

MINNESOTA NURSING Accent

Spring 2018 | Volume 90 No. 1



**Building better
lives together**

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Cover Story

Keep your freedom to advocate for safe patient care

What do you value most as an MNA member? A contract that gives you a voice in your workplace and the ability to negotiate a fair return for your hard work? The right to advocate for patients without fear of discipline? Solidarity with your union colleagues? The freedom to join together in unions? Being part of a larger network of working people who want to provide for their families and have time to spend with them?



The U.S. Supreme Court is considering a case that would open the door to unions losing their rights, starting with public-sector union members. If they lose their rights, it wouldn't be long before private-sector union members face the same fate through so-called Right to Work laws.

Janus v AFSCME challenges the right of public-sector unions to require all employees who receive the benefits of union representation to pay the cost of that representation, or fair share fees. Corporations and extremists want to weaken unions through this case. They hope that this ruling will take away unions' right to ask people to pay for the benefits that a union contract ensures. These groups want to undermine unions so they can continue to rig the system against working people.

If the court rules against working families, unions would lose the power to speak up for members, families, and communities, starting with public-sector unions.

MNA represents a large number of nurses who work in public hospitals, counties, and the state. They would be the first to face the impact of *Janus*.

"All MNA nurses are there for our public-sector sisters and brothers," said MNA President Mary C. Turner. "We will do whatever it takes to fight for working people's freedom to join together in a collective voice."

Here's how the ruling could affect MNA nurses, starting with our public-sector nurses:

- Without a strong union and contract, employers could unilaterally impose staffing, compensation, and other cuts that eliminate all the protections for patients that nurses fought for over many years;
- Nurses would no longer be able to speak up for patients without fear of retaliation;
- There would be no one to stop hospitals from putting profits over patients; Nurses now are the ones who speak up about the effects of corporatizing healthcare to make sure hospitals, can't make decisions that change patient care in the name of the bottom line;
- Public health would be endangered. Unions are the ones insisting on policies and programs that benefit all, not just the rich. Just look at what happened to the states surrounding Minnesota that imposed Right-to-Work laws for a preview of what could happen to Minnesota: Household incomes are now significantly

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Writing MNA's story



When you think about the future, what do you see for Minnesota nurses? The right number of patients to care for at one time, a safe workplace, high standards for the nursing profession, a healthcare system that patients can access without worrying whether they can afford it?

Your Board of Directors is working to make that a reality for MNA nurses and their patients. In January, the Board determined MNA's goals and measures of success for 2018. After some long and passionate discussions about shaping our future, it's exciting to have in place goals that begin to achieve a future that reflects the priorities of MNA members.

Setting goals and priorities is no small task when everything is so important, especially this year as we prepare to negotiate contracts in 2019 for two-thirds of our membership and ensure a labor-friendly, nurse-friendly, people-centered Governor is elected in November.

These priorities are not stand-alone: they intersect with each other. Of course, the foundational daily work of the union: representation and organizing, must and will continue; but we must also prepare for whatever the hospitals throw at us next year. We must expand our membership, increase the capacity of our current leaders and members, and secure our right to exist.

Engaging in strategic planning, the Board members considered the major events on the horizon for 2018, like the November elections and a U.S. Supreme Court case that could seriously undermine unions.

These goals are not necessarily new, but they have an urgency that requires focus and metrics for measuring success.

We know we need to increase member involvement because members ARE the union and that's where our power comes from. Electing a Governor and Legislature who support nurses, our issues, and who value partnerships with us while sharing in the governance of our state, is imperative not only for MNA but for our families, our patients, and our communities.

2019 is a heavy bargaining year for MNA. Many bargaining units, including the Metro, Duluth, and Mayo Mankato nurses, will negotiate their contracts, so it's essential we begin to prepare for the table now. We simply do not have the luxury of waiting until mere months before the contracts expire to strategize and plan because we all know the hospitals are doing just that right now.

Executive Director's Column

Here are the four visionary goals the Board set for 2018:

1. Build MNA's internal member power and engagement while preparing for 2019 negotiations;
2. Elect a pro-nurse/pro-labor/pro-Healthcare for All Governor and Legislature. Nurses must be involved in elections because elected officials make so many decisions that directly affect nurses and the basic foundational work that the union does. Nurses need to be at the table from the beginning, so your voices are heard as the administration is formed and the Legislature's leadership and committee structure are defined. There are so many powerful players working against us, from the insurance and pharmaceutical industries to the hospitals and numerous monied interests, that nurses must make sure their voices drown out those who would seek to do us harm. We may not be able to afford the expensive campaigns and lobbyists they have, but we have something better: more than 22,000 nurses' speaking with one voice – now that's power!
3. Grow MNA's membership through external organizing. We are now more than 22,000 strong but that's not enough. Now is the time to bring a voice to all nurses when it comes to terms and conditions of employment, but also bring a voice to patients. We all know that nurses use the collective bargaining process to secure safe patient care and healthy patient outcomes;
4. Protect against any Right-to-Work measures or erosions of the right to collectively bargain. The U.S. Supreme Court will decide a case that challenges public sector unions' right to require workers to pay fair share fees. This case, *Janus v AFSCME*, threatens the very existence of unions themselves. We must educate our members to understand what's at risk and why being a union member protects your hard-fought-for contractual and legal rights from no mandatory overtime, to a say-so in scheduling, a secure pension at retirement, and wages that reflect the value of the work you do as a nurse. Read more on page 2.

The Board will continue the strategic planning process this summer and begin looking at goals and measures of success for 2019 and 2020. A long-range vision is necessary as we

Writing MNA's story cont. on page 11

President's Column



Two issues to watch in the 2018 Legislative Session

All nurses have stories about terrifying acts of violence in the workplace. I remember a time when a patient jumped out of bed, hit a pregnant nurse, and trapped another in a corner. The patient later said he was glad he did it and would do it again. You never forget those moments.

You aren't alone – MNA nurses have been working on workplace safety for many years. Everyone must understand that violence should never be considered "just part of our job," no matter what employers may try to tell us.

We have had success along the way, including the 2015 Violence Against Health Care Workers law that passed the Legislature thanks to MNA nurse activism. The law requires all Minnesota hospitals to develop plans to prevent violence, not just respond to an incident.

Hospital administrators must work with bedside healthcare workers to develop, implement, and monitor these violence prevention plans. Hospitals must track incidents of violence so we know where we need to make changes.

There is still much more to do.

A bill in the Minnesota Legislature would make it a felony to assault any healthcare worker in a hospital. Currently, it's a felony to assault workers in the Emergency Department only.

We know all too well that violence occurs everywhere in a hospital and not just the ED. This proposal would make it clear that assaults against healthcare workers anywhere in a hospital will not be tolerated.

It's time we change the culture of abuse in our hospitals. Nurses and other employees cannot excuse violence as part of the job. No one deserves to be assaulted at work.

This bill is for the very rare circumstances when a healthcare worker wants to see someone prosecuted for an assault. Nurses know very well the difference between someone who is suffering from mental health issues or dementia and unintentionally harms a nurse versus someone who does so with intent.

Even in those rare cases when nurses want to prosecute, police tell them it's not worth it because the penalties are so low. This bill creates a path to justice for workers assaulted in a hospital, and should give us some peace of mind knowing there are consequences to people who assault us with intent.

The bill has passed the House and is now in the Senate.

Nurses: be ready to insist on action on this very important bill when MNA calls on you.

Another issue that we're watching very carefully is the National Council of State Boards of Nursing (NCSBN) Interstate Nurse Licensure Compact, which would undermine our profession and patient care.

The Compact allows nurses to practice in multiple states with one interstate

Issues to watch cont. on page 5

MNA Visions, Values, and Strategic Pathways for 2018

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 Vision and Values

MNA is a positive, powerful union of professional direct patient care nurses that advances nursing practice, effective, safe staffing and working conditions, patient interests and works to build a healthy community, empowered profession, and fair and just society along the principles of the Main Street Contract:

- Jobs at living wages
- Guaranteed healthcare
- A secure retirement
- Equal access to quality education
- A safe and clean environment
- Good housing
- Protection from hunger
- Human rights for all
- An end to discrimination
- A just taxation system where corporations and the wealthy pay their fair share

In practice, this means:

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 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.
3. MNA builds its power as a union of professional nurses by increasing its membership and exercises that power through effective internal and external organizing, and member participation, activism, education, and mobilization.
4. MNA actively promotes social, economic and racial justice and the health, security, and well-being of all in its organizational programs and collaborations with partner organizations.
5. MNA works in solidarity with the National Nurses United and the AFL-CIO to build a worker movement that promotes the rights of patients, nurses, and workers across the United States.

Strategic Pathways

MNA will achieve its vision through six key strategic pathways.

- Strengthen the integrity of nursing practice, nursing practice environments, and safe patient staffing standards and principles.
- Oppose any attacks on nursing practice and workers' rights, including any attempts of deskilling the Professional nurse's scope of practice and right-to-work legislation.
- Collectively bargain from strength across the upper Midwest
- Organize externally and internally to increase MNA membership and continue to increase solidarity and participation of membership locally, regionally, and nationally.
- Elect politicians who will implement nurse/worker-friendly public policy, including safe staffing and a healthcare system that includes everyone and excludes no one.
- Work in solidarity with the NNU and AFL-CIO and other community allies to advance nursing, health care and worker justice issues.

Issues to watch from page 4

license. States must pass laws to participate in the Compact.

A bill was introduced in March. Nurses testified against the bill at a March 20 hearing. Please be ready to act!

Nurses believe that having a license in the state where you're actually working means Minnesota's high standards will be maintained.

The Compact would allow nurses from states with lower standards and different practice acts to care for Minnesota patients without meeting our high standards.

Nurses oppose the Compact because:

- Minnesota would lose the ability to provide regulatory oversight of nurses practicing in Minnesota, or even to know which nurses are practicing in the state;
- The Compact would significantly erode Minnesota's state sovereignty. This bill takes the regulation of nursing practice out of the hands of Minnesotans and places it in the trust of a multi-state commission that is unaccountable to the people;
- The Compact would prevent the Minnesota Board of Nursing from requiring Compact nurses practicing in Minnesota to follow Minnesota's continuing education requirements;
- The Board of Nursing would lose revenue from any

nurses currently licensed in multiple states and therefore likely need to raise fees in the future for current license holders who are Minnesota residents;

- The Compact could subject nurses to multiple disciplinary actions arising from the same incident;
- The Compact would continue to decrease the cost of potential strikes to employers by removing the financial burden, making it easier for hospitals to hire replacement nurses, which harms patient safety and quality of care.

We are monitoring this issue very closely. Nurses will need to act swiftly and decisively to make sure this bad idea never becomes a reality in Minnesota.

Other issues are sure to arise in the 2018 Legislative Session. We'll keep you informed so you can continue our legacy of standing up for policies and laws that benefit our patients and our union!


Keep your freedom from page 2

below Minnesota's, more people are uninsured, life expectancy is lower, and infant mortality rates are higher.

Unions are working to fight this case and Right-to-Work measures in Minnesota and throughout the U.S.

MNA is part of an alliance of Minnesota unions joining forces to oppose *Janus* and Right to Work called the Public Sector Union Alliance (PSUA). The group develops strategies and joint actions in the face of the *Janus* case.

More than 1,000 MNA nurses, other union members, and allies packed the Capitol Rotunda on Feb. 24 to stand up for workers' freedom to come together in strong unions in a PSUA rally.

The "Working People's Day of Action" featured union members telling their stories about the value of unions. It was part of a national day of action in cities across the country. Watch for more actions in the coming months.

PSUA is also sponsoring a digital ad campaign featuring union members talking about the value of belonging to



Kellie Quesada

unions. MNA nurse Kellie Quesada from Mankato was featured in these ads. You can see them at the Better Together website at <http://bettertogethermn.com/>

Watch for more actions after the court rules, which is expected by the end of June.

LABOR ADVOCACY

Nurse solidarity pays off in negotiations



HCMC RNs ratify contract. (L-)R Assumpta Foy, Tammy Workman, Sarah Simons, Kathy Everson, Kimberly Torrey-White

2017 was marked by unprecedented organizing and solidarity in MNA contract negotiations, particularly in many of MNA's smaller bargaining units. Inspired by the Allina nurses who went on strike for seven weeks in 2016 to defend their patients and their contracts, MNA nurses in 2017 won contract gains that prove that no matter the size of your bargaining unit, when MNA members mobilize, they can secure substantial improvements in their workplaces, economic gains, language to improve staffing and scheduling, and protect against management's proposed concessions.

One area where we saw significant improvement in 2017 was the bread and butter of bargaining: wage increases.

Bargaining units normally match wage increases that occurred the prior year by hospitals in the Metro, Duluth, and Mankato areas, which were 6 percent over three years in 2016. Nurses throughout Minnesota negotiated pay raises well above those levels in 2017.

For example, nurses in Allina District One Hospital in Faribault mobilized to show management how much their current wage rates were creating disastrously high turnover levels, due in part to better compensation at the nearby Owatonna hospital.

The nurses held up signs at the bargaining table citing various statistics regarding how turnover affects patient care. Ultimately, it was the presence of the nurses and the strength that presence showed — not the statistics — that moved management to agree to much-needed contract improvements that bring District One wages up to Owatonna nurses' pay.

Other bargaining units that mobilized to secure larger wage gains include nurses at Sanford Thief River Falls, with a wage increase of 7.5 percent over three years; nurses at Grand Itasca Hospital in Grand Rapids, with wage increases of 6.25 per-

cent—8.75 percent over three years; and nurses at Perham Health Sanford, with wage increases of 10 percent over three years for hospital nurses.

Other than economics, nurses in 2017 were able to negotiate improvements to their contracts that affect staffing, scheduling, and nursing practice.

MNA nurses at Grand Itasca Hospital in Grand Rapids negotiated an agreement that created a Staffing and Scheduling Committee to develop processes around all kinds of pertinent issues, such as establishing staffing grids. Management must agree with MNA representatives on all outcomes, and mediation will be utilized if management attempts to buck the process.

During negotiations, when management attempted to derail progress and force a concessionary contract, members mobilized at the last minute, flooding the CEO's voicemail, and 40 members showed up at an in-person meeting. Management quickly took their concessions off the table and the nurses secured their contract.

At Hennepin County Medical Center in Minneapolis, MNA nurses successfully defended contract language that management wanted to take away. As the only Metro hospital that does not bargain with the others, HCMC nurses were faced with a slew of concessions as management tried to claim that the hospital was losing money and that it needed to come off the backs of its workers. The hospital primarily came after the nurses' favored health insurance plans, but the nurses at HCMC were able to hold the line and keep their plan and maintain fair premium contributions from the employer. They were also able to protect a number of other contract clauses, such as their longevity bonus, sick and vacation time, voluntary on-call only when low-needed, and a retiree healthcare subsidy.

Other bargaining units that defended against concessions like hospital-wide mandatory on-call include the nurses in Buffalo and Hibbing.

The lesson from 2017 contract negotiations: when members engage, mobilize, and demand fair contracts from their employers, they win not just for themselves, but for their families, patients, and communities.

LABOR ADVOCACY

Willmar RNs stand up for patients, staff, and the community

MNA nurses at Rice Memorial Hospital in Willmar took on not only management, but City Hall, when they learned of secret negotiations to affiliate with an out-of-town healthcare system.

They immediately had questions and concerns about how an affiliation with St. Cloud-based CentraCare Health and the ACMC physicians group would affect patient care, the community, and hospital staff. They were also very concerned about the secret nature of the discussions.

Nurses first went to Rice management, but did not receive satisfactory answers to their questions about privatizing their public hospital.

They then went to the public to raise the alarm about the potential impact of the merger and the lack of transparency. Nurses spoke passionately at City Council and Hospital Board meetings throughout the summer and fall. They had a booth at the county fair and talked to fairgoers about the negotiations. They leafletted houses all over the city, urging people to call members of the City Council to ask questions and make sure the final agreement benefited everyone.

Council members commented during November meetings that they had received a large number of calls. Nurse advocacy was getting through!

Nurses' major concerns centered around patient care: whether the same high quality of care would continue; and whether some services would move and force patients to drive long distances.

They were also concerned about the impact on the community and hospital staff.

"It was difficult to get nurses involved at first," said MNA Willmar nurse Doris Hennen. "We talked to other nurses personally" to help them understand what was at stake and to take action.

Rice Memorial was a public hospital owned by the City of Willmar, but the affiliation with CentraCare took away its public status, including the public pension that allowed employees to retire with dignity. The city also no longer has direct control over the hospital, although CentraCare said the public would continue to have input and there would be no loss of services in Willmar.



MNA RN Johanna Reller addresses Willmar City Council

Thanks to nurse activism, the final agreement:

- Contains protections for staff like commitments to honor labor contracts and an equitable replacement for the loss of the public pension;
- Freezes employees' Extended Sick Time banks (EST) in place. Management had tried to eliminate EST. After hearing emotional input from staff, management changed the requirements for eligibility so more people will be eligible. This was a major win, as some staff had hundreds of hours accumulated and were counting on it when they retire;
- Commits to \$32 million in capital improvements at the hospital over the next 10 years.

"I was blown away by the resources our union committed to helping us," said Hennen. She said staff expertise – and driving to Willmar no matter the weather - impressed everyone.

Marshalltown, IA RN's roll up sleeves to save hospital

If it weren't for MNA nurses, the only hospital in Marshalltown IA, would be shuttered and patients would have to drive long distances for healthcare.

Thanks to nurses' advocacy, the hospital is open and caring for patients.

For years, Central Iowa Healthcare (CIH) in Marshalltown was in a precarious financial position due to long-term mismanagement and negligence. Financial problems and bankruptcy nearly resulted in the hospital and out-patient center closing.

By 2016, staff morale was very low. One-third of the nurses and a significant number of other employees were leaving for jobs in other hospitals. Short staffing forced remaining nurses to work longer hours. A lack of resources, malfunctioning equipment, and an influx of untrained people replacing managers who resigned (or had been walked out), were just some of the issues nurses faced as they advocated for their patients.

Nurses found countless ways to work around their new challenges and limitations, and to save money while preserving the quality of patient care.

They reached out to their remaining co-workers and urged them to stay and fight for their jobs and their hospital.

"What I recall most about that time was that we just wanted to preserve the hospital in our community and to take excellent care of our patients," said Jenna Foulk, Marshalltown RN.

Marshalltown, IA cont. on page 8

LABOR ADVOCACY

Marshalltown, from page 7

“We are nurses who care about our patients. When the hospital was mismanaged in the years leading up to the bankruptcy, we worried all the time.”

In March 2016, the hospital’s board of trustees announced it was looking to partner with another healthcare system. Negotiations with potential partners stalled when a due diligence investigation revealed the extent of the hospital’s problems.

Employees had lost all trust in the people who were running CIH, and rumors about possible fraudulent behavior persisted. CIH’s attempt to reduce pay failed when nurses voted “no” due to suspicions about the nature of the financial losses and other problems. Nurses did agree to extend their contract until 2017 in order to provide stability as partnership or buyout possibilities were explored.

Soon after the board reported \$18 million in losses, the CEO was forced out, and CIH filed for bankruptcy in December 2016. CIH asked the bankruptcy court to approve a plan to sell its assets to UnityPoint Health of Waterloo, which was subsequently approved.

Nurses rolled up their sleeves and went to work to save the hospital during the bankruptcy proceedings. MNA retained experts in hospital finance and legal counsel to make sure decisions would protect nurses and that all parties involved would see that the hospital is a community asset that should stay open.

The MNA nurse team met with multiple stakeholders and representatives who were dealing with the bankruptcy and the transition, networked with current and former staff, talked to neighbors and friends about the importance of keeping their hospital, and wore red when in public.

They communicated with UnityPoint’s CEO, who was very concerned about losing more nurses and wanted a stable workforce. They discussed ways to give nurses hope and encourage them to stay.

When nurses discovered that some of the clinics in Marshalltown were sending patients out of town instead of to the local hospital, they worked to make sure patients came to their hospital and didn’t have to drive long distances for healthcare.

On May 19, 2017, UnityPoint announced that it planned to impose its own terms and conditions of employment on nurses before contract negotiations even began. MNA promptly filed an Unfair Labor Practice charge against UnityPoint.

The National Labor Relations Board (NLRB) conducted an investigation and found merit in the charge, which prompted UnityPoint to agree to negotiate.

After several months of contract negotiations, nurses and UnityPoint reached agreement on a contract that preserved nearly all of the important provisions of the previous contract. The new contract also contains several financial improvements, including an average of 4.5 percent in wage increases the first years.

The MNA nurse team was also able to negotiate past service credit toward PTO accrual based on nurses’ previous years of employment at CIH and the former Marshalltown Medical and Surgical Center, which was a very important issue for the nurses.

The victory is especially impressive in a Right-to-Work state where union membership is not mandatory. Nurses are proud to have had union representation, a union contract, and a robust union membership for more than 40 years.

“We fought to make sure nurses have a voice in the workplace and can use their professional training and judgment to provide the care each patient needs and deserves,” said Foulk. “Despite the predictions of former CIH executives, nurses kept our union and our contract that provides fair wages and benefits. We preserved our legacy, we made some improvements, and we plan to keep building from here.”

And the situation is improving. Nurses are staying at the hospital and the census is increasing – showing that the community believes in the hospital too!

Dakota County Public Health contract ratified

It took two meetings for MNA nurses at Dakota County Public Health in Hastings to reach a tentative agreement with management.

The new contract adds a personal day, increases wages, and improves representational language.

“Even though much of our contract mirrors other county workers’ compensation, we negotiated some major improvements,” said MNA Dakota County Co-Chair Jenny Julson. “The negotiating team stood firm for members’ most important issues.”

Nurses ratified the new contract on Dec. 19, 2017.

Stevens Community Medical Center, Morris RNs agree on contract

Negotiations at Stevens Community Medical Center were more complicated and took longer than usual, but resulted in a contract that achieved nurses’ goals.

It took a while for the nurse negotiating team and a new

management group to get to know each other and what each side wanted, according to MNA Stevens Chair Alisha Livengood.

“We had a great negotiating team and good support from our union,” according to Livengood. “We were all satisfied with the outcome after a really long road.”

After eight negotiating sessions, nurses reached a tentative agreement with management, and ratified it on Dec. 29.

Livengood said the negotiating team kept in constant contact with nurses, asking for input as negotiations continued.

“Everyone was on the same page through the sessions as we kept everyone updated,” Livengood said. “Members were happy with us keeping them in the loop.”

The new contract includes two percent annual wage increases over the three-year contract, redefining full-time nurses, and adding successor language.

‘When in doubt, bring it forward’

MNA nurses at St. Francis Regional Medical Center in Shakopee saw the value of union membership after they found out the hospital was unilaterally changing RNs’ timecards without informing the nurses.

An alert Emergency Department nurse noticed in March 2017 that he wasn’t paid correctly, and brought the issue to Bargaining Unit Co-Chair Jackie Kulyas.

“The timecard was changed and we found in a Request for Information they had been doing it for some time,” said Kulyas.

It turns out that since 2014, a manager was adjusting nearly all ED nurses’ timecards to change overtime pay. This manager reduced the number of hours nurses worked if they punched out more than seven minutes after their shifts ended to a time less than seven minutes after the end of the shift, in effect eliminating 15 minutes of overtime.

MNA nurses quickly filed a grievance against the hospital.

“Nurses were very angry when they found out what the manager had been doing,” Kulyas said.

As a result of the grievance, the hospital agreed to compensate the nurses for the overtime they should have earned.

“It was eye opening for the nurses,” Kulyas said. “They now feel they have a voice and can bring concerns forward. We are seeing a lot more involvement from a unit where we hadn’t had much engagement in the past.”

One of the lessons from the experience: “Always check your timecards and pay attention to the time you punch in and out,” said Kulyas. “Make sure everything is the same at

the end of every pay period.”

Nurses have lost trust in management and are now more willing to come forward with questions and concerns. Kulyas’ advice to all MNA nurses: When in doubt, bring it forward.

“It only took one nurse to bring something up and help the entire department,” she said.

Legislative update

A short session with a long list



It’s a whirlwind Minnesota Legislative Session this spring. Even-numbered years are generally dedicated to bonding bills for capital improvements around the state, but there’s a long list of proposals and issues that legislators want addressed during this election year.

MNA also has a list of top issues, in addition to workplace violence prevention and blocking the Interstate Nurse Licensure Compact that President Turner discussed in her column on page 4. They include:

- Properly funding home health nursing;
- A tax on prescription opioids to fund programs to assist Minnesotans addicted to opioids, including prevention, emergency response, treatment and recovery, and law enforcement;
- Gun violence prevention;
- Improving the state pension system, which covers about 2,000 MNA nurses;
- Funding the Nurses Peer Support Network;
- Preventing elder abuse.
- MNA will fight to stop legislation that would add work requirements as a condition for retaining their Medicaid coverage.

Our Lobby Day may have been canceled because of the weather, but nurses are making their voices heard at the Capitol in many other ways. Nurses are speaking at hearings, communicating with their legislators in person or through email and phone calls every day.

MNA is fighting alongside progressive allies to keep legislators from giving away millions more in tax cuts to big businesses, which some want to do by cutting critical healthcare services for the most marginalized Minnesotans.

The Legislature will adjourn no later than May 21, and we’ll keep you updated on the progress of our issues along the way.

How to continue advocating for your patients and community after you retire

By CARn members Barb Martin, RN; and Kava Zabawa, RN

Nurses never really retire. We just move our advocacy for patients from the bedside to other locations.

MNA has the perfect place for you to stay active after you retire: the Council of Active Retired Nurses (CARn), MNA's retiree group. Any retired MNA nurse can join.

It's a great opportunity to stay involved in activities and issues that are important to you, and give back to your profession and community at the same time.

"I mentored young nurses throughout my career," said CARn's 2018 Vice Chair Kava Zabawa. "Being involved in MNA as a CARn member allows me to continue to be involved with active nurses and be part of important issues. MNA is involved in issues I am passionate about in my community, and I am grateful to do this work and be a vital part of my union."

"MNA has been a driving force behind nursing as we know it today in Minnesota," said 2017 CARn Chair Barb Martin. "I appreciated being involved because I am not ready to quit. We can keep contributing through CARn."

CARn members focus on four main areas:

1. Outreach and education;
2. Community volunteering;
3. Political involvement;
4. Mentoring;

Highlights of our 2017 activities include:

- Showed community spirit by volunteering at Feed My Starving Children and the Red Cross Holiday for Heroes;
- Sponsored "Threats to Social Security and Medicare" presentations in St. Paul before Day on the Hill, at the MNA Convention, and in Duluth;
- Volunteered at MNA's State Fair kiosk;
- Honored with the state AFL-CIO Retiree Council's Don Anderson Affiliate Excellence award;
- Made hundreds of nurse-to-nurse calls on important issues, including supporting Erin Murphy for Governor.



(L-R) CARn members Kevin Campbell, Barb Martin, Diane McLaughlin
CARn is planning to add some exciting activities for 2018, and everyone is invited to take part:

- Volunteer activities with groups including Red Hats, the American Heart Association, Feed My Starving Children, and many more;
- Explore opportunities to mentor. Nurses have years of experience and knowledge to share not only with current MNA nurses, but with future nurses;
- Create chapters in other parts of the state, starting with Duluth;
- Hold more events throughout the state. One is already set for Mankato this May;
- Recruit more nurses to join and get involved.

The group is always looking for ideas and new members! If you're retired or near retirement, please fill out the application form on the CARn page in the Nurse Resources section of MNA's website at www.mnnurses.org or contact Kataryna Weinreich at Kataryna.Weinreich@mnnurses.org or 651-414-2821 for more information.

An easy way to calculate your Rainy Day Fund



A major health crisis. A broken furnace. A flooded basement. Are you ready for the unexpected? MNA has a tool to help you prepare for emergencies.

The Rainy Day Fund Calculator on MNA's website at www.mnnurses.org/rainydayfund makes it easy to figure out how much you should save. You just enter information about your expenses, and the calculator will show how much you need in your Rainy Day Fund!

Ethically Speaking:

By Gretchen Kingsley, MNA Ethics Committee member

The nurse's role in advocating for a good death: what is POLST and how it can help patients face end-of-life planning



The Ethics Committee is excited to invite MNA members to join us on Thursday, April 26, for a presentation on end-of-life conversations with patients. Learn how the Provider Orders for Life Sustaining Treatment (POLST) is distinct from the advanced care directive, and how nurses can use POLST to educate patients to make informed decisions about end-of-life care. You'll have an opportunity to ask questions from our panel of experts about how nurses can help patients achieve a good death that respects patient wishes and affirms the life of that patient.

MNA's Ethics Committee has been working with the Minnesota Medical Association (MMA) in developing the POLST, as you likely will encounter these order forms in your nursing practice. Or, as in the case of two Ethics Committee members, actually be involved with a family member who is facing terminal illness and wants to be involved in determining his or her care at the end of life.

We have invited a range of experts for a panel discussion to foster collaboration among health professionals on this issue.

Professor Thaddeus Pope is the Director of the Health Law Institute at Mitchell Hamline School of Law. He uses the law to improve medical decision-making and to protect patient rights at the end of life. He explores these issues in more than 125 leading medical journals, law reviews, bar journals, nursing journals, bioethics journals, and book chapters. We are eager to hear his views on the legal ramifications of the end-of-life discussions that nurses have with their patients.

We are also excited to welcome Dr. Victor Sandler, a professor at the University of Minnesota Medical School, certified in geriatrics, internal medicine, hospice and palliative medicine. He has worked as the medical director for Fairview hospitals' home and hospice program, and as the medical director for various nursing homes.

We hope MNA members with a clinical interest in geriatric and palliative care will guide the discussion on how nurses can advocate for patients as they consider end-of-life treatment.

Mark your calendars for April 26, 5-7:30 p.m. It's at the MNA office at 345 Randolph Ave., #200 in St. Paul.

A light meal will be provided, and nursing contact hours are available.

Please register online at www.mnnurses.org/events or contact Linda Owens at Linda.Owens@mnnurses.org, 800-536-4662, ext. 122 or 651-414-2822 by April 20.

Writing MNA's story from page 3

know the next fight is just around the corner.

As they say, with challenge comes opportunity. 2018 is shaping up to be one busy year, but the more members we engage in the work before us, the easier it will be to achieve these important goals and position us to be stronger than ever come 2019.

TANN: decreasing disparities and increasing cultural awareness

What started as a Facebook page for African nurses to talk about their issues and needs has grown into a global network of nurses and other healthcare professionals. The African Nurses Network (TANN) members empower under-served populations by sharing experiences and expertise. One of their main goals is to decrease disparities and increase cultural awareness.



Lyna Nyamwaya, RN

TANN helps African nurses be more visible in the community; empowers immigrant nurses; and addresses public health issues. TANN encourages more African immigrants to go into nursing and healthcare professions, and to become leaders.

Among the many other offerings, TANN:

- Mentors youth and young adults on career choices;
- Collaborates with schools, community groups, youth groups, churches, and hospitals on important diversity issues;
- Works with colleges to find ways for people to get their nursing degrees while working and raising a family;
- Offers scholarships through partners;
- Provides education with free contact hours for nurses;
- Offers public health education through clinics and community forums with topics like mental health awareness, racial disparities, and blood pressure maintenance.

MNA nurse Lyna Nyamwaya founded TANN in 2016 as a Facebook page. It grew to 1,500 members in just a few months and is now a nonprofit with members throughout the world.

Nyamwaya, who grew up in Kenya, said her inspirations are her mother and grandmother, who raised her to be kind and giving.

“My grandmother took care of other people, which I learned from her,” Nyamwaya said. “I was inspired by my mom, a hard-working single mother. They wanted for us to get the best in life. That motivates and drives me.”

Nyamwaya started her nursing career as a CNA, earned her BSN in nursing from Metropolitan State University, a mini-MBA from St. Thomas University, and is currently pursuing her doctorate of nursing practice at Metropolitan State. She is an RN at Fairview Southdale Hospital in Edina.

During her graduate studies, she saw all the disparities in the U.S: education, healthcare, economic, and more. She created TANN to do something about those gaps. TANN is a place people can vent, encourage, and inspire each other.

“From listening to people like me or others who’ve gone through nursing school or corporate structures, our struggles are similar,” Nyamwaya said.

TANN offers workshops to foster unity and communication in a professional and non-confrontational way to eliminate conflict.

“People are encouraged to see from others’ viewpoints with empathy,” she said. “They learn to be professional and kind, encourage team work, and to live in a peaceful world.”

The workshops have received rave reviews wherever they have been presented, including MNA and universities.

“For us it’s all about cultural humility and addressing racism,” she said. “We call out workplaces on their resources to take care of staff. Most of the time we see a lot of organizations that say they are equal opportunity employers that don’t discriminate, but in reality, they have no resources for people. They focus on the majority.”

TANN and Nyamwaya have earned various recognitions and honors, including MNA’s Creative Nursing Award last fall.

“My passion is to make a difference and improve lives,” Nyamwaya said. “Nursing is so broad and there is so much we can do with our knowledge and education to empower people. There’s more to it than at the bedside.”

Nyamwaya sees a bright future for TANN. Plans include working with other organizations to find opportunities for CNAs and LPNs to grow economically and professionally through scholarships and grants.

She is also hoping to partner with other organizations to continue and expand TANN’s important work. You can learn more about TANN and join at <http://theafricanursesnetwork.org>

Members in Action

From non-member to steward

An unfair management decision sparked a string of events that turned a non-union nurse into an active member who is now a steward.

It all started when two close family members of Winona Health RN Carrie Schott passed away in one year. She took three days bereavement leave after her grandfather passed away last spring. But after she took another three days bereavement leave when her brother-in-law died a few months later, she noticed that vacation time was taken out of her paycheck for those three days instead of funeral leave.

“When I talked to HR, they said the policy is only three days a year and anything beyond that is vacation time, no matter how many close family members passed away,” said Schott.

She took the issue to her chair and labor representative, who believed management was wrong and a grievance should be filed.

After the grievance was filed, Schott and her representatives met with HR but came to no agreement. When nurses requested more information, the hospital decided to settle and restored her bereavement leave.

Schott is now a strong union advocate after learning firsthand the value of belonging to a union.

Schott said she has had several jobs at the hospital, including a non-union position. After she returned to a job in the bargaining unit, she didn’t re-join.

Her union’s advocacy and support showed her how valuable unions are.

“This made me realize how important it is to be part of a union,” she said. “I quickly joined again and was elected steward. I recognized how important it is to have union representation. I saw how much unions have your back and protect you not only in termination issues, but simpler issues that are important to members as well.”

Schott’s advice to anyone not a full member: “It’s definitely worth your money. There are so many things people don’t realize the union can do for you and stand up for you.” She said nurses working together in unions and standing up for each other is priceless.

“It’s important to be part of the union – having each other’s back and having a strong group when our contract comes up so we get what we need and deserve,” Schott said. She says she is looking forward to being an active member and a steward advocating for her colleagues.

Nurses call out Essentia attempts to undermine contract

MNA nurses in the Essentia Health system drew national attention last fall after they stood their ground against mandatory flu vaccines.

When Essentia announced in October 2017 that any workers who did not receive a vaccine by Nov. 20 would be terminated, nurses knew it was an attempt to undermine the union and disrespect them as professionals.

MNA nurses took immediate action: they asked Essentia to delay or reconsider the policy. When that didn’t work, they filed grievances, shared information with other nurses, and worked with other unions to fight Essentia. Nurses demanded that Essentia come to the negotiating table as it had previously promised.

Essentia did come to the negotiating table, but it quickly became clear they were not going to change their decision, refusing to alter or delay the policy.

Nurses proposed common-sense alternatives, such as a voluntary program that included nurses as advocates for co-workers to get the shot voluntarily, for Essentia to loosen attendance policies during the flu season to promote employee health maintenance, and protections for nurses who have adverse reactions to the vaccine.

Essentia wouldn’t reconsider its position on making the vaccinations mandatory and in fact, implemented this policy even though the parties hadn’t finished negotiations. So, MNA filed an Unfair Labor Practice charge for failing to bargain in good faith. Negotiations were still open at the time this Accent went to print. Additionally, MNA is still processing grievances and Unfair Labor Practice charges related to Essentia’s unilateral implementation of the policy.

“Essentia is trying an end-run around our contract and nurses will not stand for that,” said Steve Strand, Essentia Health-St. Mary’s Medical Center nurse bargaining unit chair. “We believe nurses should not be bullied into doing something against their will. There is no evidence proving that influenza cases have significantly decreased in systems that mandates the vaccines.”

Nurses also objected to the employer unilaterally forcing staff to take an action that could have health or religious implications.

Even though staff could request medical and religious ex-

Nurses call out Essentia cont. on page 16

Elections 2018

'You're never going to know what you're capable of unless you take that step'

By Julie Anderson, RN at HealthEast St. Joseph's Hospital, St. Paul



Julie Anderson

I was not involved in my union when I first started my nursing career. The 2016 Allina strike opened my eyes to the power of our union and what we stand for. I got more involved after being thrown into actions like that. Unions give people the opportunity to speak up for fairness and safety, whatever profession they're in.

Growing up, I was never exposed much to the political process and I had no idea how it worked. I was one of those people who felt like, "Well, my vote doesn't count."

As I've seen the inequalities in the world, I see now how things don't change unless you get involved. Many of my patients are homeless, have chemical dependency issues, major mental illnesses—whether their background contributed to their mental health, or their mental health contributed to their background. Many people are predisposed to these problems just because of where they were born or a lack of opportunity.

A combination of being more exposed to people who are victims of our political system, and being the person who is standing up for them in the hospital helped me become more involved in the union. I've realized that people can make a difference when they come together and use the system the way it's designed to be used.

Being involved in the union means you're involved in elections. The people we elect have huge power over patient care and the nursing profession.

Nurses have a lot at stake in this year's governor's race and if we don't speak out, we could lose many of the gains we've made over the years, and that could harm our patients and our profession.

At the MNA convention last year, Representative and RN Erin Murphy, who has received MNA's endorsement for governor, gave an inspirational talk to delegates. It's exciting to me that there's somebody who has gone through some of the same things I've gone through, and probably got involved in

a lot of the same ways. Erin's most important commitment is definitely healthcare for all. No matter who you are, we all deserve to be healthy and have access to care.

I am very excited to have a nurse as governor. It would feel like we have an ally and that she understands the issues we face. It would make nurses feel very empowered. She has been at the bedside and has seen the struggles our patients go through. Everybody who lives and breathes in Minnesota has had some exposure to healthcare. At a much higher level, Erin is able to bring people up and be that advocate for them.

That's why I attended my Feb. 6 caucus and was elected a delegate to help Erin win the DFL endorsement this spring. It's that important to me.

I would point out that it may sound like she's just "a nurse running for governor," but she's also been a leader within MNA, and she's got experience fighting and winning for nurses, patients, and all Minnesotans in the Legislature. She can do great things as governor.

I encourage people to get involved. It's a little bit scary, but you're never going to know what you're capable of unless you take that step.

You can start by contacting Political Organizer Katie Gjertson at Katie.Gjertson@mnnurses.org or 651-414-2832.



Celebrate Nurses Week May 6-12

Nurses Week is May 6-12, ending on Florence Nightingale's birthday. It's an opportunity for nurses and communities to highlight and appreciate the contributions of the nursing profession.

Share your activities on MNA's Facebook page at www.facebook.com/MinnesotaNurses

2018 MNA Convention and House of Delegates

October 5-8

Radisson Blu - Minneapolis
35 S 7th St

This year, MNA and National Nurses United are holding their conventions at the same location and joining up for some fantastic education and advocacy actions as we approach Minnesota's elections for Governor and Legislature just one month later. Here's what we have planned so far.

- Friday, Oct. 5:** Evening reception for MNA and NNU members to kick things off
- Saturday, Oct. 6:** (Morning) MNA education sessions / NNU business meeting
- Saturday, Oct. 6:** (Afternoon) MNA and NNU head out together to encourage Minnesotans to vote for candidates who support nurses and patients
- Sunday, Oct. 7:** MNA education, House of Delegates, and Honors & Awards banquet
- Monday, Oct. 8:** MN House of Delegates

Registration opens soon, but for now, make sure you request time off to attend!

Your MNA Convention and House of Delegates planner

1. Nominate a colleague or ally for an MNA award. The nomination forms are on the forms page of the Member Center on MNA's website at www.mnnurses.org. Deadline for submission is July 1.
2. Submit proposed bylaw and resolution changes by July 15. The Call for Bylaws and Resolutions form is in the Forms section of the Member Center on MNA's website at www.mnnurses.org.
3. Check out MNA scholarships and grants. Do you, a family member, or a colleague qualify? Don't miss out on these excellent opportunities! You can find information in the Resources section of MNA's website at www.mnnurses.org.
4. Watch for details and registration information later this spring. The Summer Accent will have a special insert with information about education sessions, speakers, issues, and actions.
5. Come to the convention and enjoy the camaraderie, learning, and advocacy that you'll share with nurses from Minnesota, Wisconsin, Iowa - and nurses' unions all over the U.S.!

Nominate your colleagues for MNA Honors and Awards

Deadline is July 1, 2018



We all have colleagues who go above and beyond for our patients and our communities.

Take a moment to give them some much-deserved recognition: nominate them for MNA Honors and Awards.

Visit MNA's website at www.mnnurses.org for details about each award and how to nominate an unsung hero!

Award:

- President's Award
- Distinguished Service Award
- Creative Nursing Award
- Audrey Logsdon/Geraldine Wedel Award
- Ruth L. Hass Excellence in Practice Award
- Nurse Educator Award
- Public Official Award
- Sarah Tarleton Colvin Political Activist Award
- Nurse Researcher Award
- Mentorship in Nursing Award
- Paul & Sheila Wellstone Social Justice Award
- Elizabeth Shogren Health and Safety Award

MNA 2018 early endorsements

In addition to endorsing Erin Murphy for Minnesota Governor and Cathy Glasson for Iowa Governor, MNA nurses made some early legislative endorsements. To qualify for an early endorsement, candidates must have a record of consistently supporting MNA priorities as elected officials.

Senate District 54 February 12 Special Election

Karla Bigham (she was elected)

Minnesota House of Representatives

District 03A: Rob Ecklund
 District 03B: Mary Murphy
 District 06A: Julie Sandstede
 District 06B: Jason Metsa
 District 07A: Jennifer Schultz
 District 07B: Liz Olson
 District 11A: Mike Sundin
 District 19B: Jack Considine
 District 36B: Melissa Hortman
 District 37A: Erin Koegel
 District 40A: Michael Nelson
 District 40B: Debra Hilstrom
 District 41A: Connie Bernardy

District 41B: Mary Kunesh-Podein
 District 42B: Jamie Becker-Finn
 District 43A: Peter Fischer
 District 43B: Leon Lillie
 District 44B: Jon Applebaum
 District 45A: Lyndon Carlson
 District 45B: Mike Freiberg
 District 46B: Cheryl Youakim
 District 49B: Paul Rosenthal
 District 50A: Linda Slocum
 District 50B: Andrew Carlson
 District 51A: Sandra Masin
 District 52A: Rick Hansen

District 57A: Erin Maye Quade
 District 59A: Fue Lee
 District 59B: Raymond Dehn
 District 60A: Diane Loeffler
 District 60B: Ilhan Omar
 District 61A: Frank Hornstein
 District 63A: Jim Davnie
 District 63B: Jean Wagenius
 District 64B: Dave Pinto
 District 65A: Rena Moran
 District 65B: Carlos Mariani
 District 66A: Alice Hausman
 District 66B: John Lesch
 District 67A: Tim Mahoney



2018 MNA meetings and events

Board of Directors

April 18
 May 16
 June 20
 July 25
 August 15
 September 19
 October 5-8 Convention
 November 21
 December 12

Nursing Practice and Education Commission

April 19
 May 17
 June 21
 August 16
 September 20
 November 15

Governmental Affairs Commission

March 28
 April 25
 May 23
 June 27
 July 18
 August 22
 September 26
 October 24
 November 28
 December 17

Convention/House of Delegates

MNA/NU Conventions: Oct. 5-8,
 Radisson Blu, Minneapolis

MNA Student Day on the Hill

April 10

Nurses call out Essentia from page 13

emptions, the thresholds for meeting those exemptions were subjective. Essentia has refused to provide information that would show these exemptions had been consistently applied.

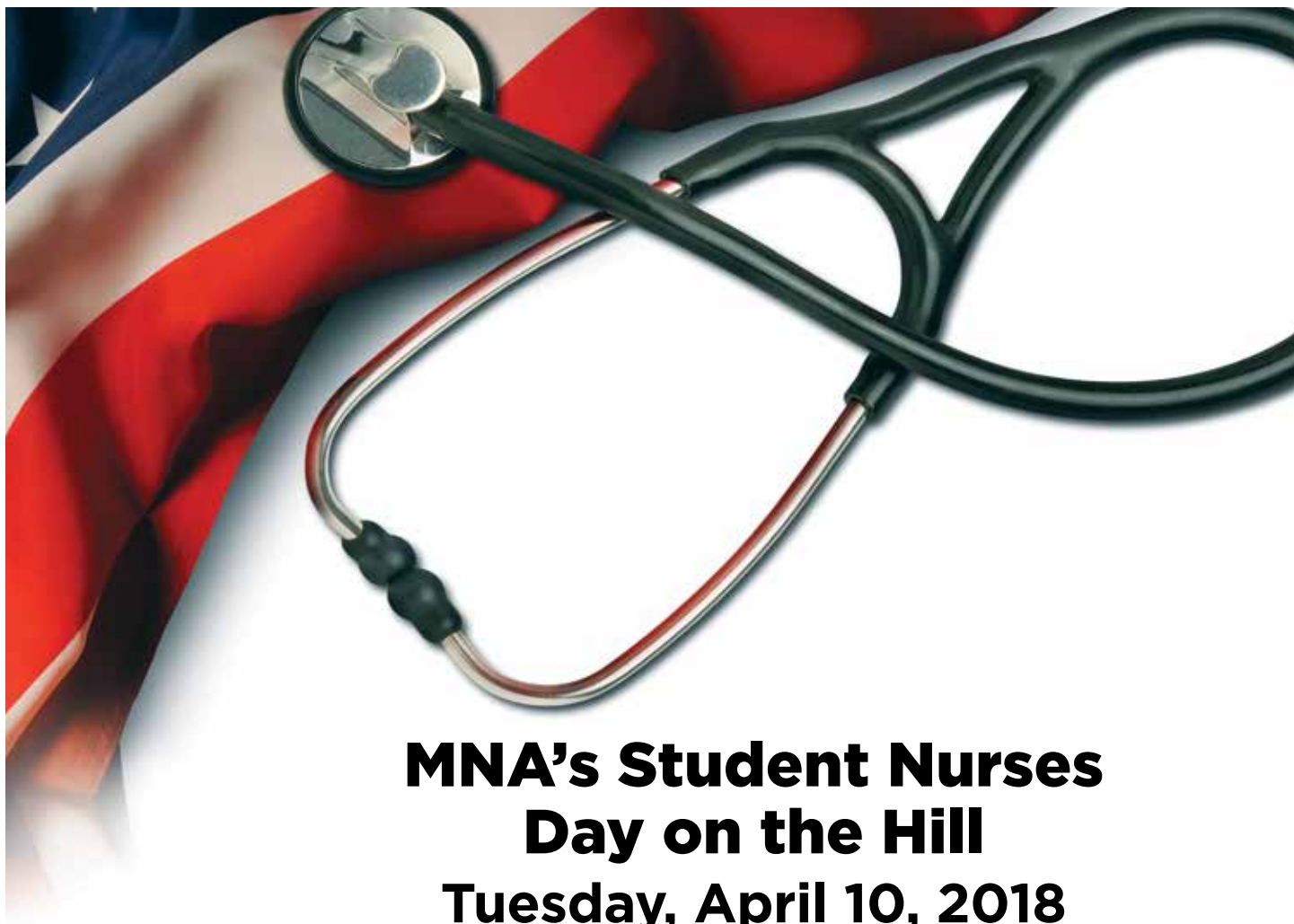
MNA nurses at Essentia hospitals and Home Health units in Duluth, Superior, Virginia, Sandstone, Brainerd, and Deer River fought the policy with everything they had.

In addition to grievances and the Unfair Labor Practice charge, nurses worked with other union members at Essentia hospitals to present a united front.

MNA, American Federation of State, County and Municipal Employees and United Steelworkers wore buttons to show their solidarity.

The issue drew attention from the national media, putting a spotlight on Essentia's heavy-handed attempt to erode workers' rights.

"Nurses are not against vaccinations used appropriately," Strand said. "We are pro-health, not pro-flu. This issue is about an employer disrespecting workers' rights in spite of evidence, which Essentia acknowledged, showing these programs are not effective."



MNA's Student Nurses Day on the Hill Tuesday, April 10, 2018

Location: **InterContinental Saint Paul Riverfront** (formerly Crowne Plaza)
11 East Kellogg Boulevard, St. Paul, MN 55101 • **Hotel Phone:** 651-292-1900

- Learn how to advocate for your patients at the bedside and at the Capitol.
 - Meet current and former legislators, as well as MNA leaders.
 - Receive an MNA Associate Membership with successful completion of legislator meetings. This will make you eligible to apply for a scholarship from the Minnesota Nurses Association Foundation.
 - Multiple drawings with prizes that include a Littmann Stethoscope.
 - Lunch available for purchase at the Capitol Campus cafeterias.
 - Event starts at 9:00 a.m. and ends by 3:30 p.m.
-

To register or for more information go to www.mnnurses.org/students or contact Linda Owens at 1-800-536-4662, ext. 122, 651-414-2822 or Linda.Owens@mnnurses.org

Ethics Book Club Schedule



Join your fellow nurses in some great discussions about issues that matter to nurses and healthcare.'

Here's the 2018 schedule – we hope to see you there!

All book club meetings are at the MNA Office in St. Paul from 5-7 p.m.

2018 Ethics Book Club schedule:

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)

16 years in a row: nurses are the most honest and ethical profession

Nurses who feel devalued by management can take heart at a national poll finding Americans believe nurses are the most honest and ethical profession in the country.

According to the poll released December 26, more than 82 percent of Americans describe nurses' ethics as 'very high' or 'high.'

"Nurses are very honored to see the public appreciates the care we provide to patients," said MNA President Mary C. Turner. "Patients can depend on nurses to continue to be honest and ethical everywhere."

"Nurses have surpassed all other professions every year but one since Gallup first asked about them in 1999, according to a Gallup news release." In 2001, Gallup included firefighters on the list after the 9/11 terrorist attacks, and 90 percent of the public rated their honesty and ethical standards as "high" or "very high" that year.

Here are the top 10 for 2017:

1. Nurses
2. Military officers
3. Grade school teachers
4. Medical doctors
5. Pharmacists
6. Police officers
7. Day care providers
8. Judges
9. Clergy
10. Auto mechanics

MNA history corner

1945: 2,800 Minnesota nurses served in World War II; seven died.

Two of them, Ruby Toquam and Helen Mary Roehler, were killed in an Alaska airplane crash in 1944. Roehler and Toquam met during nurse training and enlisted in the Navy in 1942. They served at the US Naval Hospital in Norco, CA.

Among their accomplishments: they created the first Girl Scout troop in Norco's history and helped establish medical treatment centers at other locations.

Roehler and Toquam, along with a third nurse killed in the crash, were enshrined in the Norco Wall of Honor that honors veterans.

MNA welcomes new staff

- Colie Colburn, Temporary Political Organizer: Colie is from Vadnais Heights, and graduated from White Bear Lake Area High School. She attended DePaul University and has been working on local campaigns since 2012. Before joining MNA, she was a legislative assistant to State Senator Jason Isaacson, who represents her home town in Senate District 42.
- Libby Grayson, Administrative Assistant: Libby is from Andover. She earned a bachelor of social work at UW-River Falls and worked in the social services field until taking a job at the Iron Workers Local Union No. 512 before coming to MNA.
- Amanda Madison, Temporary Digital Political Organizer: Amanda lived in Hawaii for most of her life. She was in the Army for four years of active duty, and is a Registered Nurse with a bachelor's degree from Augsburg University.
- Mark Privratsky, Temporary Political Organizer: Mark grew up in Walker, and graduated from the University of Minnesota-Morris with a degree in political science. From 2011 to 2017, Mark worked for Congressman Rick Nolan. He managed local and state campaigns in Duluth before moving to Minneapolis this past fall.

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/>

Call for MNA Bylaws and Resolutions

We are inviting you at this time to submit proposals for Resolutions and changes to the MNA Bylaws. The MNA House of Delegates will convene October 5-8 this year to consider these proposals.

Bylaws spell out the rules by which the Minnesota Nurses Association governs itself. They spell out the powers of the House of Delegates, the Board of Directors, and other structural units. In addition, they include rules regarding membership criteria and conducting our elections.

A Resolution is a formal expression of an opinion to be adopted by the organization.

The deadline for any individual member or structural unit to submit their proposals in writing to MNA is 11:59 p.m. on July 15, 2018.

Guidelines for Submission of Proposals:

Proposals must be accompanied by a statement of rationale which explains the reasons why it is deemed to be of significance and explains anticipated consequences for the Association, the profession, and the public.

If the proposal is to amend a House of Delegates Policy or position of the Association, the statement of rationale should identify the current policy or position to be amended or, in the case of a Bylaw change, the Article and Section of the MNA Bylaws.

Resolutions must deal with one topic and be accompanied, when appropriate, by an action plan in sufficient detail to allow a financial impact statement to be determined. It shall also include citations for facts and figures referenced.

Once the July 15th deadline has passed, the Committee on Bylaws, Resolutions, and Main Motions will review the amendments and Resolutions for completeness.

Forms for making your submissions can be found on the Member Portal under the "Forms" tab.

If you have any questions regarding submitting a Bylaw amendment or Resolution, please contact Jodi Lietzau (Jodi.Lietzau@mnnurses.org) or Rose Roach (Rose.Roach@mnnurses.org) at MNA.

Reminder: The deadline for receipt of Resolutions or amendments to the MNA Bylaws for consideration at this year's House of Delegates is 11:59 p.m. on **July 15, 2018.**



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