

MINNESOTA NURSING Accent

Summer 2019 | Volume 91 No. 2



MNA nurses prove solidarity works

In this issue

- Nurses advance critical issues in 2019 Legislature – page 15
- Three unions come together to demand safe working conditions at treatment center – page 7
- All you need to prepare for MNA Convention and House of Delegates – special insert

Feature Story

MNA proves solidarity works



Talk about nurse power! Thousands of MNA nurses throughout Minnesota are packing negotiating rooms, picketing hospitals, and standing together to demand fair contracts.

“Nurses in every part of Minnesota are fighting for fair contracts that recognize the important work we do,” said MNA President Mary C. Turner. “Many hospitals have tried to undermine or ignore nurse proposals, but that just makes us more resolved to fight.”

In the Metro, nurses began preparing for negotiations two years early. They decided that presenting a unified front to all six hospital systems would show their strength right from the beginning. As a result, negotiating teams communicated with each other and coordinated proposals when possible.

Nurses and hospitals started bargaining in March, but nurses increasingly felt their voices were not heard on critical issues including workplace safety, staffing, wages, and benefits.

Nurses packed negotiating rooms throughout the spring, sharing their stories and sending management the clear message that their bargaining teams had members’ complete support.

They became frustrated with each system’s failure to take their proposals seriously, and in May, decided it was time to go public.

Nurses held a series of informational pickets in late May, to draw public attention to their situation and to go directly to the hospitals to get their attention.

Hundreds of nurses and allies filled the sidewalks around Abbott Northwestern, Children’s of Minneapolis and St. Paul, Fairview Riverside, Methodist, North Memorial, St. Joseph’s, and United hospitals on several days in May to call on management to listen to their concerns and reach agreements on critical issues like workplace safety and staffing. Hundreds even showed up at Children’s in Minneapolis in spite of a downpour and high winds!



Minnesota Nursing Accent

Minnesota Nurses Association
345 Randolph Avenue, Ste. 200
Saint Paul, MN 55102
651-414-2800/800-536-4662
Summer 2019

PUBLISHER

Rose Roach

MANAGING EDITORS

Barb Brady

Chris Reinke

BOARD OF DIRECTORS

President:

Mary C. Turner, RN

1st Vice President:

Bernadine Engeldorf, RN

2nd Vice President:

Doreen McIntyre, RN

Secretary:

Jennifer Michelson, RN

Treasurer:

Elaina Hane, RN

Directors:

Sandie Anderson, RN

Laurie Bahr, RN

Lori Christian, RN

Melissa Hansing, RN

Robin Henderson, RN

Heather Jax, RN

Sue Kreitz, RN

Mary McGibbon, RN

Stella Obadiya, RN

Gail Olson, RN

Kade Quarles, RN

Non-RN Director (Open)

Office Hours:

Monday-Friday 8:15 a.m. - 4:30 p.m.

Subscriptions

Published:

March, June, September, December

Opinions

All opinions submitted are subject to the approval of the publisher, who reserves the right to refuse any advertising content which does not meet standards of acceptance of the Minnesota Nurses Association.

Minnesota Nursing Accent (ISSN 0026-5586) is published four times annually by the

Minnesota Nurses Association

345 Randolph Avenue, Ste. 200,
Saint Paul, MN 55102.

Periodicals Postage paid at
Saint Paul, MN and additional mailing
offices. Postmaster, please send address
changes to:

Minnesota Nurses Association
345 Randolph Avenue, Ste. 200
Saint Paul, MN 55102.

MNA solidarity cont. on page 5



What has happened since MNA members said 'Yes to Invest'?

Last October, MNA nurses voted to simplify the dues structure in order to increase resources available for our union's priorities.

The all-member vote came after National Nurses United (NNU) announced plans to change its dues structure, which reduced per capita dues paid to NNU by 50 percent. (MNA must hold all-member votes on any changes to the dues structure.)

The successful Yes to Invest membership vote resulted in additional funding for local union activities and programs, aimed at increasing nurse power in the following areas:

1. Strengthen the MNA education program by hiring a nurse educator to focus on program development while providing nurses with access to free certification courses such as BLS, PALS, and ACLS;
2. Dedicate additional funds to the strike fund;
3. Increase resources for achieving safe staffing;
4. Establish a member release time budget so nurses who are interested in helping build the union by participating in various union campaigns like contract, organizing, legislative, and electoral, could do so without being economically impacted;
5. Expand member resources related to defending nurses' legal and contractual rights through an arbitration or administrative process.

At the half-way point of the first year of this change, here is what we have accomplished with your investment:

1. MNA has hired a nurse educator to provide BLS, PALS, and ACLS training to members across the state. We expect to be up and running with these new classes by January of 2020;
2. An escrow of \$50,000 has been established for the MNA Strike Fund;
3. We put additional resources into educating members and the public on unsafe staffing. This includes ads that played on the radio over the winter, an online social media campaign, and additional resources dedicated to work on unsafe staffing issues;
4. The organizing department will spend 2019 creating a member release program so MNA members can participate in external, internal, and various organizing campaigns. We know firsthand that nurses speaking to

Executive Director's Column

fellow nurses is vital on any campaign and we are committed to having the member release program up and running by the spring of 2020;

5. MNA has enhanced its grievance/arbitration process to ensure grievances slated for arbitration get there much quicker than ever before. Even though MNA continues to experience delay tactics from employers who don't want to be held accountable for violating our contracts, since January 1, 2018 to the present, MNA has had seven grievances go to an arbitration hearing. Of those seven arbitrations, MNA was victorious in four.

This number does not include several grievances settled in MNA's favor right before arbitration, likely since the Employers wanted to avoid an unfavorable ruling.

The results show that your investment is paying off and our union is stronger than ever.

Your MNA Board of Directors is committed to continuing to use these resources to strengthen and empower members in all of our bargaining units. We will keep you updated as we reach more goals.

President's Column



Stop the runaway train of corporate healthcare

This year's contract negotiations are about more than our contracts – we are also ushering in a new era of nurse power. As your president and a member of my hospital's bargaining team, it's very rewarding to see more and more nurses recognize the value of our union and get involved in MNA and negotiations. They understand the value of a contract and belonging to a union.

The number of newer nurses who are stepping on board to build our union and our power is especially encouraging. Our union needs all members' participation in order to move forward. It's an exciting time!

All over Minnesota, MNA nurses are standing together and fighting for contracts that recognize the important work we do. We are supporting nurses in other bargaining units because we are all part of the MNA family.

I ran for a spot on the negotiating team because I believe it's imperative that the MNA president be in the thick of things. As a negotiating team member, I can speak with first-hand knowledge about what's happening at our tables in my conversations with elected officials, our allies, other unions, and the news media.

Dozens of nurses are showing up at negotiations this year to support the negotiating teams. They are sharing heartfelt stories about short staffing, workplace violence and other critical issues in their hospitals to show management our proposals are necessary.

It is amazing to watch our newer members become involved as they see what's at stake.

At one of my hospital's negotiating sessions, a nurse said she had been on the job for six months and read the contract very carefully. Because of that, she has been able to stand up to management's bad decisions and point out the language in the contract that prohibits those actions. She won!

Metro nurses turned down the non-Allina hospitals' offers for wage-only negotiations this year because we believe it's necessary to go through the process of fully negotiating our contracts this year. We've had a whole generation of nurses who haven't been in full-fledged negotiations, and may not understand what it means for them, our patients, and our union.

The process is helping them become aware of their contract and learn what a union is all about. They are inspiring other nurses to get involved and be part of our family.

And our more experienced nurses are teaching newer members about the importance of our union and getting involved to keep us strong and powerful.

MNA is entering a new era as we gain power. It's the perfect opportunity to stop the corporatization of healthcare and build nurse power.

If nurses and the entire union family keep working together, we can put the brakes on the runaway train of corporate healthcare and get on track for a healthcare system that works for everybody.

Mary Cherner

MNA Visions, Values, and Strategic Pathways for 2019

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.

MNA solidarity cont. on page 2



Thanks to that solidarity and nurse power, hospitals finally listened, and nurses in five of the six hospital systems reached tentative agreements, earning significant gains in workplace violence prevention measures, wages, and safe staffing.

Children's Hospitals nurses ratified their contract on June 20.

As of the time this issue of Accent went to print, ratification votes were scheduled for Fairview, Allina, HealthEast, and Methodist hospitals, and North Memorial was still in negotiations.



In addition to the major issues, nurses had facility-specific successes:

- HealthEast: The biggest longstanding issue was allowing nurses to have a voice in closing units within their hospital when they feel patients are in danger. This is a patient safety provision included in all other metro contracts.
- Fairview nurses won an agreement from the hospital that recently organized nurses in the cath lab/interventional radiology unit that will now be included in the MNA contract, allowing them the benefits other Fairview nurses enjoy, including health insurance and the pension.
- Methodist nurses paved the way for groundbreaking workplace violence prevention language that was adopted in all contracts. Additionally, they gained a new provision that will provide nurses more notice on scheduling changes.
- Allina nurses obtained a voice in Process Improvement Projects that affect nursing practice and important language that will prohibit discipline of nurses if they must miss a meal or rest break.

As of the time this issue was published, North Memorial Hospital was the only Metro facility still bargaining for a new contract.

Nurses are also negotiating in the Twin Ports, Mankato, and other bargaining units this year.

In the Twin Ports, nurses at St. Luke's and Essentia hospitals are facing many of the same issues as nurses in the Metro, including workplace violence prevention, staffing, and wages.

Staffing is a critical issue at St. Luke's where there are not enough nurses scheduled to work, partly because there aren't enough available nurses, resulting in nurse overload.

Nurses are calling on St. Luke's to do more to recruit and retain quality nurses.

Essentia nurses' major issues include severe short staffing, workplace violence, quality insurance, and wages.

Twin Ports nurses were in the early stages of negotiations as this issue of Accent went to print.



Giant step for MNA and RNs in North Dakota

Jubilation, hugs, and tears.

Those were Bismarck, ND, nurses' reaction after votes were counted and they were officially part of MNA.

Nurses at CHI St. Alexis Medical Center overwhelmingly voted in favor of representation by MNA on March 6. The room was full of onlookers as the votes were counted and the historic vote was announced.

That vote is especially significant because nurses voted to affiliate with MNA in a state with very anti-union laws.

The labor family throughout the country has taken notice of this accomplishment, saying it inspires them to increase organizing efforts in areas considered anti-union.

St. Alexis nurses are thrilled to finally have a voice in their workplace for the first time.

"We tried to work with administration, we tried to make patients be more than numbers, but they wouldn't hear us," said St. Alexis RN, Chettie Greer. "Now that we are part of MNA, we have a seat at the table to start making changes and put the care back in healthcare."

The campaign to affiliate with MNA started in 2017, when several St. Alexis nurses began speaking to each other about workplace and patient care issues. They called for meetings with management, and were repeatedly ignored or given perfunctory meetings where management refused to take nurses' input seriously and took no action on their concerns.

Nurses felt they had no voice in critical patient care decisions, and couldn't advocate for their patients. They were most concerned about unsafe staffing levels, workplace violence, and patient care. On top of that, Catholic Health Initiatives (CHI) took over the hospital, and imposed severe budget-cutting measures that made working conditions even worse.

After exhausting all internal methods to address issues and getting nowhere, nurses began talking about unionizing. Nurses met with co-workers from other units and floors, and after determining issues in the hospital were not isolated to one or a just a few units, decided to contact MNA.

MNA organizers began meeting with nurses in Spring 2017 and started building an Organizing Committee (OC). The OC met regularly and crafted the strategy behind the campaign, and, more importantly, began speaking with all of their co-workers in one-on-one conversations to identify deeply, widely felt issues, as well as to educate about the strength in numbers nurses would have in coming together and forming a union.

After building majority support later that year, the OC filed



for a union election. Management had been running an aggressive union-busting campaign that OC members fought against by continuing to educate and mobilize their co-workers.

The initial vote was lost by the slimmest of margins. However, nurse leaders were not defeated and were already discussing how they could return after the required one-year cool-down period.

St. Alexis nurses kept up the fight because of the difficult issues they continued to face. In fact, the hospital gave nurses an excellent organizing tool: shortly following the 2017 vote, management gutted nurses' sick time plans. That motivated many nurses to see they couldn't trust management, and a union would help them have a say in their workplace and patient care.

During the cool-down period, OC members continued to recruit leaders from across the hospital, and trained them on how to be nurse organizers. They grew the OC and retooled their strategy so they could be successful in their second attempt at unionization.

Nurses once again reached out to MNA organizers, and began holding regular meetings to move their campaign forward.

Nurses worked tirelessly to continue to educate their co-workers and move them to action. Nurses built a super-majority of support, and executed a flawless get-out-the-vote campaign to bring them a landslide and historic victory.

In the end, nurses voted overwhelmingly in favor of unionizing, and are now immersed in organizing their new union and initiating negotiations for a first contract. Several nurses attended NNU and AFL-CIO events to get a flavor of unions on the national level, and were the center of attention from people impressed with their win in an anti-union state.

"MNA members are very excited to welcome St. Alexis nurses to our union family," said MNA President, Mary C. Turner. "We are thrilled to assist them as they take their seat at the table and have a say in their workplace."

"I'm so excited that Bismarck CHI St. Alexis nurses won our election to become unionized," said St. Alexis RN Margo Maxon. "I believe nurses are the heart of the hospital and I'm proud to be a critical care nurse in our community. As union nurses we now have a great opportunity to have a collective



Margo Maxon

voice and a seat at the table with the decision-makers to continue to be great advocates for our patients, co-workers, and families. The opportunity for improvement of patient care, salaries, benefits, recruitment, and to retain the best nurses for our community in North Dakota is very important to me. I know it will take hard work, involvement, commitment, and unity for changes to happen. I'm looking forward to a bright future in my career with MNA as a union nurse!"

Patient attack activates nurse power



A patient's violent attack on an MNA nurse at the Anoka Metro Regional Treatment Center (AMRTC) in May was the impetus for nurses to come together to demand a safe workplace one more time.

An MNA nurse was hospitalized for several days with severe injuries after a patient attacked her in May. Shortly after returning to the facility, the same patient attacked another staff member who was forced to stand outside his door "like a sitting duck," as his AFSCME steward described the situation.

"These attacks show just how dangerous the working conditions are at AMRTC," MNA Nurse Staffing Specialist Carrie Mortrud, RN, said. "Staff has been asking for more security for over a year, but the hospital has dismissed the valid, substantiated concerns and professional recommendations."

Nurses and other staff, representing three unions, came together to demand safe working conditions – again. Staff have repeatedly demanded the employer take concrete actions to prevent and deal with assaults at the facility, warning that staff are at risk every day they walk through the doors because the hospital does not have needed security to prevent violence by patients and others.



Currently, AMRTC has no uniformed security guards after a contract with the Anoka Police Department was canceled last December. Nurses and other staff are now expected to provide the security the police officers used to provide for themselves, one another, AND the other patients. This is in addition to providing nursing care and all other responsibilities. The staff were provided brief training in a de-escalation technique called EASE, but nurses say they are there to provide care – not replace security.

Nurses are very frustrated with management downplaying the problem. Nurses and other staff tell management that violent incidents have increased since the security contract with Anoka Police ended and that increased mandatory overtime is decreasing the quality of care and making staff more vulnerable to attacks. And how does management respond? They say the facility is meeting industry standards and is below average on both counts. They are not listening to nurses and instead are manipulating their own data to try to hide the problem.

Shortly after the attack in May, members of MNA, the Minnesota Association of Professional Employees (MAPE), and AFSCME Council 5 teamed up to ask DHS Commissioner Tony Lourey to help them ensure a safe work environment.

They need more security. The staff request: one guard per unit on days and evenings, one guard per two units on nights. At the minimum, management should reinstate the level of security that was present just six months ago - immediately. Staff wants the state to use \$300,000 in existing funds to bring back the previous level of security.

On May 29, the three unions shared their crisis with the public at a large informational picket.

Hundreds of union members and allies filled the sidewalk in front of the hospital to call for safety measures to protect everyone at the facility.

The issue now has the public's attention, thanks to a large turnout of news media at the picket.

Nurses in the bargaining unit are energized and will not give up the fight until safety measures are implemented.



LABOR ADVOCACY

Welcome McLeod County public health nurses, educators, social workers

MNA nurses give a big welcome to nurses, public health educators, and social workers employed by McLeod County Public Health. They recently voted to affiliate with us and become part of our union family.

“We were the only non-union department here and felt that our voices were not being heard. We want to protect the integrity of our profession and public health services,” said Renee Kotlarz, one of the leaders of the organizing campaign. “We hope that having the strength of MNA behind us will make our voices louder.”

Colonial Manor has new contract after ‘smooth’ negotiations

MNA nurses at Colonial Manor Nursing Home in Lakefield ratified a new three-year contract in March.

“Negotiations went pretty smoothly and were handled in a pleasant, calm, and cooperative manner,” said MNA Colonial Manor Chair Sarah Stewart.

They negotiated improvements in wages, PTO, shift differentials, and other areas.

Her advice to other nurses negotiating this year: “Make sure you let all of your fellow nurses have a voice and keep them all informed. It does make a difference.”

Nurse solidarity makes the difference in Winona



L-R: Winona Co-Chair Wade Lawson, Winona Daily News Editor John Casper, Winona Co-Chair Penny Wunderlich meet to discuss negotiations

Months of negotiations at Winona Hospital ended when a large group of nurses came to a bargaining session to show management that members were all standing strong for a fair contract.

“The hospital refused to negotiate on our proposals

over more than seven months at the table,” said bargaining unit co-chair Penny Wunderlich. “They gave us terrible proposals.”

The bargaining team sent out an all-member alert, asking nurses to come to a negotiating session.

“The message was that unless you’re willing to step up and

Avera Marshall battle continues after contract ratification

MNA nurses at Avera Marshall Regional Medical Center have a ratified contract, but the employer is refusing to comply with it.

Negotiations were a “battle,” according to MNA Bargaining Unit Co-Chair Valerie Buysse.

The main issue in Avera was management trying to get nurses to give up their contractual health insurance and move to PTO.

“They tried to make us take PTO and give up sick leave/vacation and our health insurance,” said Buysse. “That was the crux of negotiations.”

Management tried to “sweeten the pot” with various incentives.

The negotiating team took those back to the membership several times, and nurses rejected them.

“We proved to administration that we were standing strong to keep health insurance, vacation, and sick leave intact,” Buysse said.

Nurses won that battle and negotiated a contract with wage increases and other improvements.

Months after ratification, management is misinterpreting the contract language dealing with home care, but nurses are standing strong and expect the issue to go to arbitration.

“Dig in your heels and stay strong,” is Buysse’s advice to other MNA nurses.

do something, we’ll be in the same boat,” Wunderlich said. “If management sees a lot of nurses, that might move them. Nearly a dozen nurses showed up in a matter of hours.”

That solidarity paid off!

“There’s no question that moved the employer,” Wunderlich said. “They caucused right away and presented us with decent increases. We were humbled members came out and we couldn’t ask for a better turnout.”

Wunderlich said nurse engagement was the key to reaching agreement after long negotiations, including meeting with the editor of the local newspaper.

“We worked long and hard,” she said. “We got the membership involved to come to negotiations, which we feel helped get a settlement. Without them, we would have been negotiating much longer.”

A victory for MNA public hospital nurses

If MNA nurses who work in public facilities think they have lost their rights because of last year's Janus Supreme Court ruling, take heart. Nurses at the Minnesota Veterans Home in Fergus Falls just won a major victory.

An arbitrator has ruled against the state of Minnesota for scheduling a nurse to work the night shift the day before her weekend off. The arbitrator agreed with MNA nurses that it violated their contract.

The story started in the spring of 2017, when MNA nurse Char Rekken was scheduled to work the night shift on a Thursday from 10 p.m. to 6:30 a.m. Friday. She was not scheduled to work that Friday or Saturday night, her weekend.

This was a surprise to Rekken and other night nurses, who had not previously been scheduled for the night before a weekend.

"It wasn't an issue for years," she said. "Suddenly they started trying to change it."

Rekken knew her contract, and it was obvious the scheduling change was a clear contract violation and one that affected night nurses and their families.

"It's hard to work nights," she said. "It's so nice to have two full days off for your weekend so you can sleep and also have time for your family."

Rekken and other night nurses filed first-step grievances, saying the Thursday night shift violated contract language that says, "No nurse shall be scheduled to work the night shift (or at night) immediately preceding a weekend off."

The hospital disagreed, and Rekken's grievance moved more quickly than the others, although it took two years to come to a conclusion when an arbitrator ruled in the union's favor in April of this year.

The arbitrator said he made the ruling in favor of nurses partly because of "the intent of being able to recruit and retain nurses who are willing to work straight night shifts and to do so restfully, efficiently and safely."

Rekken said she and other nurses are thrilled with the ruling. "For anyone working nights, it's a real plus."

Rekken's advice for other nurses encountering contract violations: speak up and don't give up.

"We filed two years ago," she said. "There were delays and things took a while. But if you hang in there and know that if you see something wrong, stay the course."

Rekken says thanks to belonging to MNA, she has rights and can stand up to contract violations.

"It wouldn't have happened without the union," she said.

Governmental Affairs Commission Update

Say 'No more' to workplace violence

By Jean Forman, RN at Abbott Northwestern Hospital in Minneapolis and GAC chair

MNA nurses are busy with intense activity in all areas this summer. Many bargaining units are negotiating in 2019 (See story on page 2).

You may wonder how that affects all areas, but it is truly all hands on deck. In order to maximize our effectiveness at the table, our many committees and commissions are working to support bargaining.

That includes GAC. Our commissioners are both at the table and at the Legislature advocating for nurses. Important issues like workplace violence prevention have become central to why we need improved staffing and training. We are also out in the neighborhoods.

Recently, nurses invited elected officials who represent districts where some of our employers do business to meet informally to share our stories and concerns.

In Senate District 62, nurses representing Abbott Northwestern Hospital, Children's Hospital Minneapolis, and Phillips Eye Institute met with Senator Jeff Hayden. Richard Schuster, ANW; Hosu Klessig, Children's-Minneapolis; Lorraine Fuhs, Children's-Minneapolis; Kelley Anaas, ANW; Naomi Fenske, Children's-Minneapolis; and Lynnetta Muehlhauser, ANW, along with MNA staffers shared why working together at the Legislature and at the bargaining table are so important.

Nurses had serious concerns about security, safety, and providing compassionate care to patients. It was helpful to hear what is working and not working at the Capitol, and where we can continue to pursue relationships to advocate for these important issues.

We also met with State Representative Mike Freiburg of House District 45B. This meeting was attended by nurses from North Memorial Hospital: Rachel Gaffney, Amy Bement, Gabriela Munoz Mesa, Jill Walker-Markie, Nell Bartzen and MNA staffers. They took the opportunity to update Representative Freiburg on how negotiations were progressing. Nurses shared personal stories of workplace violence they face on the job. Nurses are increasingly concerned about the violence throughout the hospital and believe additional measures need to be taken to ensure the safety of staff and patients.

Nurses, we can raise standards together. The efforts of so many nurses across the Metro fighting for strong contracts will mean safer care for our patients.

'Legal healthcare heist' blocked for now



MNA Executive Director Rose Roach

Thanks in part to MNA nurses and other allies' forceful advocacy, Minnesota HMOs will not be able to convert from nonprofit to for-profit status for a few more years.

A coalition of organizations that includes MNA fought for legislation to put tight parameters around any HMO converting to for-profit, including oversight by the Attorney General's office.

MNA Executive Director Rose Roach spoke at an April 24 Capitol news conference to urge legislators to hold HMOs accountable for the public tax dollars they receive to provide coverage for those who need it most.

She said that HMOs take in billions of dollars every year to administer public health programs, but the public has no information about how much of that money is actually providing patient care and how much is going into CEO salaries, reserves, marketing, and lobbying.

Roach told reporters that Minnesota must protect Minnesotans' investments in critical health services. Companies will be able to privatize millions of dollars in community assets without the people who created those assets knowing where they went.

"There is no reason why we should leave the door open to a legal healthcare heist," Roach said. "While we're dissatisfied with the use of HMOs as a vehicle to provide healthcare, allowing for-profit health plans in the state is a huge leap in the wrong direction."

In the end, the moratorium on any company converting to for-profit was extended from 2019 to 2023. The Legislature also added language that allows for transfers to a non-profit hospital within the same integrated health system as the health maintenance organization if it is the lesser of 10 percent of net assets or less than \$50 million.

The issue is not dead: the new language doesn't go far enough to guarantee that this money — our money — will remain in Minnesota and continue to be used to improve the health of Minnesotans and not the bottom line of any new entities.

Nurses support environmental justice movement

MNA nurses, along with other nurses affiliated with National Nurses United (NNU) throughout the country, have recognized the global climate crisis and its impact on public health for many years. NNU is at the forefront of efforts to build a powerful movement for environmental and climate justice that benefits all.

This year, MNA worked with the 100% Campaign to fight for environmental justice here in Minnesota. The campaign is a coalition of many cross-sector, statewide, multi-racial, inter-sectional organizations dedicated to building an equitable clean energy economy that works for everyone in Minnesota.

MNA First Vice President, Bunny Engeldorf, spoke at a May 13 campaign rally urging the Legislature to take action to ease the crisis. Here are her remarks:

As nurses, we recognize that bold action is needed to address the catastrophic health impacts of global warming, and the associated extreme weather conditions such as widespread drought, wildfires, and flooding all over the world.

We witness daily the illness brought on by environmental injustice in our communities - disease from air pollution, inadequate access to clean water, substandard and polluted housing, and toxic dumping. We know that globally 8 million people die annually from illnesses directly attributable to air pollution, primarily from the burning of fossil fuels.

If present trends continue, the world is facing a catastrophic increase in global temperature between 3.7 and 6 degrees Celsius by the end of the century. As temperatures rise, vector-borne diseases, such as malaria, dengue, yellow fever, and Lyme are expected to spike.

In addition, further global warming will magnify the already disastrous health impacts of fossil fuel pollution, hunger and malnutrition due to desertification, devastation, and displacement from severe weather events and sea level rise. These lead to immeasurable human suffering and economic ruination.

Nurses are committed to providing relief for communities affected by extreme weather events and environmental injustice both in the U.S. and around the world. We are committed to supporting policy measures to protect air, food, and water services for all people. We support the Paris Accord, the transition from fossil fuels to a clean energy sector. We will continue to work in our communities, nationally and internationally, to

build a powerful movement for environmental and climate justice with the life-and-death urgency this task requires.

Nurses are proud to be part of the 100% campaign for an equitable and clean energy future. We are eyewitnesses to the effects of the climate and environmental crises every day.

We are calling on the Senate to help create an equitable and clean energy future so Minnesota can continue to thrive and take care of all its residents. It's not just Minnesota's future that's at stake. The future of our world is at risk – and we need to take action now.

Check out latest updates to MNA Concern for Safe Staffing Form

The form MNA nurses use to report unsafe shifts has undergone some changes to make it easier to fill out and be specific about your situation. These forms are very important for MNA to document short staffing as it occurs; educate members on what short staffing is; use as evidence at local labor management or staffing advisory committee meetings to make adjustments to short staffing; and to advocate for permanent safe staffing levels at all hospitals through state law.

The Concern for Safe Staffing form (CFSS) updates are in response to member requests and needs. MNA collected feedback from members across the state from large and small facilities, urban and rural, as well as nurses in home healthcare.

The new form tracks incidents including:

- 1:1 sitter need not being fulfilled;
- Charge nurse having to take a patient assignment;
- If a unit is staffed via a computer-generated staffing tool;
- Home health nurses needing to reschedule a visit because they could not complete the visit the day it was scheduled to occur;
- Nurse or other hospital staff injury or violence occurring as a result of short staffing.

Please contact MNA Nurse Staffing Specialist, Carrie Mortrud, for more information at Carrie.Mortrud@mnnurses.org.

MNA history corner

Minnesota nurses have been leaders in strengthening the profession since the 1890s. In 1909 the University of Minnesota established the first continuing university-based school of nursing in the world.

Council of Active Retired Nurses (CARn) corner

By Jeanne Surdo, RN, Kay Bauer, RN, Cynthia Barnes, RN, CARn members



Once a nurse, always a nurse.

That's why retired nurses are so excited about belonging to MNA's retiree group.

The Council of Active Retired Nurses (CARn) provides an avenue for retired MNA members to continue to promote and support MNA's goals. CARn is the structure that keeps retired nurses together to work on issues and actions that help active members.

We may be retired, but we care about patients and our profession and want to stay involved in MNA. Nurses, you don't forget who you are when you walk out the door and retire. You keep on advocating in different ways.

Retired nurses have time, energy, and dedication to support MNA activities, like participating in events, walking picket lines, lobbying for nurse issues, supporting endorsed candidates, volunteering for charities, and much more. We know nurses who are still working often don't have time to be involved. Please turn to CARn for support.

Retirees have a wealth of information and expertise that we are eager to share. We want to give back to MNA in thanks for all our union did for us.

If you or your colleagues are planning to retire in the near future, please come to our meetings to check us out. It's easy to join CARn and stay involved in the profession we love so much.

Our meetings are the second Wednesday of the month from 10:30 a.m. to noon at the MNA office at 345 Randolph Ave., Suite 200, St. Paul. You can find more about CARn on MNA's website at <https://mnnurses.org/resources/council-active-retired-nurses-carn/>.

Two major honors for MNA Executive Director Roach's advocacy, leadership

Respect and honors for MNA in the political and labor communities continue to rise.

This spring, MNA Executive Director Rose Roach was honored with the DFL's prestigious Paul Wellstone Award for Lifetime Commitment to Organized Labor.



"It was our privilege at the Minnesota DFL to present Rose Roach with the Paul D. Wellstone Award for Lifetime Commitment to Organized Labor," said DFL Executive Director Ken Martin. "DFL history is replete with some of the finest advocates for organized labor in our nation's history. Rose's passion, moral clarity, and peerless leadership place her firmly among the ranks of those great DFL champions for the rights of working people. She has been a tremendous force for fairness and justice both in our workplaces and our healthcare system. It's an honor to call Rose a friend and ally, and I'm thrilled to continue working with her in the years to come."

"Nurses are up against corporatized healthcare," Roach said in a video aired during the Humphrey-Mondale dinner where she received the award. "They can't take that on by themselves. Nurses use the collective bargaining process specifically to advocate for patient care and safety. Politics is a group sport so I don't think I've done anything by myself. What I have been able to do is work with these visionary nurses and awesome staff of MNA and we have built a powerful political program that centers people in our politics and that was very much what Paul Wellstone was about."

"Rose is clear about the importance of labor, about building the labor movement," former gubernatorial candidate, House Majority Leader, and MNA Executive Director, Erin Murphy, said in the video. "Rose has been an instrumental leader in healthcare and labor in the last decade in Minnesota and we're lucky to have her."

You can see the entire video at <https://www.facebook.com/MinnesotaDFL/videos/2272588876389933/>

In April, Executive Director Roach was appointed to the new Advisory Task Force on Lowering Pharmaceutical Drug Prices created by Attorney General Keith Ellison.

The task force is investigating ways to lower the price of

pharmaceutical drugs in Minnesota.

Roach is one of 15 patient advocates who include leaders from medical providers, labor and industry, state legislators, and the executive director of the Board of Pharmacy.

"I am honored to be appointed by Attorney General Ellison and am confident we will be able to make recommendations that will improve the lives of Minnesotans when it comes to affording the medications they need," Roach said after the appointment was announced.

The Task Force on Lowering Pharmaceutical Drug Prices will study the reasons for skyrocketing prescription prices, the regulatory role of state and federal governments in controlling prescription costs, strategies that have been implemented elsewhere, and recommend ways to reduce drug prices.

Attorney General Ellison said that the team will gather the best thinking to analyze causes of drug price increases, and the task force will look at legislation and litigation to lower prices but not be limited to those strategies.

"Big Pharma is exploiting sick people who are just trying to survive," Roach said. "This is not only immoral; for nurses, it is a completely unacceptable business practice. Medication is part of healthcare and therefore cannot be treated like a commodity. It must be treated as a public good."

Congratulations Executive Director Roach!

2019 MNA Meetings

MNA Board of Directors

Jul. 24 / Aug 21
Sep. 18 / Nov. 20
Dec. 11

Governmental Affairs Commission

Jul. 10 / Aug. 28
Sep. 25 / Oct. 23
Nov. 18 / Dec. 18

Nursing Practice and Education Commission

Aug. 15 / Sep. 19
Nov. 21

Ethics Committee and Ethics

Committee Book Club
Sep. 19 / Nov. 21

Racial Diversity Committee

Jul. 11 / Aug. 8
Sep. 12 / Oct. 10
Nov. 21 / Dec. 12

Council of Active Retired Nurses (CARn)

Aug. 14 / Oct. 9
Nov. 13 / Dec. 11

Minnesota Nurses Association Foundation (MNAF)

Oct. 30

Please check the calendar on MNA's website at www.mnnurses.org for information about all MNA events and meetings.

Safe Nursing Practice

Recognize the symptoms of PTSD - in yourself

By Jackie Russell, RN, JD, MNA Nursing Practice and Regulatory Affairs Specialist



The country road to the hospital where I worked as an emergency nurse wound through the high desert. There were few houses and virtually no distractions. It was a nice drive, and although the hospital was only 20 minutes away, it was enough time to mentally prepare for the unexpected on what was certain to be another busy night shift in the only Level II trauma center within a 150-mile radius. I was in my fifth year as an emergency nurse. I was fortunate, I loved my job and worked on a stellar ED team.

There was nothing out of the ordinary the day I felt a sudden sting of tears on the desert drive to work. No bad thoughts. No stress or unhappy life. I wasn't feeling any of the things that normally bring tears, so I couldn't say what caused them. By the time I arrived at the hospital, I had pulled myself together and shrugged it off. But on my way home the following morning, as I drove by Horse Butte Road, my stomach churned and I felt suddenly— sad. Oddly, this was about the same place I felt sad on the way to work. I realized then why the tears, my churning stomach, and sudden feeling of sadness. It was at the intersection of the main high desert road and Horse Butte Road that a fatal motor vehicle accident took the lives of three teenagers and left one in critical condition only a year previously. I was in the trauma room on the night it happened.

I had driven past Horse Butte Road many times since the accident without feeling the sadness so why the tears on that day? Was it a mild case of post-traumatic stress disorder (PTSD)? I don't know. The funny thing about PTSD is, we never know when or how it's going to hit us (if ever), how symptoms may start, or what the symptoms may elevate to, how profoundly it may affect us, or for how long.

Any person who witnesses an unusually painful emotional or physical experience is susceptible to PTSD, emergency nurses included. I didn't know much about PTSD back then, so it didn't occur to me that what I was feeling was perhaps a symptom. In fact, I thought what I felt was normal. That was many years ago now. Since then, I've cared for other victims of motor vehicle accidents, many who did not survive, oth-

er chronically ill and critically injured persons, and have seen death and dying up close. Although I've likely experienced other symptoms of PTSD related to my work as an emergency nurse over the years, I can't be sure. PTSD is tricky.

I don't think anyone else recognized PTSD symptoms in me (and I would never expect them to) or if they did, they didn't say anything. Or maybe if they did notice, like me, they thought my symptoms were fleeting and normal. After all, everybody has bad days. Did I really need help? I have no idea. Nurses aren't the best at self-diagnosing or getting medical or mental health help. We take care of others better than we take care of ourselves. Fortunately, I have not had any long-term effects; however, I'm no longer working at the bedside. Left unchecked, PTSD can be serious and negatively affect careers and quality of life.

According to an article in The New York Times, as many as one in four nurses experience PTSD at some point in their career. There are likely others, who (like me) just don't recognize the symptoms, or if they do, don't seek help. Here's a link to the story: https://www.nytimes.com/2019/05/07/well/live/for-nurses-trauma-can-come-with-the-job.html?fbclid=IwAR1MqhrS1LNFExHaY3smo-WZl_g1_fDeW6YtpeTN-BqP1zQfrzvGUIC1NZ6Y

The American Psychiatric Association defines PTSD as a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, sexual assault, or other violent personal assault - any persons who experience these life-changing events.

It's incredulous to me that although nurses go to war, care for critically injured soldiers, care for the critically ill, severely injured, and deal with death and dying day in and day out, that "mental health experts 'now recognize' that PTSD can indeed affect nurses, both military and civilian" (NYT). In other words, for years mental health experts have understood the causes and symptoms of and treatment for PTSD – for everyone but nurses.

You can find more information at <https://www.nlm.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>.

Legislative Update

Nurses make progress in 2019 Legislature; more work ahead



Thank you MNA nurses! Your dedication and activism helped us advance critical issues in the 2019 Legislative Session.

Whether you came to your first event or are a veteran advocate, you made a huge difference.

MNA nurses were everywhere making their voices heard. MNA members in red spoke up at rallies, personally lobbied legislators at the Capitol or in their districts, testified at hearings, spoke at rallies and news conferences, phoned and emailed legislators, and worked in concert with our allies on a variety of issues.



Those allies and elected officials definitely saw the power of nurses this session.

After several days of negotiations between Governor Walz, House Speaker Melissa Hortman, and Senate Majority Leader Paul Gazelka; and a one-day special session, the Legislature adjourned until February.

Nurses made progress in many areas, including:

- The extension of the provider tax, which ensures that more than 1 million Minnesotans receive healthcare. The final budget reduced the tax from 2 percent to 1.8 percent; however, it did remove any language in law that would repeal the tax in coming years, providing more stability to our healthcare system.
- Opioid prevention funding that is generated by a registration fee on pharmaceutical companies: those who have contributed to the opioid epidemic will be contributing the most. For the next five years, \$20 million annually will be put toward combating the epidemic across the state and preventing further addictions.
- While nurses had hoped more would be done to

curb the price of prescription drugs and hold big pharma accountable, we were still pleased to see Governor Walz sign a bill to license Pharmacy Benefit Managers (PBMs) in Minnesota. PBMs have a strong impact on what insurance companies choose to cover in their drug formularies, and with this legislation, PBMs will need to be more transparent.

There is still work to be done. We can and must do more to protect nurses and invest in a healthcare system that puts patients over profits. The 2020 session begins on February 11 and we will keep you posted on what to expect and how you can help in the coming months.



Celebrating the nursing profession: MNA bargaining units throughout Minnesota celebrate Nurses Week May 6-12



Hennepin County Medical Center
Minneapolis



Owatonna Hospital



Unity Hospital, Fridley



Chippewa County Montevideo Hospital

Nursing students get a glimpse of patient advocacy outside the hospital



Nursing students from throughout Minnesota got their first taste of advocating for patients beyond the bedside at MNA's 2019 Student Nurses Day on the Hill on March 19.

They learned about MNA and why nurses need to reach out to elected officials as part of their advocacy from MNA nurse leaders Lynnetta Muehlhauser and Jean Forman of Abbott Northwestern Hospital in Minneapolis.

They then heard and asked questions of nurses and former legislators about health and nursing issues during a panel discussion about developing relationships with legislators.

MNA leaders Qamar Hassan of Hennepin Health in Minneapolis and Elaina Hane of Children's Hospital-St. Paul joined former Rep. Erin Murphy and Former Senator Amy Koch to encourage students to get involved in politics and issues important to nurses at whatever level they are most comfortable.

Students then went to the Capitol and state office buildings to meet with their own legislators and get the experience of meeting and talking to elected officials, and ultimately maintain those relationships in the future.



MNAF Foundation Update

By Ian Wolfe, MNAF member



Ian Wolfe

In partial completion of a PhD in Nursing through the University of Minnesota, I began research on intractable conflict in pediatric critical care with a research grant from the MNA Foundation. This project focused on one particular case where intractable conflict and feelings of futile care were present. The study design was that of a retrospective longitudinal case study and critical analysis. The question that guided the project sought to examine what is going on throughout a case that leads to intractable conflict. This approach is different from current research on futility that views a case from when futility is invoked and attempts to mitigate conflict towards resolution.

Through semi-structured interviews, chart, and policy data this study found considerable moral hazard for nursing staff where decisions being made are not by ones who will bear the brunt of the moral risk. Where interventions are pursued with high risk involved, direct caregivers often are the ones who feel exposed to potential failure and moral distress when failure does happen but there continues to be conflict around what to do next. The study also found how nurses in this case created a moral community around the patient and held considerable moral claims as the ones who bore witness to the ups and downs of the patient's course. When conflict around feelings of futility became intractable, nurses continued to bear the majority of the moral distress, particularly the primary nurses. With the institution and physician groups being fractured, there was a decision to follow a more risk averse path which begged some complex issues around the decisions being made and what was best for the patient.

This study brings forward some interesting insights for research, practice, and education. The distribution of power between nurses bearing the brunt of the care, parents making decisions they may not be fully informed to make, and physicians and hospitals weighing the best interests of a child against legal and public relations risks poses several questions about how our systems of care operate. This speaks to nurses having more voice in decisions around the care they are asked to provide, a role for a nurse ethicist to become involved early on when potentially risky interventions are pursued, and defining what failure looks like upfront. This study also finds a complexity among competing interests in the care of children between clinical and organizational ethics.



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