Minnesota Nurses Settle Contract, Continue to Fight for Patient Safety

The Minnesota Nurses Association bear is awake and roaring. Nurses in every facility, at every bedside in the state are feeling their collective strength after a long and tumultuous Twin Cities contract campaign. Nurses voted July 6 to ratify a three-year contract, averting an open-ended strike—but RN leaders say their fight for patient safety in Minnesota hospitals is far from over.

“We’re a force to be reckoned with,” said Fairview Riverside nurse Ken Freed. Twelve thousand nurses were set to strike indefinitely against six different hospital systems in Minneapolis-St. Paul, but reached a last-minute agreement with management after the hospital systems withdrew their demands for cuts in pensions and benefits.

The contract campaign lasted several months and included a one-day strike June 10 and contentious negotiation sessions where hundreds of staff nurses lined up behind the bargaining table to show support for the MNA team.

As they turned out to cast their ballots, nurses vowed to use their newfound unity to press for nurse-to-patient ratios in all Minnesota hospitals, one of MNA’s original demands that was not included in the final contract.

“Our primary gain is our coalescence,” said Freed. “This unified action in a very hostile environment and difficult economic time is a powerful statement about our determination.”

Nurses also discovered the positive energy of community, emerging from a quiet sense of isolation. “That first strike [on June 10] was like a rock concert,” said Mary Watters, RN of HealthEast Care System. “I felt so fulfilled. We are all in this together.”

“We stayed strong,” said Diane LeMay, RN, a bargaining unit representative from United Hospital in St. Paul who was often heard in her unit cheering “Go Team, Go!” LeMay noted how prepared and engaged the nurse group became over the course of negotiations. “I’ve never seen such numbers of people talking, reading, posting online and voting.”

A vote in May to approve the one-day strike drew over 9,000 nurses to the polls. In late June, when MNA leaders asked the membership whether they would authorize an open-ended strike, 84 percent of nurses voting said yes.

MNA’s elected negotiating team chose to drop the demand to include specific nurse-to-patient ratios in order to settle the contract, to the disappointment of some.

Others consider it another step in a long and purposeful journey. “The U.S. Constitution didn’t happen in the first draft,” said MNA negotiator Bunny Engeldorf, RN. “California pursued its ratio legislation for seven relentless years before having it signed into law. Massachusetts is still at it after fifteen years.”

MNA was typically bold in advancing ratios in the Twin Cities contracts, Engeldorf said. The union was the first in the nation to achieve a portable pension plan for nurses, to prohibit mandatory overtime, and to allow charge nurses to close a unit when they determine there are not enough nurses to safely care for patients.

“MNA has a 105 year history of being fiercely dedicated to professional practice and we will continue to advocate for our patients through every means possible,” said Engeldorf. While Twin Cities hospitals claimed throughout negotiations that they had stellar safety records and low turnover rates, collective action by nurses is the key factor in keeping hospitals safe and retaining experienced caregivers, Engeldorf said.

MNA plans to continue the push for safe staffing through the legislature, reintroducing a law the organization sponsored in 2007—this time with new pledges of support from representatives who worked with RNs during the contract campaign.

Staffing committees from all bargaining units will meet regularly and publish comparisons of progress within their hospitals, and MNA will hold workshops on how to use MNA’s Concern for Staffing forms, which RNs can fill out to protest when their unit is understaffed.

“We need to inspire all our charge nurses to stand up and use that unit closure language we’ve earned,” said Watters. All of these efforts will benefit from the increased level of awareness the contract campaign generated among Minnesotans, said Engeldorf.

“The public better understands that their safety is at risk when a hospital doesn’t staff adequately,” she said. “That knowledge won’t go away.” —Jan Rabbers