Minnesota Nurses Association
An Affiliate of National Nurses United

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Building a brighter future for all

In this issue

Cover Story

Registered nurses lead the way with gubernatorial bids in Minnesota and Iowa

By Mary C. Turner, MNA President

Nurses like to ask me why the Minnesota Nurses Association gets involved in legislative issues at the Capitol or why we endorse candidates. I often say, "It is professional to be political." As registered nurses, we fight to protect our profession and to uphold high standards in our practice. It's what we do. We've passed the exams; we've kept up with our certifications; and we've done the work to be there for patients who need us. We also advocate daily for our patients to receive the best quality care. Sometimes, this professionalism extends beyond the bedside into the political arena in order to advocate for the changes that we want to see.

Nurses must deal with the countless policy and regulatory decisions made by others that impact our ability to fulfill the expectations of our nursing practice. Those decisions are often made in rooms where registered nurses don't have a seat at the table.

Politics is our way to impose nurses' perspectives into that decision-making process. That's why we're at the Capitol holding our elected officials accountable to our patients and to our profession. This is also why we make endorsements and work to elect those who will stand with us.


Cathy Glasson

In 2018, we have a unique, once-in-a-lifetime opportunity: to get a nurse in two governors' offices. One nurse is campaigning for Governor in Minnesota, and another RN is running in Iowa. I am proud to say that the MNA Board of Directors, through an interview process and with input from MNA members in Minnesota and Iowa, has made endorsements for Erin Murphy, RN, for Minnesota Governor; and Cathy Glasson, RN, for Iowa Governor. I'd like to introduce you to both of them and ask for your support.

Erin Murphy started as a nurse in rural Wisconsin and moved to St. Paul to work as part of a transplant team at the University of Minnesota Hospital. On Erin's website, she says, "At our core, nurses work to care for people, without judgment, until they can care for themselves again. I experienced things that challenged me, seeing the hardness of disease. I learned to manage a crisis and to work through conflict while keeping a cool head."

NURSES for ERIN

Erin's nursing experience led her to work for the Minnesota Nurses Association, including as Executive Director. Her background of advocacy for patients and nurses and after a personal experience in fighting for health insurance coverage for her mother, Erin made the run for the Minnesota House of Representatives. While in the House, Erin served as majority leader and, given her nursing background, sat on key healthcare committees. Erin's vision of a bright future includes single-payer healthcare, good jobs with union rights, and strong public schools. She's also running to engage in the issues that need tackling, including climate change, racial disparities, and protecting the tools of our democracy.

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Allina one year later

My remarks to the 2017 House of Delegates gave some important perspective on the MNA nurse negotiations with Allina Health and the two strikes last year, so we're sharing with all members:

It was a year ago that MNA nurses reached a tentative agreement with Allina Health. The Allina negotiations, contract campaign, strike, and settlement were a major focus for MNA in 2016. Everyone in our union was, and is, deeply impacted when a negotiations struggle becomes so public. The Allina strike, after all, had the attention of the nation.

Unfortunately, such a public campaign also comes with lots of misinformation. It also came with outright disrespect for nurses and the union, and many times focused on the hospital's perspective instead of the nurses and patients. I believe it's important to talk about the campaign even though, in some ways, it's a tough subject.

All stakeholders involved: members, leaders, and staff, have spent significant time this past year doing a great deal of examination; and I feel that taking some time here, with leaders from all across Minnesota, to reflect will help us better prepare for the ongoing battles we are facing regardless of what facility or healthcare system we go up against. After all, we learn from everything we do, so now that we have some distance, let's talk, let's heal, and let's appreciate that fight and those nurses for what they did for all of us.

The Allina battle was not only a labor dispute, it was also important to the discussion of overall health policy because it really was the poster child for why we simply can't do healthcare the way the industry insists on doing it. It's a failed strategy to think any workers, even nurses, can bargain healthcare benefits with their employers, because in a market-based system it is NEVER about access to healthcare, which is ultimately what health insurance is supposed to provide. It is ALWAYS about the bottom line for the medical-industrial complex.

Let's start with the issues that brought Allina nurses to a place where they felt they had no other choice but to withhold their labor. The Allina nurses, like pretty much all MNA nurses, had two major proposals they brought to the bargaining table. One was workplace safety. A recent article in the Atlantic magazine noted "around one in four nurses has been physically attacked at work in the last year. In fact, there are nearly as many violent injuries in the healthcare industry as there are in all other industries combined." The article further stated, "There's also a pervasive notion that dealing with unruly patients is just part of a nurse's job. It's not surprising then, that only 29 percent of the surveyed nurses who were physically attacked actually reported it to their supervisors. About 18 percent said they feared retaliation if they reported violence, and 20 percent said they didn't report it because of the widespread perception that violence is a normal part of the job."

Executive Director's Column

The second issue was staffing. As nurses, you have a sworn duty to care for patients and above all to keep them safe - it is your calling. Patients trust nurses to give them the best care they can; however, we know that too often you agonize over the fact that the best care isn't possible because nurses are consistently expected to work short staffed, which puts patient safety and care at risk. Sixty-eight percent of MNA nurses report that there are not enough nurses on duty to care safely for patients at least once a month in the unit where they work. Thirty seven percent of you report that patient safety is put at risk where you work five to eight times a month. Short staffing is a serious issue in our hospitals and the top issue for our nurses, demonstrated by your consistent attempts to deal with the issue through the collective bargaining process.

Allina, on the other hand, had a completely different focus: move nurses from their decent health insurance plans to the corporate "core" plans that results in cost shifting – the nurse pays more, the employer pays less. These corporate plans are certainly not unique to Allina; they exist in most of our contracts across the state in one form or another.

There is much to say about the reprehensible behavior Allina Health exhibited during these negotiations, not the least of which were their divisive tactics to pit the hospital workforce against nurses while demeaning the nursing profession by claiming nurses were overpaid and selfish.

It's important to understand that this was never really about insurance: it was always about power – the power workers have when they come together with a collective voice. Corporations want to take power away from that collective because it's the only thing standing between them and their ability to do whatever they want to the working class. This was about union busting. It just goes to show that healthcare in the United States has become yet another big business that is far more focused on corporate greed than patient need.

For months, the Allina nurses fought for a safe environment for themselves and their patients, but unfortunately, the only issue that got traction with the media was health insurance. Of

Allina one year later cont. on page 5

President's Column

An honor and a responsibility

Thank you MNA nurses for re-electing me as your president! It is a great honor and a great responsibility to represent 22,000 nurses who provide outstanding care to patients every day and every night.

The last two years have been a whirlwind of traveling around Minnesota, Wisconsin, and Iowa to meet with you and hear your stories and ideas for MNA; working with our union and social justice allies; lobbying elected officials for policies that benefit nurses and patients; and much more.

I will work tirelessly to advocate for you, our patients, and our profession as we continue this important work.

MNA nurses saw many victories and challenges over the last two years and we have much to be proud of. We have stood strong against management attempts to undermine our union and profession; we fought for policies and laws that directly affect our patients and nurses; and we advocated for patients at the beside and in our communities.

We are building nurse power with every action we take, and I am excited about the next two years.

MNA's top priority is electing Erin Murphy as the next Governor of Minnesota in 2018. Erin shares nurses' vision for Minnesota's future that includes expanding access to patient care for everyone, nurse-patient ratios, single-payer healthcare, and Earned Sick and Safe Time for all workers.

Nurses are very excited to endorse a fellow nurse who understands the profession and healthcare. She is a champion for nurses' top issue: safe staffing, along with other issues including workplace safety. Please read more about Erin on page 2.

There's much at stake in the 2018 elections. We must have a Governor and Legislature who support our issues. For the last seven years, Governor Dayton has acted as a goalie and stopped some of the shots from an often anti-worker and anti-union Legislature. We need to elect a Legislature and Governor who will work with us so we can accomplish our goals, like safe staffing.

We need to make sure our voices are heard by the people who make laws and regulations that directly affect our profession and our patients. That means getting involved in elections and policymaking at all levels.

We will continue to fight for safe staffing, workplace safety, fair contracts, single-payer healthcare, and the right of all workers to join a union.

Let's stand together in solidarity as we work toward our goals in 2018!

MNA Organizational Goals and Priorities for 2017

MNA Mission Statement

1. Promote the professional, economic, and personal well-being of nurses.
2. Uphold and advance excellence, integrity, and autonomy in the practice of nursing.
3. Advocate for quality care that is accessible and affordable for all.

MNA Purpose

The purpose of the Minnesota Nurses Association, a union of professional nurses with unrestricted RN membership, shall be to advance the professional, economic, and general well-being of nurses and to promote the health and well-being of the public. These purposes shall be unrestricted by considerations of age, color, creed, disability, gender, gender identity, health status, lifestyle, nationality, race, religion, or sexual orientation.

MNA Strategic Goals

1. MNA empowers registered nurses to use their collective strength, knowledge, and experience to advance and enhance safe and professional nursing practice, nursing leadership, and the community health and well-being.
2. MNA exemplifies a positive, powerful union of professional nurses that advances nursing and patient interests.
3. MNA promotes effective RN staffing and safe working conditions for both patients and registered nurses in direct patient care, in policy and political arenas, and in our communities.
4. MNA increases membership and participation as a union of professional nurses through effective internal and external organizing, member activism, education, and mobilization.
5. MNA actively promotes social justice, cultural diversity, and the health, security, and well-being of all in its organizational programs and in collaboration with partner organizations.
6. MNA, in solidarity with the National Nurses United and the AFL-CIO, will promote the rights of patients, nurses, and workers across the United States.
7. In the spirit of excellence, integrity, and solidarity, the financial goals of the MNA are to remain a financially viable labor organization with complete dedication to its members, to invest responsibly and within established risk tolerance levels in the strike fund and reserve fund, and to maintain adequate operating cash reserves.

2017 Organizational Priorities

1. All activities of the MNA will incorporate the principles of the Main Street Contract approved by the MNA House of Delegates in 2011.
2. Position MNA for negotiations from strength across Minnesota, Wisconsin, and Iowa.
3. Organize to increase MNA membership and continue to increase solidarity and participation of membership locally, regionally, and nationally.
4. Work to elect politicians who will implement nurse-friendly public policy, including safe staffing, a healthcare system that includes everyone and excludes no one, and single payer healthcare legislation.
5. Build solidarity to promote and support NNU and the AFL-CIO to advance labor nursing issues.
6. Assess risks and actively oppose any attacks on nursing practice and workers' rights, including any attempts of deskilling of the Professional nurse's scope of practice and right-to-work legislation.
7. Continue MNA's campaign for patient safety to ensure the integrity of nursing practice, nursing practice environments, and advance safe patient staffing standards and principles.
8. Fund 2016 field, legislative, and electoral campaigns; consistently evaluate staffing to ensure organizational goals and priorities are achieved.

Allina one year later from page 3

course, nurses also fought to keep their good insurance plans, but as it turns out, Allina Health, like most hospitals or hospital systems, provides health benefits through a self-insured fund, meaning they control the pricing of the premiums, how the claims are pooled, and how the plans are structured.

We subsequently found out that Allina had been purposefully crashing the nurses' plans to make them "unsustainable" and unaffordable. Some nurses were already paying as much as $1500 per month for their portion of the premium – just so Allina could "streamline" all employees into corporate plans that have lower actuarial value, meaning higher out-of-pocket costs for employees in addition to the premium portion they already pay. It's insidious – a healthcare system that sets the price on the front end for employee access to healthcare, and then sets the price on the back end because the "best" corporate plan is an Allina facilities network only plan, meaning employees can only get their healthcare from an Allina doctor, clinic, or hospital.

I want to address self-insured pools at your hospitals and I'll use Allina as the example to show just how manipulative employers are when they provide health insurance benefits via this model. Allina had seven insurance plan options – four were considered "MNA or nurses' plans," because all other hospital workers had been moved to the corporate plans so only the nurses had these higher quality plans thanks to years of fighting to maintain them. And remember that nurses sacrificed other economic gains in order to do so.

There were also three corporate or "core" plans.

No matter how many plans they offer, they are still one employer with one self-funded insurance pool, so logically, based on the way insurance works, they should pool all claims together. That's how you keep costs down, spread risk, and achieve an economy of scale.

But not Allina. Allina was pooling the claims of each of the four MNA plans individually and by doing so, claims were spread out among a few thousand nurses instead of tens of thousands of employees, the premium costs for the MNA plans were skyrocketing.

Rest assured, we went to the table and very methodically and intelligently laid out a proposal to keep two of the four plans with the most nurse participation, and pool ALL claims across the entire system. By doing so, the premiums would actually decrease for the MNA plans. They would rise slightly for the three corporate plans, but only slightly, and the money Allina would have saved on their portion of the premium cost in the MNA plans could have more than offset the slight increases in the core plans.

This is critically important to understand that these self-insured plans are completely controlled by the employer and although we negotiate upon contract expiration, the employer can still do all kinds of nasty tricks to create "unsustainable" plans they no longer want to offer between contracts - like the percent of premium paid by employees, the level of deductibles, co-pays, and networks.

Regardless of our strong, logical, and economically responsible proposal, Allina was not a willing partner in working to make the nurses' plan sustainable and affordable, so after numerous bargaining sessions, a one-week strike in June, an open-ended strike that began on Labor Day, an intense corporate campaign against members of the Allina Board of Directors, millions of dollars spent by Allina to fight their own nurses, it unfortunately became clear that Allina still was not willing to work with us to save the nurses' plans long term.

There's no way to sugar-coat this: that was a loss for the Allina nurses. Negotiating is always about making tough decisions and weighing options during critical and chaotic moments, and at that point the MNA bargaining team had to evaluate many factors in determining next steps, including the question of how much longer nurses would or could stay out, the percent of members who had already crossed the picket line, and how many said they would be next to do so, at what point community support would begin to wane, the level of pressure from members to settle, and how to determine the "must haves." In other words, what did they need to settle if they couldn't get, or keep, everything they wanted?

Ultimately the team, with much discussion, angst, tears, and resolve, determined that of utmost importance to the health insurance negotiations, was for the union to keep control over the plan structure as it relates to changes in co-pays, deductibles and out-of-pocket maximums, something Allina absolutely did not want the nurses to have but the nurses were successful in maintaining. In doing so the Allina nurses protected ALL Allina employees participating in that plan from diminishment of the plan benefits – a significant win. Nurses also secured up to $2,000 in payments from Allina in the form of FSA, HSA, and HRA contributions to help defray the cost of the core plans.

They also increased nurse and patient safety through a dedicated security guard in the emergency department and a committee that is reviewing charge nurses' patient assignment responsibilities as a beginning step toward dealing with the staffing crisis.

It's important to note that the nurses achieved a return-to-

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LABOR ADVOCACY

A huge victory for MNA nurses and all workers

MNA, SEIU members celebrate victory Sept. 29

A 2014 informational picket about staffing concerns at North Memorial Medical Center in Robbinsdale led to a three-year legal battle that ended up with a ruling in favor of union rights and against hospitals retaliating against staff for exercising those rights.

In June 2014, MNA and SEIU Healthcare-Minnesota members held a one-day informational picket to raise awareness of their concerns about staffing at the hospital.

Even before the day of the picket, North Memorial management committed obvious unfair labor practices by banning union information on employee bulletin boards, denying union representatives from speaking to members, and intimidating workers by surveilling them and their conversations with MNA and SEIU staff. The day before the picket, North Memorial's Human Resources manager threatened two MNA and SEIU organizers and ordered security guards to escort them out of the building. They were told that they weren't supposed to be there, and were banned from the property for one year.

The day of the picket, an off-duty MNA nurse wore an MNA t-shirt in the hospital. He was told he wasn't allowed to wear that shirt in the hospital that day and was forced to take the shirt off immediately. Then-MNA President Linda Hamilton attempted to talk with members in the hospital cafeteria, and she was also told she couldn't wear her union shirt or speak with members there.

An SEIU member was later fired.

MNA and SEIU immediately filed Unfair Labor Practice charges with the National Labor Relations Board (NLRB). An NLRB administrative law judge found that North Memorial illegally tried to ban legal union activity and fired an employee in retaliation for activities surrounding the informational picket.

North Memorial appealed, and over three years, the NLRB and the 8th Circuit Court of Appeals agreed that North Memorial violated workers' rights and attempted to interfere with legal union access.

The appeals court ordered North Memorial to post and read aloud to employees – and in front of union officials - how the hospital violated labor laws and how workers' rights can be exercised in the future.

MNA and SEIU members gathered at the hospital to celebrate that victory on September 29 of this year, after North Memorial did not appeal the ruling – and complied with the order. An NLRB agent read the notice to staff and posted it.

"North Memorial illegally tried to restrict union access and stop members from engaging in legal activities," said MNA President Mary Turner, a North Memorial RN. "This decision is a major victory for workers and unions everywhere. It sets a clear precedent that workers have the right to lawfully organize. It sends a clear message that employers cannot intimidate or impede workers, or their union representatives, and if they attempt to do so, they will be held accountable.

The court and NLRB ruled that:

- Union members are entitled to have conversations in public areas and not be intimidated or surveilled to prevent them from speaking to other members
- Union organizers cannot be banned from the property if they are not being "disruptive"
- Union members or representatives cannot be prevented from wearing union shirts
- The hospital must reinstate the SEIU employee who was fired in retaliation for the event.

"I'm proud of our North Memorial leaders who stood strong for workers' rights," said Turner. "Their courage in testifying at the NLRB and standing up to blatant unfair labor practices benefits workers everywhere. It shows it pays to stand up for what's right. Despite what appears to be a hostile work environment, when our rights are so blatantly disregarded, our judicial system has no choice but to take the side of the worker. We now have a document that can be used all over the state in any situation when it comes to union activities and bargaining."

Another victory that resulted from the 2014 informational picket was that North Memorial withdrew staffing grids it had imposed without consensus and negotiated grids agreeable to nurses, according to MNA North Memorial Co-Chair Barb Gundale.

LABOR ADVOCACY

Recent contract ratifications

Deer River

Management at Essentia Health-Deer River made a quick about-face after seeing that MNA nurses were ready to fight for a fair contract this fall.


L-R Bargaining team members Sherri Lidholm, Jodi Isaacs, Asia Hustad, Shannon Wilberg

Essentia initially rejected nurses' offer to negotiate for wages only, but reconsidered after nurses made it clear they were ready to fight.

"We asked for wage-only negotiations because we were afraid management was going to try to do away with our existing health insurance benefit and we would lose what we have," said MNA Co-Chair Sherri Lidholm. "Members' biggest concern was maintaining our health insurance."

Lidholm said management apparently recognized they are losing quality nurses who are leaving for hospitals with better pay and benefits.

After management agreed to wage-only negotiations, they negotiated a wage scale adjustment that competes with Grand Itasca, which also negotiated this year.

Faribault


Nurses show solidarity before negotiations

Signs reading "80 District One nurse turnovers since 2015 and counting" and "Cost to replace me = $92K" greeted management at District One Hospital in Faribault before the last day of negotiations in November.

Nurses lined the halls to call on management to agree to close the gap between wages at District One and Owatonna Hospital, among other issues. The action, in addition to a petition, resulted in a new contract that phases in to Owatonna's wage scale by 2020.

The new contract also features an increase in the off-premise, on-call rate of pay, a certification bonus that matches Owatonna's, and no concessions.

Fergus Falls

A mistake by management turned into a positive for Lakes Regional Healthcare nurses in Fergus Falls.

Nurses voted on a tentative agreement reached after several months of negotiating, but the September vote was nullified when a member of management unintentionally interfered with the vote.

"Nurses rallied and decided to go back to negotiations to improve the surgical services call-in," said negotiating team member Jeanette Haas. "We put together a proposal, the hospital agreed to it, and it's working well."

Nurses approved the revised contract in a second vote on October 3. "The mistake allowed us to bring a big concern back to negotiations, and it turned out for the better," said Haas.

The new contract contains improvements in wages, the certification bonus, the shift differential, holiday time, and tuition reimbursement, among others.

Minneapolis


HCMC nurses vote to ratify new contract

Hennepin County Medical Center nurses knew they had their work cut out for them as they entered contract negotiations in May. They also knew their negotiating team was dedicated to representing all members' interests and protecting their contract.

Management was unreceptive to nurses' proposals right from the beginning, saying they were "not interested" in nurses' ideas. HCMC instead made unacceptable offers on health insurance, wages, and education that the negotiating team flatly rejected.

"It was a long and arduous process," said HCMC MNA Co-Chair Sarah Simons. "We said we're not interested right back to them. We were a unified team and strongly represented all nurses at HCMC. Everyone there spoke for all others – no one went unrepresented."

Nurses challenged the employer to give their rationale for their unacceptable offers and kept pressure on management with a sea of MNA red at two "pack the hall" events before negotiating sessions, meetings with Hennepin County Commissioners to secure their support, wearing red, and many phone calls to CEO Jon Pryor.

After many negotiating sessions and the assistance of a mediator, nurses and HCMC reached a tentative agreement, which was ratified on September 20.

"The negotiating team stuck together for nurses' priorities," Simons said. The new contract improves wages, preserves important benefits, and increases education funds for nurses.

"This helps nurses with their own professional development," said Simons. "We did underline and emphasize professional development, the professionalism of nurses, and nurses being respected as healthcare consumers and healthcare providers."

Perham

Union cohesiveness, good communication, and community support helped MNA nurses at Perham Health Sanford negotiate their contract this fall.

"The negotiating team wanted to make sure management and the community knew that a large part of the reason that Perham is a five-star hospital is because of its nurses" said MNA Perham Chair Rafael Pichardo.

A major issue for negotiations was nurse turnover and retention.

"We are one of the lowest paying facilities in Minnesota," said Pichardo. "We have a great nursing culture but we can't keep people here."

Nurses pushed management to address the issue.

"We weren't going to relent until we got something fair on the table," said Pichardo.

The negotiating team prioritized communicating with members throughout the process.

"We wanted to make sure members were involved so they could be vested in the process," said Pichardo.

It worked: Pichardo said even though negotiations lasted longer than expected, members did not get frustrated because they knew what was going on.

Pichardo said nurses remained unified throughout the process, sending a strong message to management.

Community support also played a role in reaching a contract agreement. Pichardo said homes and businesses displayed MNA yard signs, sending a message to management that the public supports nurses.

"It was a huge contributor," Pichardo said. "It showed the community was behind us and wanted us to get a good contract."

In the end, nurses negotiated a fair contract that members ratified on November 15, 2017. It includes across-the-board annual wage increase of 2 percent with an additional market adjustment for hospital nurses, increases to the weekend bonus, short notice bonus, holiday pay, and on-call pay; increased PTO accrual; and a $500 ratification bonus for all current bargaining unit nurses.

Sleepy Eye Medical Center

It took 10 months to negotiate a new contract with Sleepy Eye Medical Center this year.

Nurses started in January, with a management unfamiliar with the negotiating process, not cooperating in setting up bargaining dates, or submitting required information.

Nurses rallied around the bargaining team as the contract expired without a TA in June.

"Through speaking with the nurses, we were able to generate support for the negotiating team and their most important issues," said MNA Sleepy Eye Chair Carrie Mohr.

Keeping nurses at the hospital is a serious problem at Sleepy Eye, which is a Level 4 Critical Access hospital with many different types of patients and needs.

"People would come to SEMC, get trained, and then move on to a different hospital," Mohr said. "The main agenda items for our negotiations were compensation and retention."

Starting wages were severely lower than surrounding hospitals with a resulting turnover rate of more than 75 percent in the last three years.

"During the negotiations process, we had nurses speak from their hearts to management, reminding managers that they currently have competent, caring nurses who know how to provide evidence-based practice, to provide safe, effective, and holistic nursing care. Nurses just need to see the support back in terms of wages."

Nurses were able to negotiate improvements in the contract, including wage increases, a new PTO sign up system that honors seniority and promotes retention, and changes to holidays.

"We are pleased management listened to our concerns, and we are pleased both sides agreed upon the terms brought forth," said Mohr. She especially wants to thank the director of nursing, who listened to nurses' concerns and fought for the nurses during negotiations.

Thief River Falls


Summer solidarity

MNA nurses at Sanford Thief River Falls Medical Center faced management that did not value nurses during contract negotiations. After three months at the table, Sanford was ignoring nurses' concerns about important patient issues like training and safety.

MNA nurses stood united, demanding that Sanford negotiate a fair contract that treats RNs with respect and encourages them to keep working at the hospital instead of working somewhere else.

They signed a petition, flooded the regional CEO's voicemail with messages demanding management value nurses, and held a solidarity picnic to engage the community.

The major issue was workplace safety, and management finally agreed to in-person workplace safety training.

Nurses reached a tentative agreement on Oct. 11 and ratified it on Nov. 2.

"Each time we negotiate a contract we have continued to strengthen it," said MNA Thief River Falls Chair Tiffany Eidelbes. "Our group of nurses is amazing and always shows great support

for the negotiations team. I feel all our contract improvements are because of how much we show our solidarity as a union."

The new three-year contract contains annual wage increases of 3 percent, 2 percent, and 2.5 percent; flex position language changes, and an agreement that blocks will not be changed without discussing with the union first.

Minnesota Women's Consortium makes sure voices are heard

By Kabo Yang, MWC executive director

The Minnesota Women's Consortium (MWC) is a statewide nonprofit organization founded in 1980 to ensure women's voices are included when decisions affecting them are made. MNA is a longstanding member and supporter.

As an organization of organizations, we are the oldest and largest network of groups working to close gender disparities in various fields. Made up of more than 100 member organizations and 2,500 individuals, we advance equity and justice for all women through advocacy and collaboration.

From our bi-weekly newsletter to annual forums, we bring women and allies together to learn, collaborate and lead. We are co-owners of the historic Minnesota Women's Building, one of three buildings in the nation owned and operated to advance issues affecting women. Meeting space is available to member organizations and some community groups focusing on advancing women.

We continue to serve as a convener by creating safe spaces for intercultural learning, organizational collaborations and collective impact. Please keep updated by visiting our website at www.mnwomen.org or follow us on Facebook (MNwomen) or Twitter (@mnwomen).

We are grateful for the members who make up the MWC Community and for their dedication to women in Minnesota in addition to MNA: #RealCommunity #RealSolutions #PoweredByWomen #BenefitingAll

Ethics Committee Update

By Susan Kreitz RN, Ethics Committee Chair, Minnesota Medical Association member

MNA now officially supports and advocates for the Provider Orders for Life Sustaining Treatment (POLST) form.

The 2017 House of Delegates passed a resolution to promote the standards of nursing practice and all nurses' ethical rights to work with the Minnesota Medical Association to develop and educate members and the public on the purpose of POLST. The resolution calls for MNA to promote POLST in Minnesota and nationally.

MNA's Ethics Committee has been educating and advocating for POLST for several years, and members are excited that MNA is now on the record supporting the form.

POLST is a portable medical order for patients with advanced serious illnesses to have more control over their treatment at the end of life. They can decide what treatments – if any – they want.

The POLST form shares patients' wishes with healthcare providers, including emergency services and hospitals.

The POLST form is used and recognized by hospitals, long-term care facilities, and medical professionals throughout Minnesota.

POLST is one part of advanced care and does not replace the healthcare directive. POLST contains patients' known wishes, and the patient can always change it.

The difference between the healthcare directive and POLST: the POLST form must be signed by a licensed professional, while the healthcare directive does not.

For more information on POLST go to www.polstmn.org.

The importance of an MNA Racial Diversity Task Force

By Stefanie G. Asante-Totimeh, task force member

A little over five years ago, I began working at United Hospital in St. Paul as a staff nurse and became part of one of the strongest unions in the state.

However, I was unaware of the true meaning of the union aside from the brief introduction I vaguely remembered during orientation. The other times I probably heard of MNA were personal stories from MNA nurses - mainly nurses of color - on how MNA defended them and secured their jobs when they felt they were unfairly treated.

With each story, I began to see the union as a necessity to survive the difficult and sometimes unpredictable journey of nursing as a person of diversity: color, sexual orientation, religion, etc. MNA defends each employee irrespective of color and background, demanding fair treatment in the event one has to deal with the employer. MNA nurse negotiations with Allina Health in 2016 made "MNA" the word of the day in almost all MNA nurses' homes.

As a person of color and a nurse who was at that time pregnant, with a husband who also was an MNA member at the same hospital, MNA was indeed a daily topic at our home. Our friends who are from different backgrounds also had this on their minds.

Despite knowing MNA's strength, I pondered why diverse people were not well represented in the MNA structure from union representatives to the main leadership. I wondered if MNA was aware that the true representation of members was not reflected in the leadership structure.

There is an African proverb that says, "Unity is strength and division is weakness." This proverb truly solidifies the need for an MNA diversity task force since inclusion will allow members of color and diverse sexual orientation, religion, and other backgrounds to feel comfortable sharing their experiences and concerns to feel included and connected to MNA.

During the 2016 strike, the picket lines and offices showed the diversity of nurses and their families who stood in solidarity. Perhaps, this was our way of telling MNA we do not only want to be seen, but also to be heard.

Our struggles to fit into a majority non-diverse workplace culture are most times overlooked because we smile and pretend everything is all right. There are scores of nurses of diversity who continue to feel alienated and not welcome because they are not understood by the majority culture. We are also tired of being overlooked when positions of leadership are available as we also want to be given opportunities to serve the community.

The creation of the MNA Racial Diversity Task Force will allow for an open dialogue and safe space for nurses of diverse backgrounds to talk about the unique issues that concern them and how these barriers can be bridged. The Racial Diversity Task Force is the first step in making nurses who feel marginalized feel able to speak up and that their contributions to MNA are important. We will feel we can learn to fully trust MNA to act in our best professional interest and mold us to be future leaders and change makers in this great union.

MNA Foundation update

The MNA Foundation granted $156,000 in scholarship money for the 2017-2018 academic year. 2017 saw the largest recipient group of legacy scholarships awarded: 11 children of MNA members earned scholarships for their post-secondary education programs.

Every year, MNAF provides grants and scholarships to MNA nurses and families, and funds research important to nurses.

Two MNAF members share why they serve on the Foundation Board:

Ian Wolfe, Children's Hospital, Minneapolis

Nursing education and economic opportunity are two things that are important to me. Serving on the MNA Foundation Board provides me with the opportunity to impact people's lives in both of these areas.

Advancing education in nursing is integral to healthcare and the advancement of the profession.

Nursing holds the key to advancing a better system of care in our country. We need to advance the education of nurses in order to produce nursing leaders who can influence positive change in health to advance economic opportunity and better lives for people.

Serving on the MNA Foundation board is a rewarding opportunity for me to aid in producing nursing leaders and increase the knowledge base of nursing.

It is inspiring to read the applications of such motivated nurses and students.

Paige Clements, Essentia Health, Duluth

I am extremely honored to serve on the MNA Foundation board. This past May, I graduated from MSU Mankato's RN BSN program and am now employed by Essentia Health in Duluth.

I am grateful for the opportunity to be an RN on an incredible general surgical floor.

I was involved in professional organizations throughout college. I was the vice president of our Student Nursing Organization and became a member of Sigma Theta Tau-Mu Lambda my senior year.

However, I was prepared to have to wait around and let the more experienced nurses call the shots. I am so glad to be proven wrong and to be able to be involved in a meaningful board this early in my career.

On the MNAF, I am able to be a voice for nurses' continuing education and furthering research. The other members don't see me as too young or too inexperienced as I once feared they would. They see me as a voice representing the new graduate nurses and nurses of the Northland and respect the viewpoint I bring.

As a recent graduate, I am proud of the nurses who go back to further their education because I know how tough it is physically, emotionally, and financially.

I am blessed to be able to serve on an inspiring board such as the MNAF. Join us!

If you're interested in joining the MNA Board, please fill out an Appointment Consideration form in the Member Center on MNA's website at www.mnnurses.org.

2018-2020 MNA President, officers, delegates elected

MNA nurses re-elected President Mary C. Turner to a second term during elections this fall.

Nurses also elected Board of Director and commission members, along with delegates to the MNA and AFL-CIO Houses of Delegates.

Their terms take effect January 1, 2018. Congratulations to all!

See President Turner's comments in her President's Column on page 4.

Results are in the Member Center on MNA's website at www.mnnurses.org.

Legislative update

Legislature returns for 2018 session in February

A relatively short Minnesota Legislative Session in 2018 means you may not see many major pieces of legislation go to the Governor's desk to sign into law.

The 2017 session ended with Governor Dayton and legislative Republicans at loggerheads after the Governor vetoed funding for the Legislature. Republicans went to court to challenge the veto, and the Minnesota Supreme Court ruled the veto was constitutional. While the issue seems settled, it has had a negative impact on relationships between House and Senate leadership and the Governor.

More so than usual, actions at the federal level may have a large impact on Minnesota. The tax bill working its way through Congress when this issue of Accent went to press threatens many Minnesotans' access to affordable healthcare, and could mean cuts in life-saving programs like Medicare, Medicaid, Social Security, and more. Cuts could force Minnesota to change eligibility requirements, change benefit sets, or come up with more funding for Medical Assistance as the federal share is cut.

While MNA nurses always work to educate legislators on our main issues of staffing ratios and single-payer healthcare, it's unlikely legislation will move forward this session.

Nurses will also work to pass the Nurse Felony Assault Equalization bill, which has passed the House, and needs to pass the Senate.

Much of the rest of our work will focus on stopping legislation that we feel would be detrimental to the practice of nursing and the labor movement, and a bad idea for all Minnesotans.

This includes making sure the Nurse Licensure Compact does not pass, stopping any Right-to-Work legislation from passing, and preventing cuts to any of the public programs that serve the most vulnerable Minnesotans.

Members in Action

She persisted

IV connector

MNA nurse Diane Scott saw a problem that affected patients and nurses, and didn't rest until the problem was solved.

Scott, an RN at Sanford Bemidji Medical Center, was the leader in a campaign to get the hospital to replace a new IV connector that nurses considered a danger to patients and nurses.

Soon after the new connector was introduced, nurses noticed it would come off, and get blood on the patient and nurse, creating the risk of blood exposure.

Scott worked tirelessly for several years to get the instrument replaced. After management didn't take nurses' concerns seriously, they turned to regulatory agencies for help. She and other nurses reported Sanford to the Food and Drug Administration for using a defective product. The FDA contacted Sanford, which said they would do something about the dangerous equipment, but did nothing.

Diane then reported blood exposures to the Occupational Safety and Health Administration. OSHA took the nurses seriously, and made an unannounced visit to the hospital.

Nurses kept the pressure on Sanford, bringing up the issue at every Labor-Management Committee meeting, petitioning the Chief Nursing Officer, and Diane kept calling the FDA and OSHA to prompt action.

"At one LMC meeting, the CNO told me to stop talking about the issue, which was the wrong thing to say," said Scott. "That is when I sought out OSHA, not just once; but twice! After two years, management finally removed the connector and went back to the one that nurses liked and was safe for patients and nurses."

It turns out their biggest concern was the expense of replacing the connectors – they said they had paid a lot of money for them. Shame on Sanford!

The lesson from all this: never give up. Diane says she was inspired to act by Dr. June Fisher, who spoke about her crusade to protect healthcare workers from needlestick exposure at the 2015 MNA Convention.

MNA awarded Scott the Elizabeth Shogren Health and Safety Award during the 2017 Convention. The award honors nurses who make sustained and substantial contributions to the health, safety, and well-being of their nursing communities.

Her nominator said she empowered nurses to show management they all had a problem with the faulty device and said it was a matter of patient safety to go back to the device that worked for patients and was safe for both patients and nurses. Diane showed that efforts to demand change are successful when nurses work together and don't give up – no matter how long it takes.

"My award would never have happened without the great support of Kevin Sundit at the Minnesota OSHA who made the unannounced visit to the hospital," said Scott. Diane received messages from both Elizabeth Shogren, and Dr. June Fisher, who was her inspiration to keep fighting for what's right.

Fisher wrote, "Any award from colleagues is always special. To receive the Elizabeth Shogren Health and Safety Award is the highest honor that one can receive. Treasure it and keep fighting for the highest standards for worker protection in healthcare."

A second message said, "You and Bettye Shogren are two of my heroes."

Nursing Practice and Education Commission Update

Untimely death calls for renewed vigilance in fight to end AIDS

By Deb Meyer RN BSN PHN

As a member of the MNA Practice and Education Commission, I want to share a portion of my recent presentation to a study club. My focus was on the 2008 winner of the Nobel Prize for Medicine, Francoise Barre-Sinoussi. She was awarded this for her discovery of the HIV/AIDS virus. She shared the honor with Luc Montagnier and Harald zur Hausen.

Her study of the retrovirus began during her PhD project in the early 1970s. In 1982, the research began to evolve. The virus was attacking patients' immune cells, leaving them vulnerable to rare cancers and pneumonia. Isolating the virus was extremely difficult but they were finally able to do so and take the first actual image. The team named it lymphadenopathy-associated virus, which later became HIV.

In 1996, the introduction of effective treatment, antiretroviral therapy (ART), caused much excitement but it is not a cure; and in fact, with long term use, it causes complications and co-morbidities. When the first known case of an HIV patient being "cured" was publicized, Barre-Sinoussi was skeptical and preferred the term "functional" cure in which the person no longer needs ART, but the body is not totally free from HIV. The virus is hidden in the cells so it cannot be seen by the antivirals or by the immune system.

Even though she retired in August 2017, she remains very concerned about the resurgence in HIV/AIDS. We are not speaking about this as much as in the 1980s and 1990s because people know there is a treatment, they are less afraid. They forget there is no vaccine or cure. A story in a recent Star Tribune cited the September 9, 2017, death of an American composer and lyricist from complications of HIV/AIDS. This tragic death of a 41-year-old is an eye-opener. The assumption is that no one dies from this devastating disease anymore but complacency can spell trouble.

The intense fear of the stigma and shame leads to not being tested or accessing medical care. In 2016, the Minnesota Department of Health reported 290 new cases of HIV, with 42 percent of cases in people age 29 and younger. According to the department, these are the people least likely to have health insurance, and medications can cost "thousands and thousands of dollars a month."

More than 8,500 Minnesotans are known to be living with HIV, according to the Minnesota AIDS Project.

We really need to increase awareness and interest in preventing new HIV infections and making sure that everyone has access to medical care.

- 41 percent of Minnesotans with newly diagnosed HIV live in the Twin Cities and suburbs
- 24 percent of newly diagnosed cases are in people who are African-born
- Women of color make up 84 percent of new cases among all women
- New infections caused by injection drug use increased 86 percent in the past two years.

As health professionals, we can talk to friends, family, and co-workers about HIV and get involved in the fight!

MNA welcomes new staff

- Jenelle Jensen, RN, Labor Relations Specialist. Jenelle is a Registered Nurse and was an MNA member at Sanford Bemidji Medical Center. She has served as both a steward and chair of the bargaining unit.
- Ron Neimark, Labor Relations Specialist. Ron comes to MNA from the Oregon Federation of Nurses and Healthcare Professionals. He previously worked for SEIU in the southern region of the U.S.
- Internally, Jackie O'Shea moved to a Political Organizer position and Eileen Gavin moved to an Administrative Assistant position.

New MNA online store

Now you can show your MNA pride every day with items from MNA's new online store.

You can purchase MNA-branded travel mugs, sports bottles, umbrellas, stethoscope ID tags, and sweatshirts at http://mna.logoshop.com/

Days of despair

Four MNA nurses saw first-hand the devastation of people and property in Puerto Rico caused by Hurricane Maria this fall.

Mary Chismar of United Hospital in St. Paul, Mary Flaherty of North Memorial Health in Robbinsdale, Linda Jessen-Howard of HealthEast St. Joseph's Hospital in St Paul, and Venessa Soldo-Jones of Mercy Hospital in Coon Rapids traveled to Puerto Rico for two weeks in October as part of the National Nurses United RN Response Network (RNRN) to provide nursing care and other disaster relief to hurricane victims. Fifty NNU nurses from throughout the U.S. were part of an AFL-CIO mission of 300 skilled laborers.

They were put in eight teams that traveled around the island to help people wherever they could. They met people who hadn't eaten in days, had no safe drinking water, whose homes were destroyed, who had serious untreated illnesses, or who had no access to medical care or necessary medications.

"We got there a couple weeks after the hurricane hit, and it was like the day after the hurricane," said Chismar. "We set up makeshift clinics wherever we could: in churches, on streets, in someone's garage. We went house to house to check on people. Every day was different, but they were all days of despair."

Power was still out in much of Puerto Rico, with power lines and trees making some roads impassable and living conditions unbearable, especially in hot weather, when the heat index was in the upper 90s on some days. Without electricity, food was ruined because refrigerators didn't work, some people in high rises had to walk many flights of stairs or couldn't get out of their buildings because elevators didn't work, and many businesses couldn't re-open. There were no lights in homes at night.

Many people were without running water, which was a serious health concern. Nurses helped people bleach water so it was usable.

"In that climate you die quickly without drinking water," said Jessen-Howard. "And without running water, people couldn't do ordinary things like laundry, take a shower or rinse off someone's skin. Many didn't have access to diapers, adult incontinence products, and other necessities – things we take for granted back home. It was very hard to see. We felt inadequate. We did our best."

"We saw lots of chronic health problems," said Flaherty. "People couldn't refill prescriptions because pharmacies didn't have access to insurance information via the internet or the pharmacy was closed all together because they didn't have power. We saw people who didn't have food, and the water was potentially contaminated so we started doing more water purification education. People came up to me who hadn't eaten in five days, and hadn't had water in a day with high heat indexes."

"There was one common thread wherever we went," said Chismar. "People needed housing, food, and water."

"I was shocked that people needed food and water," said Jessen-Howard. "It was heart-wrenching to have a woman tear up because you gave her water. We were the first people that some communities saw."

"Three weeks after the hurricane, most of the people we met told us that we were the only relief group that they had seen" said Flaherty.

Puerto Ricans were coping the best they could under such difficult circumstances. Everywhere they went, nurses saw people fixing their homes, trying to repair roads on their own, sharing food with others, and checking in on the homebound or elderly.

"The communities I have lived in have not been as tightly knit as so many of the communities I saw in Puerto Rico," said Jessen-Howard.

If homes were not destroyed, they were water-soaked and

moldy. Nurses saw many instances of black mold in people's homes. Chismar remembers visiting a 93-year-old man whose house was full of black mold because a tree fell through his bedroom.

"Everything was wet," said Chismar. "His bed and walls were full of black mold. When we went in, we got headaches and nausea – and there's an elderly man who's living in it."

"It hurts your heart when you see elderly and young people so vulnerable," said Jessen-Howard. "It's a mental health concern too. People are traumatized."

"The PTSD and emotional trauma will stay with these people for life," said Chismar. "People have severe depression issues from this event and how they are now forced to live their daily lives. Think about not having light at night for this long and being under curfew! Now the holidays are coming and although I am sure people are grateful to be alive, they are struggling emotionally. As an ED nurse, I know this season can be difficult for many in the best circumstances, but living day to day in a compromised status must raise more depression and anxiety."

"This is such a huge problem," said Flaherty. The need is so enormous, nurses felt like their help was "a needle in a haystack. We made a big difference and gave hope to people."

Holiday open house brings nurses, families together in solidarity

MNA nurses and their families celebrate the holidays at a Dec. 9 Open House at the MNA office. There was cookie decorating, ornament making, photos with Santa, face painting, and an Ugly Sweater contest for all to enjoy. They also collected toys for Toys for Tots. Mark your calendar for next year's open house December 1.

MNA Convention and House of Delegates: Organize, Agitate, Educate

MNA nurses got inspired, learned, celebrated, and set the Union's course for the next year at the 2017 Convention and House of Delegates.

Convention kicked off with a special presentation of "Side Effects," a play about the impact of today's broken healthcare system, on Oct. 15. On Oct. 16, nurses learned about the problems with Big Pharma and how to solve them, how inequality contributes to a public health crisis, social advocacy, and health and safety in the workplace at workshops presented by National Nurses United.

The first House of Delegates session was Oct. 16, highlighted by inspiring remarks from MNA's endorsed candidate for governor Erin Murphy, MNA President Mary Turner, and MNA Executive Director Rose Roach.

Rep. Murphy brought nurses to their feet for a standing ovation after her passionate speech about her vision for Minnesota, asking nurses to work with her to build a bright future for all Minnesotans.

She told delegates she is running for governor "because I believe in a kind of politics that improves lives."

MNA President Mary Turner told delegates that patients and the public count on nurses to protect them in these times of a broken healthcare system: nurses are the "watchdogs of the nation."

"As the most trusted profession in the nation, nurses have a responsibility," she said. "Some may think our job is strictly at the bedside taking care of patients, but that just isn't the case anymore."

Turner called on nurses to get involved in social justice and health issues that affect all, like the minimum wage and Earned Sick and Safe Time. She also emphasized the importance of nurse involvement in elections and issues in the State Capitol that affect public health and nurses.

Executive Director Rose Roach told delegates that the 2016 Allina nurses' strike was the beginning of a movement that puts nurse power at the center. She said the medical-industrial complex put profits before patients, and it's up to nurses to stand up to that corporate greed.

"If we stand together and continue to build this power, in the words of the next Governor of Minnesota, Erin Murphy, together there's nothing we can't accomplish," she said.

Delegates went on to approve bylaw changes and resolutions concerning Telehealth and Telemedicine, POLST (see Ethics Committee story in this Accent), racial equity and justice, the ethical practice of recruiting from other nations, and ethical immigration policies. You can find all the bylaws and resolutions in the Member Center on MNA's website at www.mnnurses.org.

MNA members and allies were honored for their advocacy for nurses and patients at the Honors and Awards banquet.

Nurses also raised $1,500 for MNA's Disaster Relief Fund and donated toiletries for a homeless shelter.

Next year's Convention and House of Delegates is October 5-8 at the Radisson Blu in downtown Minneapolis. We're joining with National Nurses United.

MNA Award honorees

Paul and Sheila Wellstone Social Justice Award
Senator John Marty

Nurse Educator Award
Natalie Barnes

Distinguished Service Award
Josephine Strube

Ruth L. Hass Excellence in Practice Award
Mary Kalb

Public Official Award
Representative Melissa Hortman
The People of Color and Indigenous House and Senate Caucus (POCI)

Audrey Logsdon/Geraldine Wedel Award
Marsha Litz/Sharon Carlson

Elizabeth Shogren Health & Safety Award
Diane Scott

Sarah Tarleton Colvin Political Activist Award
Allina Striking Nurses
Abbott Northwestern Hospital • Mercy Hospital • Phillips Eye Institute • United Hospital • Unity Hospital

Nurse Researcher Award
Joan Liaschenko

President's Award
Patricia Dwyer

Creative Nursing Award
Lyna Nyamwaya

Mentorship in Nursing Award
Elizabeth Binkert

Save the Date!

MNA Convention
October 5-8 at the
Radisson Blu, Minneapolis

Health & Safety Committee Update

By Gladys O. Igbo, Committee Member

Seasonal Affective Disorder: what it is and treatments

Seasonal Affective Disorder (SAD), or a recurrent depressive episode with a seasonal pattern, is a type of depression that tends to occur (and reoccur) as the days grow shorter in both the fall and winter. It is believed that affected individuals tend to react very adversely to the decreasing amounts of sunlight as well as colder temperatures.

Although SAD usually presents itself in the fall and winter, some individuals can experience it in the summer or in addition to the fall or winter. SAD was first recognized in the early 1980s.

Other terms have also been used to describe this condition, including winter depression, winter blues, or the hibernation reactive syndrome. Higher incidences of SAD tend to occur in individuals living farther away from the Earth's equator.

SAD occurs in 1-10 percent of U.S. adults. Higher incidences have also been noted to be related to gender as well as geographical location.

For instance, the syndrome is less common in snowy geographical areas but it is about four times more prevalent in women than men. It is worthwhile noting that people of all ages can develop SAD, but the average age is about 23.

Signs and Symptoms

There is usually no specific diagnostic test for SAD; however, it is widely understood that SAD is a form of depression; and therefore, symptoms typically mimic symptoms often seen in individuals with depressive affective disorders. These symptoms often include excessive feelings of tiredness, fatigue, sadness, or a sense of general discontent, crying spells, irritability, apathy, trouble concentrating, body aches, loss of sex drive, poor sleep patterns, decreased activity level, and appetite changes (particularly overeating, especially of carbohydrates resulting in weight gain).

When the condition occurs during the summer, the symptoms are more commonly insomnia, poor appetite, and weight loss, in addition to anxiety, irritability, difficulty concentrating, and crying spells. Social isolation, with the potential resulting loneliness, also occurs at times with SAD. If the condition is severe, it can be associated with thoughts of suicide.

Prevalence and Causative Factors

The symptoms of SAD tend to begin in the fall each year, lasting until spring in most cases. The symptoms are more intense during the darkest months. Therefore, the more common months for the condition to occur will vary depending on how far away from the equator one lives. The syndrome intensifies from inadequate exposure to bright light. Studies show that bright light changes the chemicals in the brain. Exactly how this occurs and the details of its effects are still being studied.

Factors such as high levels of melatonin and low levels of serotonin in the brain, as well as low levels of Vitamin D in the blood, lead to higher occurrences of SAD as well as other depressive conditions.

Diagnosis and Treatment

It is highly recommended that healthcare professionals make greater efforts with needed differential diagnosis as these patterns of symptoms may also suggest a more chronic and organic depressive affective disorder.

A number of different healthcare professionals are qualified to evaluate and treat SAD, including primary care providers, psychiatrists, clinical psychologists, psychiatric nurses, social workers, physician assistants, as well as other specialty nurse practitioners. Treatment for SAD, with an emphasis on prevention, focuses on regular exposure to bright light. This has also been called phototherapy. It is used daily in the morning and evening for best results. If able, patients who suffer from SAD should relocate to sunnier climates.

There are many forms of phototherapy. Phototherapy is available through lightboxes patients use for 30 minutes per treatment. The key to phototherapy is that the light used is bright. The light does not have to be actual sunlight, as artificial light will have the same effect. Patients who undergo phototherapy may also experience side effects such as eyestrain, headaches, irritability, and insomnia.

Patients may also be prescribed medications. Medications that have been found effective at lessening symptoms of the disorder are fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), escitalopram (Lexapro), and vortioxetine (Trintellix). Patients may experience side effects when taking this group of medication.

Patients who suffer from both SAD and bipolar disorder can additionally suffer from manic episodes as a result of SAD treatment.

Additionally, acupuncture may be used to treat SAD in patients who are sensitive to medication, such as pregnant women.

Other ways to treat SAD include cognitive behavior therapy (CBT). In this method, patients meet with a therapist to discuss how the patients' thought-processes may affect their

Seasonal Disorder cont. on page 19

Iowa workers say 'yes' to unions

Public employees in Iowa want to keep a voice in the workplace, have compensation and benefits that allow them to care for their families, and affordable, quality healthcare, among other necessities.

That's why they voted overwhelmingly in September and October to recertify with their unions. The votes were required by yet another blatantly anti-union law passed with little public input in three days last winter. In addition to requiring recertification votes before contract negotiations could begin, the Iowa law excludes insurance, seniority, vacations, layoffs, and more from being negotiated. If members had voted against recertification, their unions would have been dissolved.

Members' votes this fall sent a clear message: they believe in unions and will not let anti-worker corporate interests interfere with worker freedoms.

The Iowa law is just one of many attempts to destroy unions. The U.S. Supreme Court is expected to take up a case that challenges the right of public employee unions to require all employees who receive the benefits of union representation to pay the cost of that representation, called fair share fees.

Janus vs. AFSCME challenges public sector union fair share fees in Illinois. The outcome of the case could threaten the existence of all unions and their ability to advocate for working Americans. The court is expected to hear oral arguments this winter and issue a ruling in the spring.

It's part of the move to impose so-called Right to Work through legislation and court cases.

This case affects public employees, but private-sector unions will be the next target for groups trying to silence workers' voices.

MNA is working with other Minnesota unions as a unified front against these anti-union efforts.

Registered nurses lead the way from page 2

In Iowa, the MNA-endorsed gubernatorial candidate is Cathy Glasson. Cathy worked as a registered nurse in the ICU at the University of Iowa Hospitals and Clinics for more than 20 years. Cathy is also the president of SEIU Local 199, one of the unions that cover healthcare workers in Iowa. Cathy is an organizer and activist and has never been elected to public office before. Cathy is running with a vision for a better future for Iowa. She believes in strong public schools, family farms, clean water, a $15 an hour state minimum wage, the right to join a union, and for universal healthcare that covers every Iowan. In her campaign video, Cathy says she's "stepping up for a bold progressive future for Iowa, never backing down to lobbyists and CEOs, and demanding that working people like us have a seat at the table."

This is a unique opportunity to have two nurses in the highest elected offices in Minnesota and Iowa. I hope you will join me in supporting fellow registered nurses, Erin Murphy for Minnesota Governor and Cathy Glasson for Iowa Governor. Nurses are leading the way in 2018.

Seasonal Disorder from page 18

mood. Controlled sleep deprivation to change brain chemicals through Chronotherapy may also be used. Finally, patients may also make lifestyle changes to help alleviate SAD: increased time outdoors; physical exercise; a diet of lean protein, fruits, vegetables, and complex carbohydrates; vitamin D and/or melatonin supplements.

MNA history corner

1909: First continuing university-based school of nursing in the world formed at the University of Minnesota

At the time, there were 1,129 schools of nursing in the U.S., all in hospitals. Hospital-based nursing education was the accepted norm until the middle of the twentieth century.

Upcoming MNA meetings and events

Board of Directors
January 17

MNA Foundation
February 7

Health and Safety Committee
January 17
March 21
May 16

Ethics Committee
January 18
March 15

Nursing Practice & Education Commission
January 18
February 15
March 15

Governmental Affairs Commission
January 24

MNA Day on the Hill
March 5-6, 2018
Student Day on the Hill
April 10

MNA/NNU Conventions
Oct. 5-8, Radisson Blu, downtown Minneapolis

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We'll send you an email every time Accent is posted on our website.

Ethics Book Club Update

By Becky Romosz, Book Club member

"The more that you read, the more things you will know. The more that you learn, the more places you'll go."
– Dr. Seuss

It is a simple statement but so very true from one of the greatest philosophers known! Our Ethics Book Club choices for 2018 have varied topics: some deal with healthcare issues, some with history; and some are just interesting reads.

Book Club attendees have had some good discussions in the past.

With the variety of books this year, it should be another mind-expanding year with lively discussions.

The great thing about the Book Club is that it extends the connection between healthcare and life's experiences. It offers us a variety of information that we can incorporate into our nursing personalities. The Book Club has been going now for 10 years. Let's keep it going for many more!

Come join us this year as we explore and discuss the books we have chosen. Watch for our bookmarks that have a listing and description of the books, as well as the dates of the Book Club meetings.

Our first Book Club for 2018 is Thursday, January 18, from 5-7 p.m. The book is "League of Denial: The NFL, Concussions, and the Battle for Truth" by Mark Fainaru-Wada and Steve Fainaru.

Just think of all the places we will go when we read and discuss the books chosen for this year!

2018 Ethics Book Club schedule:

Thursday, January 18: *League of Denial: The NFL, Concussions, and the Battle for Truth*, by Mark Fainaru-Wada and Steve Fainaru (2013)

Thursday, March 15: *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back*, by Elisabeth Rosenthal (2017)

Thursday, May 17: (2 books): *Bad Blood (A Virgil Flowers Novel*) by John Sandford (2012) AND *Miss Evers Boys* by David Feldshuh (1995)

Thursday, September 20: *Evicted: Poverty and Profit in the American City* by Matthew Desmond (2016)

Allina one year later from page 5

work agreement that provided them with credit for seniority and pension calculations for the time they were on strike, which was a first in the history of MNA.

There are those who say Allina won simply because the nurses were not able to keep their health plans, but I would ask, what did Allina win? They lost hundreds of highly skilled nurses who could no longer work for an employer who so publicly disrespected their work. They lost the loyalty of their most precious asset, their nurses, by constantly devaluing the nursing profession. They lost the trust of a community who viewed them as a public good but now see that they are nothing more than another corporation focused on their bank balance. And they spent $140 million on replacement nurses in order to "save," as they claimed, $10 million per year on their insurance proposal. How was publicly refusing to negotiate with nurses about the safety of patient care a win for Allina?

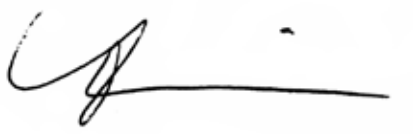
Allina nurses did not lose. MNA did not lose. Because the Allina nurses chose to fight, they were able to bring to the forefront the stranglehold of corporatized healthcare and what it looks like for its workforce as well as the community it's supposed to serve. These brave nurses made the public aware of the duplicitous nature of a health system being run by bankers, financiers, and the power elite of Minnesota. The nurses brought to light the dangerous and violent environment that exists within our hospitals. Because they kept fighting for safe staffing ratios, they successfully exposed the fallacy and deception of the hospitals' legislative strategy of proclaiming there's no need for legislation on staffing ratios because it can be bargained at the table. Allina told us point blank that they "will never negotiate staffing ratios" with MNA, so now our elected officials know they must act in the best interest of the public good and pass legislation that creates a minimum standard of care for all hospitals in Minnesota. And this strike made it abundantly clear that healthcare benefits cannot be controlled by an employer-based system any longer. We are well past the time to make healthcare a right and stop allowing employers to dictate what kind of access to care we're limited to, the cost of that access, and who provides our healthcare. And let me be clear — Allina is still suffering big time from the strike. We know that nurses are too. It was, for many nurses, the hardest experience of their lives. If I have learned anything since the strike ended, it's that nurses don't stop fighting for their patients, their profession, and a humane healthcare system.

If what's going on inside those hospitals and clinics is more about the health of the facilities' checkbooks than the health of the patient, we are at risk of losing our collective humanity, which is why we continue to fight for safe staffing standards at all hospitals; for fair wages commensurate with the responsibility of the job; for necessary benefits including a pension that provides for economic security and dignity upon retirement; and for life-saving healthcare reform that always puts the patient first.

Allina nurses, we thank you from the bottom of our hearts for taking on corporate healthcare in such a public arena. It has allowed nurses in Albert Lea to push back against the almighty Mayo; nurses in Willmar to protect the interests of nurses and patients in the transition of their hospital from public to private; and nurses at HCMC to stand united against an infiltration of the private side of their public/private owners to dictate what's best for nurses and their patients. These are just a few examples of how the Allina nurses have inspired nurses all across Minnesota, Iowa, Wisconsin, and even North Dakota, to stand up and fight for what is right. Yes, you sacrificed for the rest, but you stand stronger today than ever before and your sacrifice has not gone unnoticed or unappreciated – you've shown us what it means to be the mighty, mighty nurses of MNA.

While we will never forget that collective battle experience, it is now time to move on. So, strengthen your bonds with each other. Share encouragement. Veteran nurses, educate new nurses about the volatility of the healthcare system they're entering and the value of unions, of solidarity. Because that's what has Allina, and in fact all the corporate hospital giants, shaking in their boots - the reality that MNA nurses are stronger than ever. As a matter of fact, MNA staff and members have already begun the process of planning for 2019 negotiations because we all know the negotiations in Duluth, Mankato, and the Metro set the stage for negotiations across the entire Midwest. We will not allow these employers to dictate the bargaining agenda. We will create a plan that pushes for improvements in our contracts, while at the same time recognizing the importance of defending our contracts in a time of concessionary bargaining on all fronts.

Now is our time, MNA nurses. The Allina strike was just the beginning of the building of a movement that puts nurse power at the center. If we stand together and continue to build on this power, in the words of the next Governor of Minnesota, our very own Erin Murphy, "There's nothing we can't accomplish."



MNA Annual Notices Regarding Dues *(This notice is not applicable to employees of employers located in right-to-work states, except employees of employers in those states who are covered by the Railway Labor Act or are situated on U.S. Government property.)*

EMPLOYEES SUBJECT TO UNION SECURITY CLAUSES

As an employee working under a Minnesota Nurses Association (MNA) agreement containing a union security clause, you are required, as a condition of employment, to pay dues or fees to MNA. This is the only obligation under the union security clause. You do not have to actually become a member of MNA. Individuals who are members pay dues while individuals who are non-members pay an equivalent fee. This fee, which is authorized by law, is your fair share of sustaining your union's broad range of programs in support of you and your co-workers, but non-members may file objections to funding expenditures that are non-germane to MNA's duties as collective bargaining agent and thereby be obligated to fees representing expenditures germane to MNA's duties as collective bargaining agent. This notice contains information relevant to deciding whether to object, and the internal MNA procedures for filing objections.

Non-member fee payers give up many benefits that only MNA members receive. As a member, you will have all the benefits and privileges of membership, including the right to fully participate in the internal activities of the union, the right to attend and participate in membership meetings, the right to participate in the development of contract proposals and to participate in contract ratification and strike votes, the right to vote to set or raise dues and fees, the right to nominate and elect MNA officers, and the right to run for MNA office and for convention delegate.

If you nonetheless elect to become a fee-payer objector, you will be required to pay, as a condition of employment, a "fair share fee" that represents a percentage of the monthly dues for reasonable and necessary costs incurred in acting as your bargaining representative. The fair share fee is calculated based on those "chargeable" expenditures germane to collective bargaining activities MNA incurred during the most recently completed fiscal year. Among those expenditures germane to collective bargaining for which objectors may be charged are those made for the negotiation, administration and enforcement of the collective bargaining agreement; all expenses related to representing employees in the bargaining unit, including the investigation and processing of grievances; MNA administration; and other germane expenses. Those expenditures that are not-chargeable are identified as expenditures for activities not germane to MNA's duty as your bargaining representative, such as expenditures for certain legislative activities and to support political candidates. Currently, 12-14 per cent of MNA's expenditures are deemed to be not-chargeable expenditures. The financial information provided herewith summarizes the chargeable and not-chargeable expenses.

If you are a member and wish to resign from MNA, or if you do not want to become a member, and you object to paying dues equal to the amount customarily paid by MNA

members and wish to pay a fair share fee of the monthly dues, you must notify MNA of your choice by sending a letter in the mail so stating to the Director of Finance, Minnesota Nurses Association, 345 Randolph Ave., Suite 200, St. Paul, MN, 55102. The letter of objection must be appropriately post-marked and must include your full name, mailing address, social security number, your employer's name, and your date of employment. In all cases, if you are thereafter employed as a new employee by another employer with a union security agreement, you must repeat the above process with respect to obtaining fair share status with your new employer. Once a timely objection is received, MNA will advise you of your precise fair share fee and the categories of chargeable expenses used in the determination of that fee. If you have signed a dues authorization deduction card, MNA will instruct your employer to deduct that fair share from your paycheck. If you have not signed an authorization card, you must pay the amount of the fair share directly to MNA in a timely manner. This fair share status will be treated as continuing in nature. Should you wish to discontinue this status, you may do so at any time by contacting MNA.

MNA fully expects that few, if any, employees it represents will avail themselves of the option of fair share status since it firmly believes that all employees represented by MNA recognize the importance of all the expenses incurred by MNA on their behalf in the continuing struggle to improve the working conditions and job security of employees represented by MNA. While it is your legal right to be a non-member and to object to paying full dues, we believe that doing so is not in your best interests or in the interests of your co-workers.

Before choosing fair share fee payer status over full member benefits of MNA membership, read this notice carefully and be aware of the benefits that you will be giving up.

MINNESOTA PUBLIC SECTOR EMPLOYEES

The following additional information applies only to Minnesota public sector employees, who are required to pay a fair share fee assessment. The fair share assessment is that fee the Minnesota Nurses Association, as your exclusive representative, is allowed to charge non-members for collective bargaining and contract administration, pursuant to Minn. Stat. 179A.06(3). The Act provides that non-members of the Association be assessed a "fair share" fee in an amount not to exceed 85 per cent of regular member dues. Commencing January 1, 2018, the amount of regular dues of MNA will be $804 per year; fair share fee assessment will be $682.80 per year.

The financial information provided herewith identifies expenditures for benefits available only to members (not-chargeable) and expenditures for collective bargaining and contract administration services that have been provided for bargaining unit employees without regard to membership status (chargeable).

An employee may challenge this assessment by filing a challenge with the Bureau of

Mediation Services (BMS) within thirty (30) calendar days after receipt of this notice. The Bureau of Mediation Services is located at Suite 2, 1380 Energy Lane, St. Paul, MN 55108. The challenge must specify those portions of the assessment being contested and the reasons therefore, and copies of the challenge must be sent to your employer and this organization. Notice to MNA should be sent to the Director of Finance, Minnesota Nurses Association, 345 Randolph Ave., Suite 200, St. Paul, MN 55102. Telephone: 651-414-2800.

The Public Employment Labor Relations Act requires a fee for filing challenges. Forms for challenges and a copy of the rules governing them are available from BMS without charge.

Chargeable/Not-Chargeable Expense Analysis

Fees charged to non-member fee payer objectors support expenditures made by the Minnesota Nurses Association and National Nurses United (NNU).

Not-chargeable items include lobbying costs for activity related to ideological and other political activities, as well as costs related to maintaining a political action fund. Newsletter costs are not-chargeable to the extent that the content is related to a not-chargeable activity. The chargeable portion of the National Nurses United (NNU) assessment is based on an analysis of the NNU audited expenses.

The actual and budgeted financial information below summarizes the chargeable and not-chargeable expenses with corresponding percentages for each level. Although the chargeable percentage is 86-88 percent, MNA has decided to charge 85 percent of regular dues to non-member fee payer objectors.

Agency/Fair Share Fee Analysis Financial Summary

2016 Actual
Source: 2016 Audited Financial Statements

	2016 ACTUAL	OFFSETTING REVENUE	NET EXPENSE	CHARGEABLE	NOT CHARGEABLE	OVERHEAD ALLOCATION
ADMINISTRATION	2,788,648	128,197	2,660,451	102,353	1,882	2,556,216
GOVERNMENTAL AFFAIRS	548,880	-	548,880	476,002	72,878	-
LABOR	5,461,281	1,560	5,459,721	5,459,721	-	-
COMMUNICATIONS	727,257	-	727,257	710,774	16,483	-
MEMBER MOBILIZATION	2,490,113	-	2,490,113	1,735,543	754,570	-
EDUCATION	218,893	-	218,893	215,870	3,023	-
NURSING PRACTICE	335,399	-	335,399	330,767	4,632	-
CONVENTION	230,364	-	230,364	227,182	3,182	-
WORKSHOPS	6,610	-	6,610	6,519	91	-
MEMBERSHIP RECORDS	312,945	-	312,945	308,623	4,322	-
SUBTOTAL	13,120,390	129,757	12,990,633	9,573,355	861,062	2,556,216
ALLOCATION OF OVERHEAD				2,345,274	210,942	
ALLOCATED TOTALS	13,120,390	129,757	12,990,633	11,918,628	1,072,005	
NNU ASSESSMENT	3,215,054		3,215,054	2,231,569	983,485	
AFL-CIO AFFILIATION	387,964		387,964	384,305	3,659	
DUES ALLOCATION	390,382		390,382	-	390,382	
GRAND TOTAL	17,113,791	129,757	16,984,033	14,534,503	2,449,530	
PERCENT (%) OF TOTAL				86%	14%	

2017 Budget
Source: 2017 Operating Budget

	2017 BUDGET	OFFSETTING REVENUE	NET EXPENSE	CHARGEABLE	NOT CHARGEABLE	OVERHEAD ALLOCATION
ADMINISTRATION	3,046,792	150,424	2,896,368	274,622	3,368	2,618,378
GOVERNMENTAL AFFAIRS	618,418	-	618,418	542,495	75,923	-
LABOR	4,842,432	-	4,842,432	4,842,432	-	-
COMMUNICATIONS	610,368	-	610,368	595,767	14,601	-
MEMBER MOBILIZATION	2,390,767	-	2,390,767	2,068,661	322,106	-
EDUCATION	391,644	-	391,644	386,357	5,287	-
NURSING PRACTICE	514,535	-	514,535	507,589	6,946	-
CONVENTION	228,850	-	228,850	225,761	3,089	-
WORKSHOPS	35,000	-	27,000	26,636	364	-
MEMBERSHIP RECORDS	329,651	-	329,651	325,201	4,450	-
SUBTOTAL	13,008,457	150,424	12,850,033	9,795,521	436,134	2,618,378
ALLOCATION OF OVERHEAD				2,506,767	111,611	
ALLOCATED TOTALS	13,008,457	150,424	12,850,033	12,302,288	547,745	
NNU ASSESSMENT	3,382,518		3,382,518	2,347,806	1,034,712	
AFL-CIO AFFILIATION	390,714		390,714	389,151	1,563	
DUES ALLOCATION	402,700		402,700	-	402,700	
GRAND TOTAL	17,184,389	150,424	17,025,965	15,039,245	1,986,720	
PERCENT (%) OF TOTAL				88%	12%	

MNA Member Dues for 2018

MNA dues will remain at $67 per month for 2018. Annual dues rates are calculated based on the change in the average starting pay of bargaining unit contracts. If the average starting pay increases, your MNA dues will increase on January 1 of each year. 2018 rates are based on the average change in starting pay rates at December 31, 2016. MNA dues for non-RNs will remain at $22.50-$45.00 per month.

Bargaining unit members who work less than 832 hours per year may be eligible for reduced dues at 50 percent of the regular dues rate. Dues for registered nurse members who do not belong to an MNA bargaining unit are also 50 percent of the regular dues rates.

An Associate Membership option is available for those RNs who are not represented by MNA for collective bargaining, who wish to have access to MNA for volunteer activities, but with no additional membership rights. Student nurses enrolled in an RN Nursing program are also eligible for Associate Membership.

The annual and monthly dues rates for the various categories of dues payers are listed below. If you have any questions related to your MNA dues, please contact the MNA office and ask for a Membership Account Specialist.

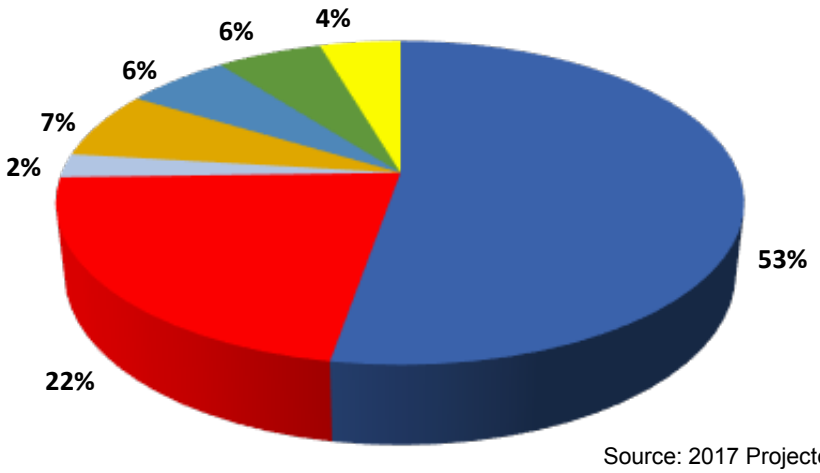
MNA Dues/Service Fee Effective January 1, 2018

Category	Annual	Monthly
RN bargaining unit dues	$ 804.00	$ 67.00
Non RN-Professional dues	$ 540.00	$ 45.00
Non RN-LPN/Technical dues	$ 405.00	$ 33.75
Non RN-Other dues	$ 270.00	$ 22.50
RN bargaining unit-Service fee objector	$ 682.80	$ 56.90
Non RN-Professional-Service fee objector	$ 459.00	$ 38.25
Non RN-LPN/Technical-Service fee objector	$ 344.25	$ 28.69
Non RN-Other-Service fee objector	$ 229.50	$ 19.13
RN non-bargaining unit dues	$ 402.00	$ 33.50
RN Associate Membership	$ 100.00	

Note: Bargaining Unit members who work less than 832 hours per year may be eligible for reduced dues at 50% of the regular dues rate.

Dues Revenue Allocation

- Salaries/Benefits - 53%
- Affiliation Fees (NNU/AFL-CIO) - 22%
- MNA Dues Allocation - 2%
- Negotiating Payments/Outside Fees - 7%
- Travel/Meetings - 6%
- Office Operations/Overhead - 6%
- Office Lease/Insurance/Depreciation - 5%



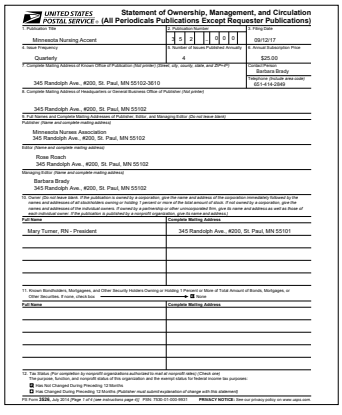
Source: 2017 Projected

Less: NNU Assessment (Red Slice)	<166>	
AFL-CIO State & Regional Federations (Average)(Red Slice)	<14>	
Member Dues Allocation (Strike, MNAF, MNA PC) (Light Blue Slice)	<20>	
Amount Available for MNA Operations	$604	($50.33/month)

*This figure will be 50 percent less for collective bargaining members working less than 832 hours per year and non-collective bargaining members.

MNA Statement of Ownership filed with the U.S. Postal Service

Annual publication in Accent required by USPS.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Full Name	Complete Mailing Address
Mary Turner, RN - President	345 Randolph Ave., #200, St. Paul, MN 55101

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box → ☒ None

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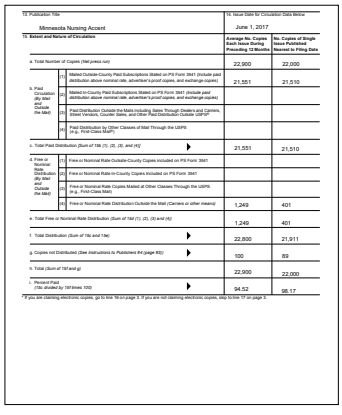
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345 Randolph Ave., Ste. 200
St. Paul, MN 55102

2018 Minnesota Nurses Day on the Hill

Monday, March 5, 2018 • 4 p.m. - 9 p.m.
Tuesday, March 6, 2018 • 8 a.m. - 4 p.m.

Intercontinental St. Paul Riverfront Hotel
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