

# Minnesota nurses battling COVID-19 pandemic in a dysfunctional corporate health care system

Nov. 2020, by Don Pylkkanen

## Frontline nurses and care givers are deserted by the business model of health care delivery

Although they're not combatants on a battlefield, our nurses and health care workers are fighting a deadly COVID-19 enemy without the support they need to adequately protect and care for their patients as they try to protect themselves on the pandemic's frontline.

This is "due in large part to corporations running our health care system like a business", said MN Nurses Association Executive Director Rose Roach at the Nov. 14 Quarterly Meeting of Health Care for All Minnesota.



### Rose Roach, Executive Director, MN Nurses Association

The "lean management" business model that "minimizes costs to maximize profits" may work in manufacturing industries, she said. But the pandemic has exposed the failure of the business model in health care. By minimizing costs, it's created a systemic breakdown with more patients and more sick nurses and critical staff, plus shortages of ICU beds and PPE.

### **State overwhelmed by corporate dysfunction**

Northeast: no open ICU beds resulting in 10-18 hour ER waits; heart attack and stroke patients transferred.

Northwest: hospitals are full; a small critical access hospital has 10 beds with 2 day ER nurses, 1 at night.

St. Paul: St. Joseph's ER closing Dec. 31, sending patients 2 hours away, used only for COVID cases and mental health, awaiting equipment for more patients; Bethesda closed.

Duluth: telling nurses not to quarantine after exposure, quarantine only if symptomatic; told to follow hospital rules instead of state guidelines.

Far North: nurses deployed everywhere- admitting, radiology, respiratory IVs; told to work with both positive and negative patients due to short staffing.

## Failure of "profits before people" system increases nurses' demand for single-payer

"Hospitals have a significant role in managing the pandemic. They haven't stepped up. They keep increasing nurse to patient ratios, even in ICUs, with no other plan in place to deal with the crisis. The entire system is failing us," she told the meeting's attendees.

### **It's time to ante up for the MN Health Plan**

"There is no better time for us to demonstrate that there is a better way to ensure the public's health; we must ante up and work harder than ever to take our health care out of the hands of corporate elites and put it back into the hands of those who compassionately provide the care. No more trying to make a market-based system work at the cost of lives: single-payer, Medicare for All, Minnesota Health Plan now!"

### **Senator steps up with legislation for the Plan**

Facing partisan division over how to best manage the state's escalating health care spending, Senator John Marty is introducing a bill for bipartisan support to make our health care dollars work for people as originally intended, rather than waste them on corporate profit.

Because HMO contractors of Medical Assistance and MNCare have for decades been mismanaging billions of our tax dollars for these public programs, which has been a bipartisan concern, he is introducing legislation this session titled **Primary Care Case Management and Direct Contracting (PCCM)**.

Heeding the nurses' call for restoring compassion in health care, PCCM will deliver better care through outreach to people having trouble accessing it by using our tax dollars for actual medical care rather than wasting them on HMOs that don't provide it. PCCM will:

- directly pay real health care providers for services to all Medical Assistance and MNCare enrollees;
- end contracts with the HMOs and have the state administer these programs as before. (Connecticut terminated the HMOs from its health programs.);
- improve coordination and quality of care for enrollees, and allow choice of providers by not confining enrollees in HMOs that restrict care.

Now it's the constituents' turn to ante up and tell their state legislators to vote for the **PCCM** as a step toward the single-payer Minnesota Health Plan.