisconsin. It is believed the strike that saw picket lines in the Minneapolis-St. Paul Metro region was the largest strike of doctors and advanced practice providers in the United States.

Workers first unionized in 2023 by joining the Doctors Council-SEIU. They are opposed to deteriorating working conditions, unsafe staffing ratios. Four clinics closed last week, and another is scheduled to be shuttered in January of 2026.

Allina's 61 clinics and their primary care providers are separate from workers at its system of 12 hospitals. In terms of pay, the clinic workers have fallen behind hospital workers. And a curious issue has arose relating to nurse practitioners.

This mirrors national attacks on healthcare, with understaffing and overwork dominating almost every major healthcare facility in America. Meanwhile, the Trump administration is cutting hundreds of billions from Medicaid and allowing tax credits to expire for private Obamacare plans, which could end up leading to 4 million people losing coverage.

Allina Health's current offer will reduce wages by an average of 5 percent, with some providers affected by wage reductions that will be much higher. The company has refused to incorporate its healthcare corporate benefits package into the contract proposal where it would ensure steady coverage throughout the duration of the contract. Instead, it wants to retain the ability to alter coverage at management's whim. Allina has also refused to come to terms over sick leave and retirement benefits.

Matt Hoffman, a medical doctor at Allina Health Vadnais Heights Clinic and a member of the

negotiating team, summed up the results of the final bargaining session on November 3. "If we accepted what was on the table, we would be facing decreased pay, worse benefits, and no help with staffing shortages or burnout."

Another doctor told the WSWS at a rally outside Allina's administrative headquarters in Minneapolis, "Primary care is the whole base of the pyramid for the medical system. ... They want to ignore us. They keep cutting funding to us. They don't provide adequate staffing for us. They keep piling unpaid tasks on top of what we already do. We're working many hours beyond the regular part of the day that they pay us for.

"People are not getting home for dinner, their kids' games, or if they do, they're logging back in after 9:00 p.m., and they're charting their patients until 11:00 p.m. and then they're back at it right away the next morning before clinic. It's like a treadmill.

"It doesn't matter that we went through 11-plus years of training. It's like they know what's best for our patients, and we don't. It feels like we're on an assembly line in a factory."

When asked about the role of health insurance corporations, she replied, "Don't even get me started about that. And there's pharmaceutical companies that are raking in the cash as well. There are so many problems. It's the whole system that is in crisis."

One of the issues that the primary care providers are seeking to resolve is Allina's use of the non-compete clause that staff must agree to upon being hired. A doctor on the picket line at Allina's Coon Rapids Clinic in a northern Twin Cities suburb explained what non-compete clauses are to the WSWS:

"A non-compete clause comes into play when you decide that you need to work somewhere else. You cannot take a job within a certain distance of your

previous job. ... It's to prevent your patients from following you to your new job. And legally you can't tell your patients where you're going or what you're doing. It interrupts people's care.

"The state government of Minnesota outlawed new non-competes. However, the non-competes that were previously in existence are allowed to remain in place. And in our negotiations Allina is refusing to let them go away. Even if we sign a collective contract with Allina, the old non-competes from our previous individual contracts remain in place."

Another doctor explained, "We took a pay cut during the pandemic. Since then, we've had a very, very tiny pay increase, maybe in the 1 to 2 percent range. And in the present negotiations, what they're currently offering us is a pay cut.

"After the pandemic, we found out that the compensation of our CEO, Lisa Shannon, went up 29 percent in one year. The following year, it went up 17 percent." Her current compensation is over \$3 million.

"The amount that our doctors are paid, proportionate to the cost of living, is so much lower than what it was for doctors in the 1970's or 80's. Now when people are going to medical school and deciding what kind of specialty they will go into, they're choosing not to enter primary care because they know they are not going to be able to pay their loans off until they are 50 years old. I didn't pay my loans off until age 45. The new doctors are going way further into debt. And their income-to-debt ratio is much worse than mine.

"Primary care is starting to die. People are leaving. They're either changing careers, or they're retiring way earlier. Doctors used to work until they were 65, 70 or 75 years old because it was a profession. And now people are retiring at 50 because they just can't take it anymore. And all that skill is being lost."

Combined with the closure of clinics and the transfer of patients to other facilities, the result is unsafe staffing ratios and the endangerment of patients.

An Allina management statement on the negotiations commented, "... the union's request for significant compensation increases and extreme benefits proposals are simply not realistic or sustainable."

What is really not sustainable is subordinating public health to profit. The world's top 12 billionaires, including Elon Musk and Amazon's Jeff Bezos, have a combined net worth of \$2 trillion. Bezos and Musk's

combined wealth of \$741 billion is equal to the total wealth owned by the poorest 12 percent of the American population—some 41 million people. And this wealth is the product of the labor of workers all over the world.

What stands in the way is the labor bureaucracy which segregates the working class into separate locals, dispersing the workers' collective power into isolated struggles, that can more easily be worn down and defeated by the corporations. In reality, there is the potential for a powerful nationwide movement, as shown by the ongoing strike in Grand Blanc, Michigan, and recent strikes by tens of thousands of healthcare workers in California.

Standing behind Allina CEO Lisa Shannon is an array of corporate interests who profit off of healthcare, as well as companies who want to shrink the cost of healthcare for their own workforce in order to increase their bottom line. They are dead set against any concessions to the Allina primary care providers that would certainly spark the struggle of this section of healthcare workers across the country.

Workers need a strategy based on mobilizing the power of the working class independently in a fight against the capitalist ruling elite. To ensure workers retain initiative and to prepare for an expanded struggle, healthcare workers should form rank-and-file committees, separate from the union apparatus. Allina primary care workers should reach out to all healthcare workers, as well as embattled federal workers and Minneapolis public school educators, who are currently in deadlocked negotiations.

A network of rank-and-file committees, the International Workers Alliance of Rank-and-File Committees (IWA-RFC), should be organized in every workplace uniting the entire working class in order to coordinate the struggle to secure living standards, safe working conditions and the right to decent healthcare for all. Ultimately, the healthcare industry should be transformed into a public utility under the control of the working class.



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