

MINNESOTA NURSING Accent

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Nurses build power during elections

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Feature Story

Nurses power = leadership influence

On Nov. 6, shortly after he and his running mate, Peggy Flanagan were elected Governor and Lieutenant Governor, Tim Walz stood at a podium in front of about 2,000 DFL supporters at the election night party. He accepted the applause of the crowd, thanked Flanagan, and then turned to the crowd to thank his volunteers, especially labor.

"We couldn't have done this without you," Walz said.

Walz pointed out the MNA nurses who showed up and cared about this election and their incredible dedication to volunteering to elect candidates they believed in.

Nurses participated in canvasses to get out the vote statewide, supporting candidates who earned the nurses' endorsement and share nurse values on issues.

MNA members made 100,000 phone calls to fellow nurses and like-minded voters over the last year in preparation for the 2018 elections. Allies and friends commented that MNA nurses in their red shirts were all over the state, at every volunteer opportunity. Look at the numbers below:

Phase I Nurse Engagement (Fall of 2017 – June 4, 2018)

- 408 nurses turned out to February precinct caucuses;
- 105 nurses elected to DFL organizing unit conventions;
- 38 nurse delegates and alternates participated in the DFL state convention;
- In this phase, 51 nurses completed 164 volunteer shifts, having conversations with 1,676 other DFL delegates and alternates via phone calls leading up to the DFL state convention;
- Nurses' work and visibility made healthcare the No. 1 issue and helped secure Erin Murphy the DFL endorsement;
- Nurses also sent hundreds of hand-written post cards to DFL delegates and alternates.

Phase II Nurse Engagement (June 4 – August 9)

- 31 nurses completed 101 volunteer shifts;
- Nurses made 40,294 phone calls over the course of this time to MNA members, talking to 1,886 nurses.

Phase II GOTV Nurse Engagement (August 10 – 14)

- 37 nurses completed 63 volunteer shifts in four days;
- During these shifts, nurses made 11,878 phone calls;
- Nurses had conversations with 1,278 nurses.

Phase III Nurse Engagement (September 12 – November 6)

- 54 nurses completed 123 phone bank shifts;
- Nurses made nearly 8,000 phone calls to fellow nurses;
- 18 nurses personally wrote post cards to 925 voters in targeted House districts, like Kelly Moller and Shelly Christensen.

In addition, MNA was the first union to reach its 1 percent participation goal among the AFL-CIO affiliated unions, and MNA members led the state in the number of shifts for labor and nurse-endorsed candidates.

"At the end of the day," said Shannon Cunningham, MNA Director of Governmental and Community Relations, "MNA nurses built their political leadership and power through this electoral campaign.

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Putting your vote into action

Thank you MNA nurses for voting “Yes to Invest” in MNA’s future!

Because an overwhelming majority of you supported adjusting our dues structure through an all-member vote last fall, we can keep more

dues dollars within MNA’s budget to enhance our advocacy for patients, the nursing profession, and our communities.

The all-member vote simplified MNA’s dues structure and allows us to utilize the 50 percent dues deduction voted on by delegates of National Nurses United, our national affiliate, to build nurse power for the nurses MNA represents in Minnesota, Wisconsin and Iowa while strategically expanding that representation to North and South Dakota. See the story on page 5 for details of the dues structure changes.

That means MNA will keep approximately \$1.6 million for local initiatives that directly affect our members, like expanding our education programs to include a nurse educator, increasing the campaign to win staffing ratios, adding to our strike fund, and increasing membership.

This is a golden opportunity to increase nurse power at a critical time. Unions are under attack like never before, following a June U.S. Supreme Court ruling that undermines public-sector unions to ask all to share in the cost of running the union. This ruling is part of a long-running campaign to starve unions of resources and take away our voices at the worksite as well as in the legislative and political arenas.

We can use these new resources to stand up to any future attempts to undermine unions and make us more like Wisconsin and other neighboring states with anti-union laws.

Working people in those states have lost their right to join together in unions and advocate for working conditions and a voice on the job, affordable healthcare, time off to care for those we love, and the promise of retirement security after a lifetime of hard work.

Many of our bargaining units are negotiating contracts in 2019, and these resources will help nurses fight for fair contracts that respect the work nurses do.

MNA and our union allies are all standing together to fight any attempts to undermine unions here in Minnesota.

Your MNA Board of Directors was scheduled to vote on the 2019 budget at their December Board meeting, which was after the deadline for this issue of Accent. I can assure you the

Executive Director’s Column

union is fiscally sound, fiscally prudent and fiscally focused on the needs of our nurses.

The Board of Directors will carefully consider each item to make sure it’s a wise use of MNA nurses’ dues. We believe these initiatives will move MNA forward in the next year and beyond.

Thanks to all nurses who made their voices heard on this important initiative. You’ve made a wise investment!

Filling out Concern for Safe Staffing forms does result in change

If you hesitate to fill out a Concern for Safe Staffing form after an unsafe shift for any reason, here’s some incentive: you can make a difference.

NICU nurses at St. Paul’s Children’s Hospital learned that first-hand this past summer.

The short staffing that plagued their unit for the last several years became a crisis last summer, thanks to high census, patient acuity, open positions that weren’t filled, retirements, and unexpected resignations.

The hospital did not seem to understand the magnitude of the staffing problem and nurse fatigue from being chronically short staffed over the last two years, so nurses came together to find a solution to these unsafe staffing situations.

They decided documenting the problem was the best way to prove the crisis existed, so they committed to filling out a CFSS form every time there was a staffing issue.

Nurses filled out more than 100 forms and used that proof of short staffing to demand change. They went up the chain of command every shift to notify nursing leadership and the CNO that staffing was unsafe.

It didn’t take long for the hospital to recognize action was needed. As a result, management agreed to a bonus proposal.

It went into effect Sept. 13. This bonus program will be reviewed on a week-by-week basis.

President's Column



Nurses: let's stand together and demand safe staffing

Now that the elections are over, we are turning our attention to the 2019 Legislative Session, which holds more promise for nurse issues than in the past.

With so many of MNA nurse-endorsed candidates winning their races, we will have a stronger voice at the Capitol.

That does not mean we'll automatically win everything we want. Nurses must intensify our conversations with legislators from both parties on issues important to our patients, our profession, and our communities. We must talk to each and every legislator and make sure our voice is heard.

I do mean all legislators – Republicans and DFL. Nurse issues aren't partisan: they are everyone's issues.

Our top concern, safe staffing, will not move forward without nurses and our allies standing together.

In fact, conversations are only the first step. If we really want safe staffing, we have to be a union and DEMAND it.

That's what belonging to a union is: coming together and demanding what's right.

Nurses have tried everything to ensure safe patient care over the years. We've had some success, but nurses are still reporting major short staffing everywhere in Minnesota.

We have to keep fighting because so much is at stake. Patients are depending on us to do everything we can to ensure we can provide safe patient care every day and every night.

As you know, we are facing some major opposition from the wealthy corporate healthcare world who put profits over patient safety.

Nurses have come up against corporate healthcare in Minnesota over and over, and it will only intensify in the future.

The Massachusetts Nurses Association's fight for safe staffing provides a cautionary tale for Minnesota. Massachusetts nurses were able to get a staffing proposal on the November statewide ballot. The proposal would have limited the number of patients one nurse could care for in Massachusetts hospitals.

The corporate healthcare industry, including the industry's allies like the American Nurses Association, stepped in and spent millions of dollars opposing the question, which ended up not passing.

Minnesota nurses can expect similar opposition to any initiatives we propose.

We stand with our Massachusetts colleagues, who worked so hard to advocate for patients.

We will continue to push for safe staffing ratios here in Minnesota, and stand up to the corporate healthcare industry that is only interested in profits, not patients.

Staffing will once again be a major issue in 2019 negotiations as well. In 2016,

Nurses: let's stand together cont. on page 9

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.

Nurses say 'yes to invest'

Without raising total dues, MNA nurses will start expanding some programs in 2019, thanks to an all-member vote this fall.

Nurses overwhelmingly voted in favor of simplifying MNA's dues structure after National Nurses United, our national affiliate, put plans into motion to move to an affiliate-only model.

That restructuring, which was approved by delegates at NNU's convention, means a 50 percent reduction in the per capita dues that unions like MNA pay to NNU.

Members voted by mail and in person during the MNA Convention and House of Delegates to overwhelmingly approve the change.

MNA's dues structure will convert from two components to one component – MNA local dues. The simplified structure will now require one calculation and allow NNU per capita dues to be paid from MNA local dues.

The new simplified MNA dues structure means that MNA will now be able to use the additional funds for projects and programs at the local level to increase nurse power, such as:

- Increasing resources for achieving safe staffing;
- Increasing the size of MNA's strike fund;
- Expanding the defense of nurses' legal and contractual rights whether through arbitration or administrative process;
- Establishing a member release time program for nurses interested in doing more to build the union;
- Strengthening the MNA education program by hiring a dedicated nurse educator to provide members with access to free certification courses such as BLS, PALS, and ACLS.

This change will not increase the total dues nurses now pay.

The MNA Board of Directors was scheduled to approve a budget as this issue of Accent went to print.

See Executive Director Rose Roach's column on page 3 for more about the dues structure adjustment.



MNA nurses voting on dues structure proposal during Convention



MNA nurses voting on dues structure proposal during Convention

Doors open to progress on nurse legislative priorities

MNA nurses' outlook for the 2019 Legislative Session brightened considerably after the Nov. 6 elections.

That's because MNA nurse-endorsed candidates won in every statewide office and in 64 of the 110 endorsed state House seats. This means we now have all statewide officials and a majority of the Minnesota House of Representatives who support nurse issues.

"A Governor, Attorney General, Secretary of State, and State Auditor, and more than half of the House candidates endorsed by nurses opens the door to progress on our issues," said MNA Governmental Affairs Commission Chair Jean Forman, RN at Abbott Northwestern Hospital in Minneapolis. "Instead of trying to stop bad legislation like the Interstate Nurse Licensure Compact from moving forward, we can advocate for initiatives that we support and believe can become law."

As always, MNA will advocate for safe staffing legislation, single-payer healthcare, and ensuring that Minnesotans have access to affordable, effective healthcare. Other issues that may come up at the Capitol this year include:

- Ensuring a funding source for MinnesotaCare like the provider tax that is slated to sunset on January 1, 2020;
- Expanding MinnesotaCare so that more people can buy into it;
- Strengthening workplace violence prevention laws;
- Gun violence prevention initiatives;
- Dealing with the rising cost of prescription drugs;
- The need for a tax conformity bill;
- Raising the gas tax to pay for roads, bridges, and transit;
- Leftover issues from the vetoed omnibus budget bill, including elder abuse prevention, stemming opioid abuse, and a general tax bill.

"MNA nurses: please step up when you're asked to advocate with your local, state, and federal officials in 2019," Forman said. "Nurses are respected and listened to. Let's use our status as the most respected profession in the country to do some good for our patients and our profession."

The Legislature convenes Jan. 8, so be ready to act when you're called upon!

LABOR ADVOCACY

Children's nurses don't let management get away with 'unfair and unilateral' insurance decision

MNA nurses at Children's Hospitals in St. Paul and Minneapolis were at first stunned, then angry, in September 2017, when management suddenly announced a major change in health insurance.

The hospitals' planned change would require part-time nurses (between .40 and .74 FTE) to start paying a higher percentage of health insurance premiums than full-time nurses.

Up until that time, part-timers between .40 and .74 FTE paid the same premium cost as full-time nurses.

"It was an obvious attempt to divide part-time and full-time nurses and a clear violation of our contract," said Stephanie Kowalik, RN, Children's Hospital Minneapolis, in a blog post. "The decision to unilaterally impose such an unfair requirement only weeks before open enrollment brought nurses together to fight the hospital. There were many variables that the hospital neglected to consider and would not acknowledge when brought to their attention. This change affected many nurses who ultimately had no option but to concede to the hospital's new premium cost structure."

You can read Kowalik's blog post at <https://mnnurses.org/a-victory-for-all-nurses/>

Nurses fought the decision with grievances and Unfair Labor Practice charges, resulting in arbitration when the hospital refused to recognize the impact this change would have on nurses, many of whom were forced into paying higher premiums that harmed them financially.

Kowalik was one of several nurses who testified at the arbitration hearing to show the damage nurses suffered.

"As a part-time nurse, this had a major effect on my family and me," she said. "I am a single mom of a child who sees specialists frequently and I had to enroll in a plan with less coverage and still pay over \$1,000 more in annual deductibles. Even if I had been able to increase my FTE, I couldn't change my hours because I needed the flexibility to pick up additional shifts as my schedule allowed so that I could take care of my son. Although my contracted FTE is considered part time,



Stephanie Kowalik

I pick up a considerable number of hours for the hospital but was not eligible to receive the lower rate of insurance premiums, and I knew I wasn't alone. It was frustrating to feel that the efforts I made for the hospital were completely ignored. This premium structure was going to be unsustainable for many of us."

This September, an arbitrator ruled in favor of the nurses, finding that the hospital violated the terms of the contract; and that the policy harmed nurses who suddenly had to pay higher premiums. The hospital was ordered to provide back pay to any nurses affected.

The ruling is a win for nurses everywhere. It is proof that standing together and fighting unfair decisions does work.

"We have a voice and the support to counter the hospitals' actions and make them see that they can't make unfair, unilateral decisions and expect nurses to accept them without arguments," Kowalik said. "We will fight for what is right and what is fair."

After a long fight, a first contract in Baudette

Tenacity won the day for nurses and other employees of LakeWood Medical Center in Baudette. After a five-year organizing and contract campaign, LakeWood employees have their first contract.

The struggle began in 2013 when MNA organizers worked with employees to form an organizing committee and demand rights and a voice in the workplace.

CHI, the corporation that owns LakeWood, quickly responded by hiring a nationally renowned union-busting law firm and the battle began in earnest.

After a difficult campaign, MNA won the election to represent all the employees at LakeWood in July 2014.

Contract negotiations began in December 2014, proceeding very slowly for the next nine months.

Management argued over every sentence and workers spent most of two meetings discussing LakeWood's proposed ground rules.

Members reached out to the community throughout the campaign to generate public support and understanding by sponsoring a booth at the June 2015 Willie Walleye Days and a float in the 2015 Frost Fest parade.

Members also distributed yard signs. They canvassed the community – and soon the red and white MNA signs were nearly everywhere!

LABOR ADVOCACY

On September 28, 2015, MNA received notification from CHI that they had “objective evidence” that MNA no longer represented a majority of the employees in the bargaining unit. Therefore, CHI would no longer recognize MNA as the union.

Refusing to recognize MNA is an Unfair Labor Practice under the National Labor Relations Act, so MNA filed Unfair Labor Practice charges with the National Labor Relations Board. April 2016 brought a setback – CHI prevailed in the ULP filed with the NLRB, meaning MNA no longer represented any employees at LakeWood. However, the nurses and techs remained strongly committed to MNA and the decision was made to file for a new election.

On June 30, RNs, LPNs and Techs voted to join MNA again! LakeWood appealed the NLRB’s decision to include Patient Care Coordinators in the bargaining unit and refused to bargain with us until a decision was issued.

After all the appeals were exhausted, CHI returned to the negotiating table in February 2017. This round of negotiations was much different – we made slow but steady progress toward our first contract.

There were setbacks along the way: at one point the entire management team walked out of negotiations and filed for mediation – but we finally reached a tentative agreement on our first contract on September 26, 2018!

The heroes were our members, particularly Jamie Johnson, Susie Larson, and McCall Plourde from our negotiations team. They achieved the nearly impossible by forging a working relationship with LakeWood based on mutual respect. This contract is the first tangible product of that relationship, but not the last.

Since ratification, management has reached out to local leaders on a range of issues, asking for input and listening to members. Where we were once ignored and dismissed, we are now treated with dignity and respect.

The new contract is only the beginning. The contract members achieved and the relationship established with management form the basis for a bright future for all members, management and the community – as all work together to protect patients and the viability of this rural hospital.

Nurse solidarity key to Montevideo contract



It took only three negotiating sessions for MNA nurses and Chippewa County-Montevideo Hospital (CCMH) to reach a tentative agreement on a new three-year contract in October.

Nurses presented a united front, showing management a fair contract was necessary.

“We agreed on a tentative agreement before the contract expired,” Bargaining Unit Co-Chair Kim Bowen said. “The hospital saw our solidarity and came to the table ready to negotiate.”

Co-Chair Megan Stone said negotiations went well and they were able to reach agreement in only three sessions.

“We were able to prevent takeaways that management proposed,” she said.

“We got the best contract for the most nurses,” Bowen said. “Nurses on the negotiating team felt the support from members.”

RN Brenda Goldenstein was also on the negotiating team, along with Bowen and Stone.

Nurses overwhelmingly ratified the new contract on Nov. 9.



LABOR ADVOCACY

Massachusetts nurses vow to continue fight for safe staffing following vote on statewide ratio initiative



The campaign for safe patient staffing in Massachusetts will not end, in spite of a disappointing vote in the November elections.

The Massachusetts Nurses Association championed a November 6 ballot question that set a maximum limit on the number of patients assigned to a nurse at the same time, while providing flexibility to adjust nurses' patient assignments based on the specific needs of patients and the professional judgment of the nurse providing direct patient care.

There was widespread support for the question, until the corporate healthcare industry spent millions of dollars to oppose it, changing public opinion with misinformation and scare tactics.

The vote did not pass on November 6, but nurses vow to carry on the campaign for patients.

"All patients deserve a safe standard of nursing care, and this advocacy – this fight – won't be over until we achieve the equity that all patients deserve," Massachusetts Nurses Association President Donna Kelly-Williams said in a statement following the result.

"The hospital executives opposed to Safe Patient Limits cried hysteria and chaos about the cost of these safety measures, but clearly spared no resource – with just under \$27 million and counting – in an attempt to drown out the voices of bedside nurses calling for help," Kelly-Williams said.

"This issue is now in the public, finally outside the walls of the hospitals," she said. "Nurses – in spite of aggressive intimidation by their employers – have engaged the public outside their workplace like never before. Along the way, hospi-

tals have admitted there is a problem. They just don't want to be held accountable with limits."

Kelly-Williams spoke to MNA's House of Delegates in October, generating standing ovations for their advocacy for patients. At the end, delegates stood and held signs showing Minnesota support for the ballot question.

MNA was one of the many organizations that endorsed the campaign, and nurses will continue to stand with colleagues everywhere who advocate for safe patient care initiatives.

'Do something for your community'

What qualities do you look for in your elected officials at the local, state, and national levels? Tenacity? Drive? Assessing situations and making plans? Dedication to the people they serve? Passion? Hard working? Making decisions based on evidence and careful thought?



That's a description of what nurses do every day, meaning nurses would make ideal elected officials.

MNA nurses don't seek public office for a variety of reasons, but it's time to take another look at seeking a public position.

Several MNA members have run for office and won at the state and local levels, including Minnesota Representatives Erin Murphy and Chris Eaton, and nurses have been elected as mayors, members of city councils, and other local positions in communities large and small.

Two MNA nurses are currently serving on city councils in Minnesota: Brian Hoag, an RN at Essentia Health Virginia is a member of the Eveleth City Council; and Trilby White, an RN at HealthEast St. John's Hospital in Maplewood, is on the Birchwood Village City Council.

Hoag has served on the Eveleth City Council for eight years. He ran the first time "to be a part of my community."

He says it's a rewarding experience.

"I had ideas for our town," he said. "We worked on some major projects like renovating the armory and auditorium that were in severe disrepair for many years."



The project was one of Hoag's major initiatives, and it turned out well. The facility is up and running and open for community and private events.

"It's really neat to see the project finished and people using it," he said.

"Being a nurse helped," he said. "You have to display confidence on your job, be more assertive and helpful."

Hoag says it's a rewarding experience and he urges other nurses to run for office.

"It's one of the best things I ever did," he said. "Get involved and do something for the community."

White was appointed to the Birchwood Village City Council two years ago to fill an open position.

"It requires a lot of skills nurses have, like assessing a situation and figuring out a plan," she said. "You need to be tenacious and driven, look for solutions, be efficient, build relationships, be strong in your convictions, and trust your instincts."

White said the work is about policy, not politics. "You can feel like you're making a difference. Nurses need to run."

Nurses: let's stand together from page 4

Allina told nurses to go to the Legislature because the system would not agree to anything regarding staffing. And the Legislature did not take action on our proposals either.

Metro nurses recently stood together as a union and rejected a proposal for wage-only negotiations at the non-Allina hospitals, an obvious attempt to divide nurses. Nurses did not fall for that ploy.

That's what unions are all about: sticking together no matter what. We must look at the big picture and the overall impact of proposals. Sometimes that means we give up something that benefits us personally, for the greater good.

There is no comfortable and easy way forward for nurses and all unions. There never has been. Nurses put patients first every time: that's why we go into nursing. And that's why we'll keep fighting for compassionate patient care no matter how long or what it takes.



Ethics Committee Corner

*By Sarah Simons, RN, MSN, Hennepin County Medical Center,
Minneapolis MNA Ethics Committee Chair*

This is the time of year when healthcare workers are often informed of their Employer's "Mandated Seasonal Flu Vaccination Program," and are assailed with messages and reminders to get the vaccine to protect themselves, their co-workers, and their patients. But like other blitz messaging, something often gets lost in the campaign: personal choice.

The International Council of Nurses Code of Ethics for Nurses (2012) has as a foundational truth that "inherent in nursing is a respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect." You can find the report at https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf

There are also ethical responsibilities to provide appropriate information to ensure that informed consent is truly informed and free of bias (a difficult task, to be sure), and a duty to "ensure a standard of personal health."

How these ethical responsibilities are carried out can vary from person to person. How we as nurses approach this for ourselves impacts the care we provide to our patients. Do we thoughtfully weigh evidence from the CDC and other sources? Do we take responsibility for personal health by taking the vaccine or by taking other precautions against influenza, like hand washing? Or both?

This, like so many other healthcare decisions, is ultimately a personal choice. Our facility gives employees who get the vaccine a colored clip to indicate their vaccination status for the year. Many nurses in our union refuse the clip, even if they take the vaccine, to make a statement about protected health information, and the right to privacy. We want to support the right to choose, and the right to privacy for ourselves and for our patients.

The MNA Ethics Committee is interested in exploring the ethical concerns and dilemmas that our members face in their practice environments. Mandated vaccinations, futility of care, substance use, beneficent injustice, lateral violence, global warming, and social determinants of health are only a few of the possible issues to consider. Let us know what your thoughts and ideas are: we are here for you.

Nursing Practice and Education Commission

By Angela Oseland, RN, North Memorial Healthcare, Robbinsdale

2018 Year in Review

The Nursing Practice and Education Commission (NPE) has been discussing and reviewing numerous nursing issues, including telehealth, the opiate crisis, the Interstate Nurse Licensure Compact, nurse-to-patient ratios, and several issues that threaten the RN scope of practice.

Our work environment is being challenged by increasing volume, the upward trends in patient acuity, and the constant pressure to do more with less. We are concerned that time with our patients continues to be absorbed by following and charting on extensive algorithms.

We remain concerned that unlicensed personnel under RN supervision pose risks for the RN license and potentially risk patient safety.

What is your practice like? Do you feel that can you safely deliver the care that your nursing practice requires? You are legally responsible for your practice, and we would love to hear from members about the challenges your practice faces.

What can you do?

- Know the policies and practices in your workplace;
- Remember that algorithms are a tool, not a replacement for bedside nursing;
- It is critical that safety issues be reported. You are urged to use the Concern for Safe Staffing forms to document your unsafe shifts at www.mnnurses.org;
- You can take a photo of the QR code below with your iPhone, or use a free QR code reader app on your Android to go directly to the form.



- Know your practice. The MN Board of Nursing delineates your responsibilities. We are licensed, and it's imperative that we not practice beyond our scope. Sign up for MNA's updated classes titled "Nurse Staffing Symposium." This series is offered quarterly.

It matters that nurses speak up, discuss concerns with supervisors when staffing is too low, and refuse assignments that put patients at risk.

MNA's Nursing Practice and Education Commission provides input on the classes that MNA offers around Minnesota throughout the year. Please visit MNA's website at www.mnnurses.org

for more information about classes near you.

Don't miss out on these wonderful opportunities to learn more about the intersection of nursing practice, workplace rights and safety, and labor laws.

These workshops will help sharpen your advocacy skills.

If you have suggestions for education sessions, the Nursing Practice and Education Commission would love to hear from you. Did you know that we have a simple process for members to request new education sessions? Our commission reviews all member input in developing new classes.

Our monthly meetings are open to all MNA members.

If you have any education or practice concerns, we would love to have you join us!

Please check the MNA calendar for the 2019 NPE Commission meeting dates. If you have questions about suggesting new classes contact MNA's education support staff, Linda Owens, at Linda.Owens@mnnurses.org.

MNA ally CTUL fights labor trafficking, mistreating workers, fraud

A Twin Cities contractor faces a variety of criminal charges involving worker abuse and intimidation, thanks to MNA ally Centro de Trabajadores Unidos en Lucha (CTUL), an organization led by low-wage workers dedicated to building the power and leadership of low-income employees.

CTUL helped workers document the appalling treatment they received from Ricardo Batres, who owns American Contractors and Associates.

Workers were subjected to inhumane working hours and conditions, wage theft, and severe injuries in unsafe conditions that Batres ignored or downplayed.

Batres exploited workers because of their immigration status, threatening to call authorities if they complained about their treatment.

Workers went to CTUL for assistance in fighting Batres and stopping him from exploiting employees. CTUL helped them document the abuses and bring their situation to the attention of authorities. In September, Batres was charged in Hennepin County with criminal counts of labor trafficking, insurance fraud, and theft by swindle.

"We allege that he sought out undocumented workers as employees of his contracting company to do framing carpentry and installing sheetrock," the Hennepin County Attorney said at a news conference announcing the charges. "Because

MNA ally CTUL Fights labor cont. on page 12

Nurses welcome MNA president to their hospitals

MNA nurses at Owatonna Hospital, Murray County Medical Center in Slayton, and Pipestone Medical Center and Family Clinic Avera shared their stories and showed their pride in their facilities with MNA President Mary C. Turner this fall.

President Turner visited nurses at the three facilities as part of her "Highlight Your Hospital" tour of Minnesota, Wisconsin, and Iowa.

President Turner is looking to tour more hospitals and meet with members. Just let her know at Mary.Turner@mnnurses.org.



RNS at Murray County Medical Center, Slayton



Owatonna Hospital RNS



Pipestone County Medical Center & Family Clinic Avera RNS



Owatonna Hospital RNS



Pipestone County Medical Center & Family Clinic Avera RNS



RNS at Murray County Medical Center, Slayton

Give yourself some peace of mind

It's not easy, but putting aside some money in a Rainy Day Fund can ease some of your financial worries.

We never know when an unexpected expense will suddenly appear, like a leaky roof, car troubles, or going on strike.

MNA has resources for you if you're ready to start saving and giving yourself some peace of mind, starting with two online calculators to help you figure out how much to put in your Rainy Day Fund.



The Rainy Day Fund Calculators on MNA's website at www.mnnurses.org/rainydayfund give you two options: a shorter, simple calculator, and a longer, more detailed and accurate estimator of how much you should save.

Just enter information about your expenses, and the calculator will show how much you need in your Rainy Day Fund.

And check out MNA's financial wellness program that offers access to independent, objective advice and information from advisors experienced in working with MNA nurses.

Go to the Resources section of MNA's website at www.mnnurses.org to learn more.

Governmental Affairs Commission Update

By Commissioners Judy Russell Martin, RN, Children's Hospital and Clinics, Minneapolis; Marcia Swanson, RN, Essentia Health Miller-Dwan, Duluth

2018 was a year of little action in the Legislature, but a great deal of action by MNA nurses and the Governmental Affairs Commission.

The news from the 2018 Legislature was more about what did not pass than what became law. Highlights of 2018 include:

- The Interstate Nurse Licensure Compact was not acted upon, thanks in large part to MNA nurses' opposition. It would be extremely detrimental to retaining Minnesota's high professional standards for patient care;
- A bill to fund pensions for state employees, including MNA nurses, was signed into law; along with a bill ratifying contracts for state workers;
- A bill creating presumptive eligibility of Post Traumatic Stress Disorder (PTSD) for Workers Comp when claimed by first responders (including RNs working outside a facility as first responders) passed.

The cancellation of MNA's Day on the Hill because of a snowstorm did not stop nurses from advocating for patients with elected officials.

Nurses focused on Mini Days on the Hill: we were able to get in four Mini Days on the Hill with 23 nurses representing 11 facilities. This added up to 11 meetings with legislators. That's in addition to the 1,168 emails to nurses' elected officials.

GAC sponsored a well-attended booth at the 2018 MNA Convention, where we heard from some powerful speakers.

Nurses told stories about their deployments to care for natural disaster victims through NNU's Registered Nurse Response Network (RNRN). RNRN has been helping bring relief to the world during natural disasters, which only increase as time moves forward.

As we see elimination of the policies protecting our natural resources, we will all need to get involved.

We also heard about the hidden secret of Cuba's healthcare system, where cost for the government is a little over \$800 a year per person. NNU President Jean Ross shared her personal experience with England's single-payer healthcare system.

A special thanks to NNU nurses for their involvement.

Now on to 2019 and the Political Platform:

The 2019 Legislative Platform is divided into four key areas:

1. Nursing practice - safe staffing, workplace violence prevention;
2. Healthcare reform – single-payer healthcare, MinnesotaCare expansion;
3. Labor/collective bargaining;
4. Justice and social equity - human rights, Main Street Contract, just taxation, mental health.

MNA's Legislative Agenda was not finalized at the time this issue of Accent went to print, so watch for more information in the coming months.

A few reminders for key upcoming dates:

- February 11-12: Nurses Day on the Hill
- March 19: Student Day on the Hill. MNA members are asked to get involved and give a warm welcome to our future nurses;
- Mini Days on the Hill are held weekly and nurses can sign up to meet with your elected officials.

MNA ally CTUL fights labor from page 10

they were undocumented and fearful of deportation, Mr. Batres paid them less, worked them harder, put some of them in overcrowded housing without hot water and did not provide medical benefits. We will vigorously prosecute Mr. Batres and we hope this serves as a warning to developers and general contractors that we will not turn a blind eye to this kind of illegal activity."

"MNA is proud to support CTUL and its incredible success advocating for workers and social justice," MNA 1st Vice President Bunny Engeldorf said. "CTUL has helped workers recover more than \$2 million in unpaid wages and damages; and has won long-term changes for more than 5,000 low-wage workers, including raises that bring an estimated \$5.5 million in additional income into the poorest communities in the Twin Cities area."

In November, Partnership for Freedom, a national organization confronting the root causes that lead to both labor and sex trafficking, honored CTUL with a grant to continue its work to fight labor abuse and exploitation. www.minnpost.com/community-sketchbook/2018/11/minneapolis-group-wins-national-grant-to-address-labor-trafficking/

Health and Safety Committee update

By Chad Simon, RN, Minnesota Security Hospital, St. Peter

Many issues impact the health and safety of every nurse. Some health risks in the workplace are common to most nurses, such as exposure to pathogens, risk of physical injury, and risk of being assaulted by a patient... or another nurse.

An issue the Health and Safety Committee is looking at is work-related injuries or illnesses that result in either time off from work or time on restricted duty. We are examining trends in injuries and the amount of time away from work that resulted.

What types of work-related injuries and illnesses resulted in lost time where you are employed?

Take a look at your facility's OSHA Injury and Illness recordkeeping and reporting log that's displayed in your hospital. In it you will see each incident of lost time due to work-related injury or illness, a description of the injury or illness, and the total amount of time the employee spent off work or on restricted duty.

We are currently creating the Health and Safety Committee 2019 workplan.

Is there an issue impacting the health and safety of the more than 22,000 MNA nurses that you feel the Health and Safety Committee should address in 2019?

Contact MNA Health and Safety Committee staff liaison Tara Fugate at Tara.Fugate@mnnurses.org or 651-414-2867 with your suggestions.

Perhaps you are interested in serving as a member of the Health and Safety Committee.

Log into MNA's Member Center at www.mnnurses.org and submit the MNA Appointment Consideration form.

Be healthy and safe!

Nurses build power from page 2

Candidates saw what a boost an MNA endorsement means for their campaigns, and they saw the hard work nurses are willing to do for their patients and their profession. We are excited to keep working with the newly elected leaders at the Capitol in the coming years."

Besides Walz and Flanagan, nurses helped elect, Secretary of State Steve Simon, Attorney General Keith Ellison, and State Auditor Julie Blaha.

Nurse-endorsed House members who won include Rob Ecklund (03A), Mary Murphy (03B), John Persell (05A), Julie Sandstede (06A), Jennifer Schultz (07A), Liz Olson (07B), Mike Sundin (11A), Dan Wolgamott (14B), Jeff Brand (19A), Jack Considine (19B), Todd Lippert (20B), Tina Liebling (26A), Kristin Bahner (34B), Zach Stephenson (36A), Melissa Hortman (36B), Erin Koegel (37A), Ami Wazlawik (38B), Shelly Christensen (39B), Michael Nelson (40A), Connie Bernardy (41A), Mary Kunesh-Podein (41B), Kelly Moller (42A), Jamie Becker-Finn (42B), Peter Fischer (43A), Leon Lillie (43B), Ginny Klevorn (44A), Patty Acomb (44B), Lyndon Carlson (45A), Mike Freiberg (45B), Ryan Winkler (46A), Cheryl Youakim (46B), Healthier Edelson (49A), Steve Elkins (49B), Mike Howard (50A), Andrew Carlson (50B), Sandra Masin (51A), Rick Hansen (52A), Ruth Richardson (52B), Tou Xiong (53A), Steve Sandell (53B), Anne Clafin (54A), Brad Tabke (55A), Hunter Cantrell (56A), Alice Mann (56B), Robert Bierman (57A), John Huot (57B), Fue Lee (59A), Raymond Dehn (59B), Diane Loeffler (60A), Mohamud Noor (60B), Frank Hornstein (61A), Jamie Long (61B), Hodan Hassan (62A), Jim Davnie (63A), Jean Wagenius (63B), Kaohly Her (64A), Dave Pinto (64B), Rena Moran (65A), Carlos Mariani (65B), Alice Hausman (66A), John Lesch (66B), and Tim Mahoney (67A).



Here's what you missed if you weren't at Convention this year

"This was a GREAT convention, and I'm excited to come back next year!"

"The education was amazing."

"It was great connecting with other nurses throughout the country."

"My first Convention. It was an amazing experience."

MNA nurses left the 2018 Convention inspired, refreshed, and ready to take on the challenges the nursing profession and healthcare face in the coming weeks and months.

One of the highlights was sharing education and conversations with nurses from throughout the U.S. who were at the National Nurses United Convention, which was also in Minneapolis.

Nurses shared education sessions with inspiring speakers who told personal stories about the importance of single-payer healthcare, experiences with the RNRN program in other countries, and the threats posed by the U.S. Supreme Court's *Janus* decision.

MNA nurses were featured in each session: Venessa Soldo-Jones of Mercy Hospital in Coon Rapids drew a vivid picture of the devastation caused by Hurricane Marie in Puerto Rico when she and other nurses were deployed there as part of the RNRN program.

Kade Quarles of United Hospital in St. Paul told the attentive crowd about Alina nurses increasing power after the 2016 strike by keeping the momentum going and planning early for 2019 negotiations.

MNA education sessions focused on important nursing issues including: the impact of technology on patients and nursing; how nurses can apply the learnings of the #MeToo movement to the workplace; and how to use data to win elections.

Dozens of NNU and MNA nurses fanned out in Minneapolis to knock on voters' doors to support nurse-endorsed candidates. So many volunteered that vans transporting nurses filled up and private cars were called into service to take nurses to their neighborhoods. It was an overwhelming show of advocacy by nurses!

MNA nurse-endorsed candidate for governor, Tim Walz,

told the House of Delegates that healthcare is a basic need and "must be delivered."



Walz said he is grateful for all the progress made "hand in hand with nurses" in fighting for the middle class.

Walz called on nurses to join him and running mate Peggy Flanagan to elect candidates who support nurses' goals.

"We are running so that we can govern and improve people's lives," he said, followed by an enthusiastic standing ovation from delegates.

MNA President Mary C. Turner urged delegates to hold on to inspiration in these times.

"Patients have never needed us more," she said. "We need to be soldiers and warriors to protect patients. Bring out your shields and be ready to fight!"

"MNA's elevated activism within the electoral, policy and legislative arenas has made us a major player when it comes to healthcare justice," MNA Executive Director Rose Roach told delegates. "Thanks to the incredible work of nurse leadership across the state, working in tandem with various labor and community organizations, MNA is recognized as a true leader in the justice movement."

Nurses honored colleagues and allies at the annual Honors and Awards Banquet on Oct. 7.

Delegates approved bylaw amendments to simplify MNA's dues structure; adjust the composition of MNA commissions; changed the definition of honorary status; and make the Racial Diversity Task Force a standing committee.

Delegates approved resolutions dealing with the opioid crisis, sanctuary union, gun violence prevention, and organizing for power.

You can find the amendments and resolutions on the Member Center on MNA's website at www.mnnurses.org. Mark your calendar and make plans now to attend next year's Convention and House of Delegates: Oct. 13-15, in Duluth.



Venessa Soldo-Jones



Kade Quarles

MNA members, allies, students honored at 2018 Honors and Awards Banquet

Some well-deserving and inspiring nurses and allies were recognized for their contributions to the nursing profession and patient care at the Oct. 7 Honors and Awards Banquet during the MNA Convention and House of Delegates.

Here are the 2018 MNA honorees:

Paul and Sheila Wellstone Social Justice Award: **Governor Mark Dayton**

Governor Dayton has been a steadfast supporter of Minnesota nurses and issues important to nurses including safe staffing, nurse and patient safety, social justice, and much more. He continuously supported our endeavors for our patients. Nurses say a big “thank you” to Governor Dayton for all he has done. He will be sorely missed when he retires at the end of his current term.



Public Official Award: State Senator Jim Abeler

Senator Jim Abeler has been nurses’ fierce advocate on many of our issues, such as preventing the Interstate Nurse Licensure Compact from passing in 2018. He is a co-signer of MNA’s staffing bill and frequently helps MNA with other legislative priorities. His opposition to so-called “right to work” legislation as a Republican is a great help to nurses and the entire labor family.



Sarah Tarleton Colvin Political Activist Award: **Sarah Lake, RN, United Hospital, St. Paul**

Sarah Lake is the epitome of a super volunteer. Sarah spent hundreds of hours volunteering to elect Erin Murphy as the next Minnesota Governor. Sarah’s enthusiasm and energy never stop. Sarah’s activism is unprecedented for an MNA member and something that should be held up as an example to all other nurses!



Nurse Educator Award: Hans-Peter de Ruiter, PhD, RN, Minnesota State University, Mankato

Hans-Peter de Ruiter is committed to helping students become successful nurses. He emphasizes the importance of bedside care, which is especially evident in his clinical teaching. He is an advocate for the importance of collective bargaining for nursing and takes every opportunity to turn MNA events into educational moments.



Nurse Researcher Award: Michael Scribner-O’Pray, RN, Children’s Hospital, Minneapolis

Michael Scribner-O’Pray studies an issue very important to nurses: easing pain. He researches strategies to ease the pain of children undergoing laceration surgery in emergency departments. His work is designed to increase nurses’ understanding of ways to establish a new standard of nursing care for these children.



Creative Nursing Award: Jamie Cranston, RN, Sanford Worthington Medical Center

Jamie Cranston initiated a program to help first-time chemotherapy patients deal with their new treatments. With the help of other nurses, she organized gift baskets with comfort items and education for each patient, which improved their attitudes and tolerance of the chemotherapy.



Mentorship in Nursing Award: Sandra Abraham, RN, Children’s Hospital Minneapolis

Sandra Abraham has mentored and trained colleagues throughout her career. As the first nurse hired at Children’s Hospital in Minneapolis, she orchestrated the operating room setup and trained nurses and other staff over the years. She also led the fight to unionize and become part of MNA.



Distinguished Service Award: Darlene Mechtenberg, RN, BSN, Murray County Medical Center, Slayton

Darlene Mechtenberg has devoted her career to patients and the community at large. She has focused on infection prevention, initiating and leading many programs to improve the health of community residents, including a clinic on wheels to reach out to smaller communities, a county-wide influenza vaccination program, a Teddy Bear clinic for children, and raising funds to buy hospital equipment.



Audrey Logsdon/Geraldine Wedel Award: **Tiffany Eidelbes, RN, Sanford Thief River Falls Medical Center**

As bargaining unit chair, Tiffany Eidelbes has made her union a visible part of the community by participating in local events, including parades, a Fun Run for school drug abuse prevention programs, a school supply drive, a local soup kitchen, family picnics in the park, and booths at the county fair. She is an ardent union leader, always available for members and making sure the contract is followed. Tiffany engages and activates union members to participate in the union.



Ruth L. Hass Excellence in Practice Award: **Lisa Karel, RN, Fairview Southdale Hospital, Edina**

Lisa Karel is known throughout the hospital for her wide array of knowledge that she shares with other nurses and staff on the hospital’s flying squad. She works collaboratively with all and makes sure everyone understands how she came to her decision on a plan of care. She uses these situations as teaching opportunities to educate her peers. Her professionalism and bedside nursing care are respected by all.



President’s Award: Lori Christian, RN, BS, CEN, Park Nicollet Methodist Hospital, St. Louis Park; Deborah Haugen, RN, BSN, Children’s Hospital, Minneapolis

Lori Christian and Deborah Haugen are tireless advocates for MNA nurses, patients, and the nursing profession. Their outstanding leadership and participation at every level of our union make MNA a stronger, more vibrant union.



Award winners cont. on page 16



Minnesota Nurses Association Foundation 2018 Scholarship Recipients

Cynthia Hunt-Lines

Lisa Burkhalter, *Walden University*
Susan Covington, *Metropolitan State University*

Janky Foundation

Emily Martin, *University of Minnesota*

Phillips Laird

Karissa Buck, *Augsburg University*
Britt Schultz, *Augsburg University*

Rose Dhein

Alexandra Carr, *Yale School of Nursing*
Jessica Huber, *Minnesota State University - Moorhead*
Alicia Johnson, *Walden University*
Gwendolyn O'Brien, *American Sentinel University*

Sarah Colvin Social Justice

Lori Lima, *The Ohio State University*
Julie Nohre, *The College of St. Scholastica*
Malack Nyokwoyo, *The College of St. Scholastica*

MNAF Graduate

Olufemi Adetunji, *Maryville University*
Rita Adom, *Metropolitan State University*
Rachel Bonsall, *Concordia University Wisconsin*
Danielle Davenport, *Walden University*
Molly Dwyer, *The College of St. Scholastica*
Stephanie Frazier, *Walden University*
Elana Goldsmith, *University of Minnesota - Twin Cities*
Traci Goll, *University of Cincinnati*
Taylor Iwaszko, *University of Minnesota - Twin Cities*
Sara Jennerjohn, *University of Minnesota*
Cassie Kurtz, *Bethel University*
Kelsey Lindberg, *University of North Dakota*
Carrie Mohr, *Minnesota State University, Mankato*
Evangeline "Nellie" Munn, *University of Minnesota*
Anna Picker, *Bethel University*
Naomi Samuelson, *Allen College*
Nathan Selstad, *Vanderbilt University School of Nursing*
Siripa Shimada, *St. Mary's University of Minnesota*
Delphine Timti, *Walden University*
Amanda Voss, *Baylor University*
Teresa Walz, *The College of St. Scholastica*
Lucinda Zeilinger, *Bethel University*

MNAF Baccalaureate

Lisa Adams, *Bemidji State University*
Melanie Behrends, *Southwest Minnesota State University*
Kelly Harty, *Metropolitan University State*
Lisa Hatle, *Minnesota State University Mankato*

Sally Hersrud, *Minnesota State University Moorhead*
Jody Jackels, *Southwest Minnesota State University*
DeeAnn Kuznia, *St. Catherine University*
Gail Olson, *Minnesota State University Mankato*
Kellie Weikle, *The College of St. Scholastica*

MNAF Alternative

Lisa Black, *Walden University*
Andrea Dishong, *Aspen University*
Emily Grandson, *Minnesota State University Mankato*
Virginia (Ginger) Koppi, *Western Governors University*
Alexandra Riley, *Western Governor's University*
Becky VonBank, *Creighton University*
Jessica Yang, *St. Catherine University*

MNA Legacy Scholarship for Children of MNA Members

Sara Behmanesh, *University of Minnesota - Twin Cities*,
undergraduate program in Neuroscience
Ashley Farrand, *Concordia University*, undergraduate program
in Elementary Education
Callie Glanton, *Harvey Mudd College*, undergraduate program
in Science
Jennette Grizzard, *Hibbing Community College*, undergraduate
program in Nursing
Jacob Hurajt, *St. Cloud State University*, undergraduate
program in Cyber Security
Rachel Larsen, *Creighton University*, undergraduate program
in Nursing
Pierce McIntyre, *Minneapolis Community and Technical
College*, undergraduate program in Nursing
Joscelyn Miller, *Minneapolis Community and Technical College*,
undergraduate program in Chemistry
Matthew Mills, *University of North Dakota*, undergraduate
program in Accountancy
Deja Mosley, *University of Minnesota - Twin Cities*,
undergraduate program in Biology
Madison Reischl, *Southwest Minnesota State University*,
undergraduate program in Medical Laboratory Science
Gabrielle VonBank, *Minneapolis Community and Technical
College*, undergraduate program in Nursing
Nicholas Walz, *Berklee College of Music*, undergraduate
program in Music Therapy

MNAF Alternative

Blake Scheffknecht, *Minnesota State University, Mankato*,
undergraduate program in Law Enforcement

MNAF Grant Recipient

Linda Knauff Clinical Practice Project
Kaylan Dix

Have a voice in decisions that affect patients and nurses

If you're not ready to run for office, you can advocate for patients by volunteering for a state advisory board or commission that deals with nurse, patient, or labor issues.

Many have required seats for RNs or labor representatives.

MNA nurses who currently serve on these groups say it's a worthwhile experience, and urge other nurses to volunteer to apply for open positions.

Three MNA members currently serve on the Board of Nursing:

- Joann Brown, Stevens Community Medical Center, Morris;
- Rui Pina, Abbott Northwestern Hospital, Minneapolis
- Steve Strand, Essentia Health St. Mary's Medical Center, Duluth

In addition to the Board of Nursing, there are quite a few commissions and boards that have RN positions that open up every year.

- State Advisory Council on Mental Health. The council makes recommendations to the Governor, Legislature and state departments on mental health policies, programs, and services;
- Rural Health Advisory Committee. The committee advises the commissioner of health and other state agencies on rural health issues;
- Board of Examiners for Nursing Home Administrators. The board licenses administrators of nursing homes, conducts studies of nursing home administration; approves continuing education programs for administrators; and investigates complaints and allegations of rule violations;
- Medical Services Review Board. The board advises the Department of Labor and Industry on medical matters relating to workers' compensation, makes determinations on inappropriate, unnecessary or excessive treatment, and issues penalties for violation of rules following a contested case procedure.

These groups have seats for representatives of labor:

- Occupational Safety and Health Advisory Council. The council advises the Department of Labor and Industry on administration of the state Occupational Safety and Health Act;

- Rehabilitation Review Panel. The panel advises the Department of Labor and Industry on rehabilitation matters relating to workers' compensation and may issue penalties for violation of rules following a contested case hearing;
- State Rehabilitation Council. The council is responsible for advising state government on the performance of Minnesota's Vocational Rehabilitation programs.

If you're interested in serving your profession and patients on one of these groups, please contact MNA Political Organizer Cameron Fure at 651-252-5028 or Cameron.Fure@mnnurses.org. Please note openings change frequently.



Have you checked out all the benefits you receive as an MNA member?

MNA nurses have access to a world of discounts through Union Plus, a nonprofit that provides benefit programs exclusively to union members (current and retired) and their families.

Check out benefits that will help your family at <https://www.unionplus.org/> and choose NNU (Nurses) in the dropdown asking you to choose your union.

You can find even more member benefits in the Resources section of MNA's website at www.mnnurses.org.

MNA history corner

1959: Thanks to MNA nurses, Minnesota's Nurse Practice Act is amended to change the licensure requirement from permissive to mandatory; patients are now assured that it is illegal to practice as a registered nurse without meeting standards and passing a license exam.

MNA Annual Notices Regarding Dues *(This notice is not applicable to public sector employees or 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 agency fee. This fee, which is authorized by law, is your fair share of paying for the benefits of union representation that you and your co-workers receive. Non-members may file objections to paying for expenditures that are not germane to MNA's duties as collective bargaining representative and obtain a reduction in fees for those activities. 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 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 an agency fee payer, you will be required to pay, as a condition of employment, an "agency fee" that represents a percentage of the monthly dues for reasonable and necessary costs incurred in acting as your bargaining representative. The agency 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 agency fee payers 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 non-chargeable are identified as expenditures for activities not germane to MNA's duty as your bargaining representative, such as expenditures for certain lobbying activities and to support political candidates. Currently, 16 percent of MNA's expenditures are deemed to be non-chargeable expenditures. The financial information provided here summarizes the chargeable and non-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 agency fees instead, you must notify MNA of your choice by sending a letter in the mail so stating to the Membership Department, Minnesota Nurses

Association, 345 Randolph Avenue, Suite 200, St. Paul, MN, 55102. The letter must include your full name, address, your employer, and your date of hire. In all cases, if you are thereafter employed as a new employee by another employer with a union security agreement with MNA, you must follow the above process with respect to obtaining agency fee status with your new employer.

If you submit a valid objection you will receive another copy of MNA's calculation of representational expenditures, verified by an independent Certified Public Accountant, and MNA will advise you of the precise agency fee and the categories of chargeable expenses used to determine that fee. If you have signed a payroll deduction authorization card, MNA will instruct your employer to deduct that agency fee from your paycheck. If you have not signed a payroll deduction authorization card, you must pay the amount of the agency fee directly to MNA in a timely manner. This agency fee 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.

Non-member objectors have the right to challenge MNA's calculations of representational expenditures before an impartial arbitrator. Such challenges must be made in writing, explain the basis for the challenge, and be received by MNA within 30 days of the employee receiving the calculation information. Upon receipt of a timely valid challenge, MNA will put the challenged amount of dues in an interest-bearing escrow account. If more than one non-member objector challenges the calculations, the challenges will be consolidated for hearing. The decision of the impartial arbitrator will be final and binding.

MNA fully expects that few, if any, employees it represents will avail themselves of the option of agency fee 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 interest or in the interest of your co-workers.

Before choosing agency 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.

Chargeable/Non-chargeable Expense Analysis

Fees charged to non-member agency fee payers support expenditures for representational costs such as collective bargaining, contract enforcement, grievance processing, union administration, and other matters made by the Minnesota Nurses Association and National Nurses United (NNU). The chargeable portion of the National Nurses United (NNU) assessment is based on an analysis of the NNU audited expenses. Non-chargeable items include, among other things, certain lobbying costs

and political activities, as well as costs related to maintaining a political action fund. Newsletter costs are non-chargeable to the extent that the content is related to a non-chargeable activity.

The financial information below summarizes the chargeable and non-chargeable expenses with corresponding percentages for each level.

Agency Fee Analysis Financial Summary

Source: 2017 Audited Financial Statements

	2017 Actual	Offsetting Revenue	Net Expense	Chargeable	Non-chargeable	Overhead Allocation
Administration	3,100,439	193,937	2,906,502	157,541	2,652	2,746,310
Governmental Affairs	595,167	-	595,167	531,237	63,930	-
Labor	4,824,895	525	4,824,370	4,824,370	-	-
Communications	612,615	-	612,615	596,584	16,031	-
Member Mobilization	2,281,694	-	2,281,694	1,367,342	914,352	-
Education	280,328	-	280,328	276,106	4,222	-
Nursing Practice	379,024	-	379,024	373,315	5,709	-
Convention	234,103	-	234,103	230,577	3,526	-
Workshops	5,268	-	5,268	5,189	79	-
Membership Records	301,222	-	301,222	296,685	4,537	-
Subtotal	12,614,755	194,462	12,420,293	8,658,946	1,015,038	2,746,310
Allocation of Overhead				2,458,154	288,155	
Allocated Totals	12,614,755	194,462	12,420,293	11,117,100	1,303,193	
NNU Assessment	3,297,593		3,297,593	2,288,860	1,008,734	
AFL-CIO Affiliation	393,364		393,364	389,655	3,709	
Dues Allocation	388,836		388,836	-	388,836	
Grand Total	16,694,548	194,462	16,500,086	13,795,614	2,704,472	
Percent (%) of Total				84%	16%	

MNA Member Dues for 2019

MNA member dues will increase from \$67 per month to \$68 per month for 2019. 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. Dues rates for 2019 are based on the average change in starting pay rates at December 31, 2017. MNA dues for non-RNs will increase from \$22.50-\$45.00 per month to \$23.00-\$46.00 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 registered nurses 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 Department.

MNA Dues/Service Fees Effective January 1, 2019

Category	Annual	Monthly
RN bargaining unit dues	\$816.00	\$68.00
Non RN-Professional dues	\$552.00	\$46.00
Non RN-LPN/Technical dues	\$414.00	\$34.50
Non RN-Other dues	\$276.00	\$23.00
RN bargaining unit-Service fee objector	\$685.20	\$57.10
Non RN-Professional-Service fee objector	\$463.68	\$38.64
Non RN-LPN/Technical-Service fee objector	\$347.76	\$28.98
Non RN-Other-Service fee objector	\$231.84	\$19.32
RN non-bargaining unit dues	\$408.00	\$34.00
Associate Membership	\$100.00	

Note: 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.

MNA statement of ownership filed with the U.S. Postal Service
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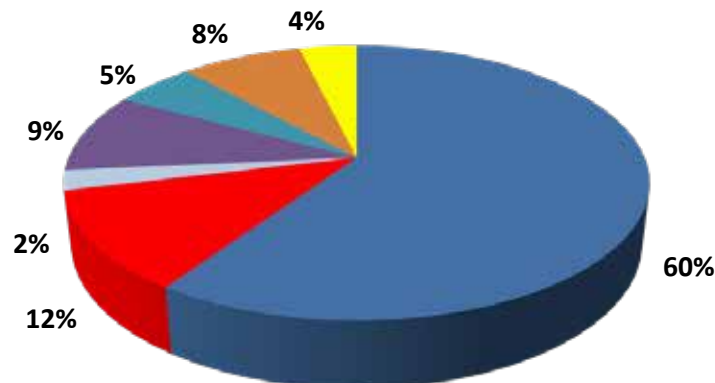
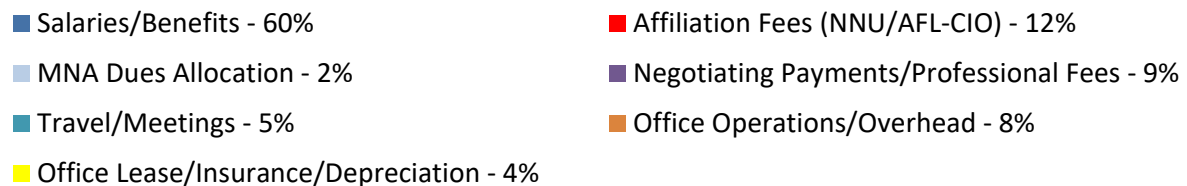
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Dues Revenue Allocation

Salaries/Benefits - 60%	60%
Affiliation Fees (NNU/AFL-CIO) - 12%	12%
MNA Dues Allocation - 2%	2%
Negotiating Payments/Professional Fees - 9%	9%
Travel/Meetings - 5%	5%
Office Operations/Overhead - 8%	8%
Office Lease/Insurance/Depreciation - 4%	4%



Source: 2019 Projected

Annual Dues ¹	\$816	(\$68/month)
Less: NNU Per Capita Dues (Red Slice) ²	<83>	
Less: 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	\$699	(\$58.25/month)

¹ Annual dues will be 50 percent less for collective bargaining members working less than 832 hours per year and non-collective bargaining members.

² Accounts for NNU per capita dues reduction of 50 percent effective 11/1/2018.

2019 Nurses Day on the Hill

Register today to talk about policy initiatives that affect MNA nurses, network with other members, and share your stories with your legislators at MNA's Feb. 11-12 Day on the Hill



Make MNA Honors & Awards a New Year's resolution!

This year, make a resolution to honor a co-worker by nominating them for one of MNA's many wonderful awards. Check out all of the details here: www.mnnurses.org/awards



2019 MNA Meetings

MNA Board of Directors

Jan. 16
Feb. 20
Mar. 20
Apr. 17
May 15
Jun. 19
Jul. 24
Aug. 21
Sep. 18
Nov. 20
Dec. 11

Governmental Affairs Commission

Jan. 23
Feb. 27
Mar. 27
Apr. 24
May 22
Jul. 10
Aug. 28
Sep. 25
Oct. 23
Nov. 18
Dec. 18

Nursing Practice and Education Commission

Jan. 17
Feb. 21
Mar. 21
Apr. 18
May 16
Jun. 20
Aug. 15
Sep. 19

Ethics Committee and Ethics Committee Book Club

Jan. 17
Mar. 21
May 16
Sep. 19
Nov. 21
Nov. 21

Racial Diversity Committee

Jan. 10

Council of Active Retired Nurses (CARn)

Jan. 10
Feb. 14
Mar. 14
Apr. 11
May 9
Jun. 13
Aug. 8
Sep. 12
Oct. 10
Nov. 14
Dec. 12

Some groups did not have 2019 meeting dates set when this issue of Accent went to print. Please check the calendar on MNA's website at www.mnnurses.org for information about all MNA events and meetings.



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