How Did We Get Here?

- 2010: Hospitals propose big take-aways during the recession including attacking the pension. Nurses unite and strike for one day metro-wide and take a vote for further strike action and the hospitals give up on their concessions.
- 2013: Wage-only bargaining
- 2016: Non-Allina wage-only bargaining; Allina strike
- 2019- Metro nurses campaign to raise standards together
2019 BARGAINING OVERVIEW

MNA offers to bargain with all the hospitals at a single bargaining table. The hospitals decline this offer.

Oct. 2018
Your bargaining team chooses full negotiations to address our top priority issues.

Winter 2019
Your team requests dates from the hospital, the hospital insists on six meeting days “will be sufficient” even though they haven’t seen a single proposal yet.

May 2019
After 9 bargaining sessions, our priority issues are still on the table and Children’s has pushed us past expiration.
OUR PRIORITIES

- Fair wage increase that keep up with the cost of living
- Health insurance premium freeze
- Workplace violence protections – Accomplished!
- A pathway for more vacation slots – Accomplished!
- 12 HR/Every other shift nurses to every third weekend – Accomplished!
- Per diems and casuals can use seniority to bid for positions – Accomplished!
- 250 more certifications in addition to others used in last 3 years available for bonus – Accomplished!
MANAGEMENT PRIORITIES

- Keep nurse raises low
- Continue to pass on insurance costs to nurses
Nurse Wages Fall Behind: 2010-2019

MNA Nurse Metro COLA Increases vs Inflation

-4.00%
-3.00%
-2.00%
-1.00%
0.00%
1.00%
2.00%
3.00%
4.00%


Net Decrease Since 2010

Inflation  MNA contract  Difference
HOSPITAL PROFITS KEEP RISING
MANAGEMENT’S LATEST OFFER

- Keeping on call rates the same
- A wage offer at 2.5%/2.25%/2%, WHICH WON’T KEEP UP WITH PROJECTED INFLATION
- Mandatory low need: all FTEs would be included, 2-hour notice and no mandatory low need for those with seniority hours of 41,600 or above
- $200 tuition dollars that could be moved and utilized workshops ($600 total), if not used for tuition
- No flex-time cap
- NO INSURANCE PREMIUM FREEZE TO SAVE OUR PLANS
- NO PRECEPTOR PAY, EVEN THOUGH ALL OTHER METRO HOSPITALS HAVE IT
WHEN NURSES ARE UNITED, WE WIN!

YOU GOT 12 HR, EVERY OTHER RNS TO EVERY 3RD WEEKENDS

YOU GOT A PATHWAY TO MORE VACATION SLOTS

YOU GOT WORKPLACE VIOLENCE PROTECTIONS, INCREASED CERTIFICATIONS AND SENIORITY FOR PER DIEMS/CASUAL FOR POSTINGS

WHAT CAN YOU GET NEXT?

VOTE NO TO AUTHROIZE A STRIKE

You continue to pack each bargaining session with hundreds of your co-workers from 9am to 10pm or later!

You got over a majority of people to sign vacation cards.

37% of you showed up to the informational picket.
Why Should We Strike?

YOU MUST SHOW YOUR POWER AND FLEX YOUR ORGANIZING MUSCLES

THERE ARE NO GUARANTEES A STRIKE WILL WORK BUT YOU MUST DEMONSTRATE YOU ARE UNITED ABOUT YOUR PRIORITIES. IF WE DON’T FIGHT, WE LOSE!

YOUR INSURANCE HAS GONE UP OVER 200% SINCE 2011. **CAN YOU** **TAKE THREE MORE YEARS OF AN INCREASE?**

YOUR WAGES HAVE FALLEN BEHIND 3% AGAINST THE COST OF LIVING. **CAN YOUR HOUSEHOLD CONTINUE TO ABSORB ANOTHER WAGE INCREASE BELOW INFLATION?**
STRIKE FAQ

• **What is a strike?** A withholding of your labor to economically pressure your employer into a better contract deal.

• **Do strikes work?** YES! They aren’t always a silver bullet, but past nurse strikes and recent teacher strikes show us improvements are possible by striking.

• **When will we strike?** We must provide the hospital 10 days notice, so they can prepare to hire replacement nurses. It will be scheduled to try and preserve your insurance coverage.

• **How long will we strike for?** We don’t know yet, but we know it will not be open ended like Allina in 2016.

• **What is a lockout?** A lockout is when a strike has officially ended but management continues to use replacements through the end of their contracts instead of calling everyone back to work right away.

• **Can I be permanently replaced?** No, as long as we are on an unfair labor practice strike (which we will be) and not a purely economic strike.

• **What if I cross the picket line?** Crossing the picket line would show Children’s and your co-workers you don’t care about trying to get gains on your priorities.

• **How do I get recalled back to work?** It is negotiated and is typically based on census, seniority order and unit. We saw this in 2010. If census is down, you may not be recalled back immediately.
Strike Vote Process

• STRIKE VOTE: THURSDAY, JUNE 13 7AM-8PM CAFETERIA
MINNEAPOLIS AND ST. PAUL.

• YOUR NEGOTIATION TEAM RECOMMENDS A NO VOTE TO REJECT
CHILDREN’S LATEST OFFER AND AUTHORIZE THE NEGOTIATION
COMMITTEE TO CALL A STRIKE, IF NECESSARY.

• 2/3 of nurses who vote from both facilities can authorize your
negotiation team to declare a strike

• You will need a government issued ID (State ID, Passport, Military)
or Hospital photo ID with full name. If your last name is not
present, a current, full dues-paying member with full photo ID can
validate who you are.

• You MUST be a full dues paying member to vote.

• There is no absentee voting according to MNA bylaws.

• You can vote at either Children’s cafeteria regardless of which is
your home base.

• There may be other MNA hospitals in the metro who strike, and
they’ll vote after us.
How do I support myself and my family during a strike?

• Use your savings
• Get a temporary job
• In the case of an emergency, apply to the MNA Hardship Fund (see flyer)
• Access Community Resources for Union Members (see packet)
• We’ll plan the timing of the strike to maximize your insurance coverage. Typically, you’re covered if you work at least one day in the month we strike and before the strike, otherwise you’ll have access to COBRA. COBRA is 102% cost of your insurance plan and can be backdated. You have 60 days to apply for COBRA.
• In the case of a lock out, you can apply for unemployment after 7 days.