

CATHY Leading our program-- unionized nurses at seven Minnesota hospitals are issuing votes of no confidence in their hospital leadership. No confidence votes were taken at several health care providers, including Fairview Health Services, Children's Minnesota, North Memorial Health, and St Luke's in Duluth. Negotiators for the Minnesota Nurses Association are in contract talks, which are moving slowly, at several hospitals representing some 15,000 nurses.

Mary Turner is President of the Minnesota Nurses Association. Mary's also an ICU nurse at North Memorial in the Twin Cities. Welcome back to the program, Mary. How are you?

MARY TURNER: I'm just fine. Thank you for having me.

CATHY Thanks for being here. So the votes of no confidence come as the MNA is engaged in contract talks. No confidence votes are largely symbolic. What's the message you're trying to send?

MARY TURNER: The message we're trying to send is that we at this point have no confidence in our CEOs and other executives to properly address our understaffing. Nurses are overworked and patients are overcharged. And this isn't a new issue. We've been dealing with staffing issues for years. We even tried recently at the legislature to solve that with the Keeping Nurses at the Bedside Act.

And the reason it's so imperative now that we correct the situation is there was a recent study done out of the University of Illinois that had surveyed nurses, and it's very alarming what they came up with-- that, potentially, half of the nurses across the country could leave the bedside by next year.

CATHY I saw that study.

WURZER:

MARY TURNER: Yeah. And their number one reason is short-staffing and unresponsive management. And that is exactly what we're getting at the table is unresponsive management.

CATHY Tell me about staffing specifically since the pandemic has begun and, of course, it continues, obviously. How many nurses have left the profession in Minnesota?

MARY TURNER: How many? Well, we used to 22,000, and now we're down to 20,000.

CATHY In your membership-- MNA's membership.

WURZER:

MARY TURNER: Yeah. Yeah. Yeah. And that's kind of what we are able to keep track of. But I know that my floor after the pandemic, and I didn't blame any one of them-- I was on the floor that was there at the very beginning. And we had 40% of our nurses left our floor-- some to leave the hospital, some retired, some just moved to other opportunities, and many of them went to traveling. And the reason they did-- you know the big reason-- is work-life balance.

CATHY And you can make a lot of money that way.

WURZER:

MARY TURNER: And you can make a lot of money, but there was many that left because of work-life balance, because you can kind of call your own schedule, basically.

CATHY
WURZER: You mentioned staffing, Mary Turner. And I'm wondering-- today, as you know, the state department of health released this new report saying that hospitals are now seeing patients who are experiencing pretty serious health conditions, longer hospital stays, preventable hospital errors jumped during the pandemic. What happened? Is that because of staffing?

MARY TURNER: Totally. Totally. You can look at this, and I just finished reading that myself-- and you could look at it and go, oh, the nurses aren't working hard enough or whatever. But the reality is, during the pandemic, our workload increased 10 times-- just very active having to get into all of your personal protective equipment before you go into each and every room was so time consuming.

And these patients that were laying on their stomach, which is where a lot of the sores came from, just being on your face for days, and days, and days, extremely hard work and needing so many people. When they first started doing it at the beginning of the pandemic, we would have seven people just to turn somebody over. By later on into the pandemic, we were lucky to get three or four people.

And that three or four people, because people were leaving. People were leaving the bedside. They couldn't take it.

CATHY
WURZER: And are you proposing more money to keep people at the bedside, more incentives to keep folks at the bedside?

MARY TURNER: Yeah. Thank you for letting me address that. I think we're around 30%. And by no means is that where we're going to stay. You know how you start high and they start low kind of thing. But our proposal is if they would loosen up and allow us some scheduling proposals to go through and a proposal that would increase our sick balance, because a lot of us have totally drained it dry during the pandemic with having to quarantine and things like that-- so that, we consider part of the economic package-- differentials that haven't changed in decades.

And then the fact is Minnesota used to be in the top five, I believe, for wages for nurses. Now we're not even in the top-10, which I think is shocking.

CATHY
WURZER: And you mentioned that the nurses are asking for a 30% increase in wages over this next contract. And the hospital systems, we reached out to them and they sent us a statement saying that your request is unrealistic, and unaffordable, and not very wise given what's happening in the health care systems across the country. But as you say, that's your opening salvo in this negotiation-- you'll probably get something in the middle?

MARY TURNER: Correct. Because that's how it works. Plus, it's the whole economic package. When it gets reported everywhere, right now, they're at 10.5%. And they have said time and time again, this is the whole economic package. Meaning if we want any other benefits, like differentials increase, it would come out of that 10.5%. And the same goes for that 30%.

Say we want more sick leave, it would come out of that. It's the whole economic package. But here's the thing-- we still have to address the issues that 50% of the nurses across the nation could leave the bedside as of next year. That is a public health crisis.

CATHY And I'm wondering, do you think, given what you know, are the chances of a nurse strike before fall?

WURZER:

MARY TURNER: It is definitely on the table. It is debatable. And all I can say is stay tuned. I don't go a day at work and it's, when are we striking? When are we striking? That's it, Mary, we can't take it anymore.

They're furious that nothing of any consequence is happening at the table. They don't seem to be hearing our pleas. And, like I said, unresponsive management is driving the nurses to do the actions that we're doing.

CATHY I want to ask you about responsiveness in this light. Now, last week, a group of nurses at the Mayo Clinic Hospital in Mankato voted to leave your organization. Nurses at the Mayo Hospital in St. James voted to decertified their union, which is an ASNE. Chapter, and there's this decertification effort taking place at the Brainerd Hospital.

WURZER:

Now, that's being led by what's been described as an anti-union group. And I'm wondering, though, is nurse frustration over the pandemic reflected in these decertification votes? Do nurses look around and say, OK, look what happened at the height of the pandemic-- where was my union? Is that some of the frustration coming out on the opposite end of that?

MARY TURNER: Yeah. Well, the National Right to Work Foundation, who is behind all that, which is backed by billionaires, they are really good about what we would call third partying the union. And it is so easy to just blame the closest to you for things. Now, do we do everything perfectly in our union?

Nobody's perfect. But I will say that, like in Mankato, 70 years they had a union down there. And what that means in a nursing contract is you have 70 years of nurses having an equal seat at the table to advocate for their patients, to advocate for safe staffing. They don't have that anymore.

I am not only concerned for all these hospitals if their union that are decertifying, I'm not only concerned about the nurses working there, I'm concerned about the community and the patients they serve. Because it makes a huge difference when nurses can go toe to toe with the management to at least have the ability to try to fight for better, safer staffing.

CATHY Before you go, Mary Turner, are talks continuing between you and the hospitals in terms of a contract?

WURZER:

MARY TURNER: Yes, they are. And they will continue. And if we should get to where we're taking a strike vote or something and whatever, we will continue throughout, because nurses don't want to be on the sidewalk. We don't live for this, OK?

It takes a lot to push the nurses out to the sidewalk. Well, we're starting to be on the sidewalk. We were there yesterday, and that should tell the public something.

CATHY All right. Mary Turner, thank you for your time today.

WURZER:

MARY TURNER: Thank you for having me.

CATHY

Mary Turner's the President of the Minnesota Nurses Association. She's also an ICU nurse at North Memorial. I

WURZER:

mentioned that we reached out to the Minnesota Hospital Association to talk about this. They did not make someone available for the show, but passed along a statement, saying, in part, we strongly urge the MNA to immediately come to the table to negotiate. So that our nurses can return to focus on what matters most, our patients.