



MINNESOTA NURSING Accent

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Special Edition: COVID-19

MNA nurses on the frontlines of COVID-19

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Feature Story

MNA nurses on the frontlines of COVID-19

Fighting for proper PPE

"Fear, across the board, we are all feeling this underlying tension in our chest."

Those were the words that first came to mind when Kelley Anaas, a Registered Nurse at the COVID-19 intensive care unit at Abbott Northwestern Hospital, was asked to describe what it's like to be on the frontlines treating COVID-19 positive patients.

From the moment the news of a new pandemic began to spread, MNA nurses knew their contributions would be critical to keeping the public safe. They also knew it was going to be one of the biggest challenges they, and the overall health-care system, would ever face. What they didn't realize was how underprepared hospitals were to take on the crisis.

It was clear early on that lack of PPE was going to be one of the most significant issues nurses would have to deal with while fighting to prevent spread of the virus and caring for their patients. When MNA surveyed members about the preparedness of their facilities, the vast majority said they were not prepared and not providing the appropriate PPE.

Not only were hospitals in short supply of proper PPE like N95 masks, the CDC rolled back guidelines on PPE to promote using the looser, ill-fitting surgical masks instead of N95 masks. Nurses were also concerned the CDC no longer recommended moving suspected or positive infectious patients to isolation rooms.

"Nurses are shocked at the recent relaxing of CDC guidelines on using PPE," said MNA President Mary Turner. "This is a time to firm up practices. To make sure we're using only the safest equipment, like the N95 mask. And to make sure we've got plans on isolating suspected positive patients."

MNA requested preparedness plans and quantities of proper equipment, including N95 masks, from Minnesota hospitals through the labor-management Request for Information process called RFI. The vast majority of facilities did not provide information.

Despite nurses' call for proper protection and guidelines, many hospitals also refused to meet with nurses or include them in the process of finding solutions for the issues that were putting the lives of nurses and patients in danger.

"As a survivor of Hurricane Katrina, I'm horrified to see us repeat history again," shared Brittany Livaccari, a Registered Nurse working in the ER at United Hospital in St. Paul. "We are seeing in our hospital four major problems; inadequate communication, lack of proper education on how to use equipment, equipment, and staffing. A big issue that we are having is that frontline staff are not a part of decision making. We have incident command at every single one of our hospitals, and frontline staff are not a part of it, hospital administrators are. We need our voices heard so that we can take proper care of our patients."

In response, MNA held a press conference on March 18 to bring nurses' concerns to the public and called on the Minnesota Hospital Association member hospitals and Mayo Clinic Health System to join MNA in an emergency meeting. Nurses provided examples of the issues they were facing every day and urged hospitals

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to reach an agreement to resolve outstanding concerns that were creating barriers to appropriate levels of preparedness to deal with the crisis adequately.

Kelly Allen, a Registered Nurse at St. Joseph's Hospital in St. Paul, shared her frustrations at the lack of information. "In ICU, we see the people coding. We see the people on ventilators. There are lots of unanswered questions, and we're looking to our administration to give us those answers," she said. "We need to be better prepared and have a plan."

After multiple appeals from nurses and pressure from MNA, the President/CEO and staff of the MN Hospital Association finally agreed to meet with MNA on March 30. During the meeting, MNA staff and members shared with MHA the realities of the dire situation within the hospitals, making a case for common standards around issuance and usage of PPE, retraining of nurses to prevent layoffs, protocols to keep nurses safe like access to showers and hospital scrubs, and to achieve that through a common table involving all hospital employers in the state and MNA.

Although the meeting was cordial, MNA did not receive a commitment from MHA to help resolve the safety issues nurses are experiencing. MNA made it clear that we need to know the inventory of each hospital and confronted MHA for refusing to provide that information, stressing the importance of using that inventory immediately to protect nurses to truly flatten the curve. However, MHA did stress that they were focused on lack of PPE overall and willing to join with MNA in calling on the state to provide a full inventory of PPE and a plan to procure the PPE that will be needed once the expected surge hits.

Despite this lack of support from hospitals and administrators, MNA nurses continue to bravely fight to protect patients, and themselves, during this crisis.

Holding hospitals accountable

On March 26, MNA nurses working at M Health Fairview hospitals voted overwhelmingly that they have "no confidence" in hospital management's response to the COVID-19 crisis. There are eleven hospitals in the M Health Fairview system, including the University of Minnesota Medical Center-West Bank, Fairview Southdale, St. Joseph's, St. John's, and Bethesda hospitals.

"Fairview is flagrantly violating the safety and staffing protections jointly agreed to by nurses and management, and yet

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Executive Director's Column

The work of the union continues



MNA wants to assure you that the work of the union continues even with the global COVID-19 pandemic being declared. MNA is prudently abiding by the precautionary principle, meaning we will not wait until we know for sure that something is harmful before we take action to protect our members' and staff's health.

As such, MNA has an organizational crisis plan developed to ensure members continue to receive representation.

MNA has canceled all in person meetings at the MNA office and shifting to virtual meetings. Additionally, we cancelled both our large Day on the Hill and mini-days on the hill while shifting to virtual lobbying. I want to encourage you to consider having union meetings via virtual options, such as conference call, GoTo Meeting, etc. Please work with your Labor Relations Specialist who can assist you in setting up such virtual meetings.

MNA is in the process of gathering preparedness information from each and every facility we represent to ensure our members are provided the maximum protections as they face the possibility of encountering a COVID-19 positive patient. If you experience an incident related to COVID-19, please fill out the incident reporting form here: <http://covid19form.com>

MNA is also working closely with our national affiliate, National Nurses United (NNU), and other unions representing healthcare workers, to provide updates regarding system preparedness, or lack thereof and help bargaining unit leaders prepare a plan of action if necessary. Please check out MNA's specific COVID-19 link <https://mnnurses.org/resources/coronavirus/> as well as NNU's <https://www.nationalnursesunited.org/covid-19> for updated information and materials related to this public health crisis.

If you have any questions regarding this matter, please feel free to talk with your Labor Relations Specialist or call the MNA office and ask to speak with a member of the MNA management team. Thank you for all you are doing to care for your patients and protect the public during this difficult time.

President's Column



Representing from the bedside

I was honored to accept Governor Walz's invitation to join the Minnesota Department of Health Task Force on the COVID-19 pandemic response. As the only bedside nurse in the room, I take my responsibilities very seriously when meeting with the diverse group of healthcare leaders tasked to assess the needs and challenges in healthcare facilities across MN. I will make sure nurses' voices are heard throughout this crisis.

Other members of the task force include: MN Hospital Association, Mayo, M Health Fairview, long-term care providers, 3M, SEIU Healthcare Minnesota, Association of Federal, State County and Municipal Employees Council 5, Lower Sioux Community, and AARP, to name a few.

The first thing I made sure to address was that the CDC recommendations on PPE and precautions aren't good enough, and this was before they relaxed them! I continue to hear from nurses across the region that they are very worried about their own safety and the safety of their patients while they work to keep people healthy during this coronavirus pandemic. Our nurses are being asked to reuse PPE equipment, storing some in paper bags outside patient rooms. This is unacceptable. While I'm writing this, hospitals are running out of PPE equipment and worried there won't be enough respirators if the spread of the virus is not contained.

As nurses, we know that part of the problem is that hospitals have been cutting staffing, supplies, and spending to the bone for years, continually putting profits before patients. But during a crisis like this, how do we address those issues while also working together as a team to keep patients and staff safe?

- We must continue to advocate for the optimal personal protective equipment and insist on providing the best and safest standard of care possible; the optimal protection of nurses now will slow the spread of the virus and prevent more patients from being exposed;
- Nurses must keep detailed notes about what we are and are not being asked to do during this crisis. We need this information to share with decision makers now and in the future when they try to implement the same policies that are causing problems now;
- Nurses should stay in contact with their facility's Labor Relations Specialist and report the most up-to-date information on what is happening in the facilities.

I will continue to be a voice for nurses at the task force and have every faith that MNA nurses will continue to provide the best care possible while holding facilities accountable to keep everyone safe.

This is an unprecedented time in the history of our profession, and we are being called on to care for patients while so much is still unknown about this virus. To every nurse reading this, you have my solidarity, gratitude, and admiration for the brave work you are doing to care for our communities during this pandemic.

Mary Cherner

MNA Visions, Values, and Strategic Pathways for 2020

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.

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our incredibly dedicated nurses are still throwing themselves into harm's way to protect the public," said Modest Okorie, a Registered Nurse and MNA Co-Chair at Bethesda Hospital.

For weeks before this crisis point, countless MNA members at M Health Fairview hospitals demanded management address their concerns. They believe that the health system must address their preparedness plans that nurses know are putting the public at greater risk rather than containing the outbreak. MNA filed an RFI with M Health Fairview looking for equipment levels, proper procedures, instructions, and resources for protection for nurses, including gowns, showers, and re-assignments. That information has not been forthcoming.

MNA nurses have also been in negotiations with M Health Fairview for these procedures. Despite verbal agreements at the table, M Health Fairview has reneged on the promises made by negotiators in its written proposals.

"The vast majority of nurses within the entire M Health Fairview system have voted that they have no confidence in their leadership, CEO James Hereford and Chief Nursing Executive Laura Reed," Okorie said.

With no agreements in place, M Health Fairview has continued to unilaterally implement changes to the terms and conditions of nurse contracts, despite nurses' demands and contractual rights to bargain over these issues.

"Our members can and will do the work of protecting the community, but they need to be assured that they will have the appropriate training, protective equipment, and support from administrators that seem to be handling a global pandemic from Ivory Towers," Okorie said.

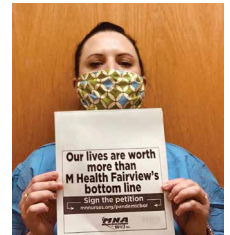
Finding new ways to build union solidarity remotely

Amidst this time of crisis and uncertainty, nurses are finding new ways to step up to the plate and strengthen MNA. Participation in online meetings has increased dramatically as nurses work to put emergency response plans into motion. For example, Metro Stewards, a group of leaders who usually meets monthly, has been meeting weekly and average participation has tripled. Across the union, nurse leaders are meeting regularly, and this increased communication may be a silver lining to current social distancing challenges.

Nurses at M Health Fairview have also been meeting remotely and advocating for safe conditions amid the COVID crisis. When Minnesota started reporting confirmed cases, nurses at St. Joseph's Hospital saw issues with the hospital's response plan and level of readiness for the inevitable influx

of patients and knew they needed to take action. They worked together to create a petition calling on management to provide proper PPE, training, communication, and assurances to frontline workers. In less than 48 hours, nurses circulated the petition and collected over 300 signatures from staff across the HealthEast hospitals to deliver to CNO Maria Raines.

Since then, many nurses across HealthEast and Fairview hospitals have been taking action aimed at holding M Health Fairview management accountable. From emails to holding a vote of no confidence against M Health Fairview's executive leadership to speaking to the media about the reality of what is happening at their hospitals, nurses have been boldly facing their employers head-on. Most recently, M Health Fairview nurses coined a new hashtag on social media #safeRNsafesMN and called on CEO James Hereford to put frontline workers' lives above M Health Fairview's bottom line. Although they were fearful of repercussions of calling out their employer publicly, many nurses stepped up and took action.



Bargaining during a pandemic

On April 12, MNA nurses and management at Children's passed an agreement to deal with the ongoing low census Children's has had from the COVID-19 pandemic. As much as a 70 percent decline in census in many units at Children's is a result of COVID-19, as well as canceled surgeries and procedures. This agreement will allow nurses to voluntarily take various measures, including reduction of FTEs or unpaid leaves of absences and redeployment to a labor pool. This agreement also protects the seniority, vacation and sick time accruals, pension credit hours, holiday, and disability benefits. It provides nurses the employer-employee portion of insurance premiums at a nurse's original FTE in exchange for voluntary leave of absence, redeployment to other work, education to prepare for other work, or the possibility of loss of hours. Many hospitals in Minnesota are now starting to propose this to other union nurses.

While this agreement does a lot to protect nurses, and there is certainly a lower census, Children's has 328 days cash on hand and has a responsibility to do right by its nurses during this crisis.

Unfortunately, on April 16, Children's announced in Town Hall meetings, they are looking for a 10 percent cut in wages as

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well as a furlough of 225 FTEs for Children's employees. MNA expects to see this written proposal from Children's soon, and it will be a priority to use power in numbers to hold Children's accountable for transparency about their finances and needs for reductions.

It is a reminder that while MNA members may be miles apart, they need to continue to work together and stand united.

Receiving support from Minnesota Governor Tim Walz

During the first Tele-townhall MNA held to address COVID-19 on March 18, Minnesota Governor Tim Walz joined MNA President Mary Turner and panel of guests to give an update on what the State of Minnesota was doing to combat COVID-19 and offer these words of support:

"To everyone on the call, thank you, it is not empty platitudes; many of you have heard me say this time and time again when asked about the most respected profession in this country it is nurses that end up at the top of that. People know that it's not hyperbole; you are on the frontline. Their care is in your hands, and in doing so, you put yourself at risk day in and day out. That was even prior to COVID-19, and it's now exacerbated by that.

Healthcare Providers, the State, and Federal Government have a responsibility to make sure that you have all the personal protective equipment (PPE) that is necessary. We share your frustrations; we have three requests into the national stockpile with little responses, I have spoken personally to the President and the Vice President, we're turning over every stone. The National Governors Association is collectively trying to do that; we have taken our stockpiles from Camp Ripley in the National Guard to try and get them into the system.

We have to make sure that you have that, we will continue to work, and I think there is no group that understands more of what's coming, you understand how these things work. We wasted precious weeks pretending that we were going to wish this away; you were not doing that. You were telling people, and we were trying to prepare, the state of Minnesota stands with you; we will continue to try to push and get what we can out; we want to make sure the resources are there.

The first piece of legislation we asked was to try and move money into the system, that money was meant to purchase that equipment. I hope that the President's Defense Protection Act moved today starts shifting production into high gear.

But we stand with you; we need to get this right, what's

coming can't overwhelm our healthcare system, it can't put you at risk. If it does, you know this better than anybody out there, people will die, people will become infected, and we will lose the only thing that stands between us and what we saw it in Italy, which is our professional nursing care and our healthcare providers.

I look forward to hearing your thoughts. We were listening earlier to all of the great things that are being put out. But we are going to have to be in close touch, this is evolving hour to hour, we can't waste time, but you need to know that the state stands with you. We have to get this right."

Who's got my back?

By Megan Chao Smith, RN, MNA Member

As a nurse, I am in fear for my life, and feel like I am the only one taking my safety into account. I am less frightened about contracting the virus as I am shaken by the prospect of entrusting my safety to the current, irresponsible thinking and policies of my employer. In the face of a callous disregard for nurse safety, I am forced to weigh self-preservation with the real needs of patients in a time of national crisis. I have to choose between serving my oath, which risks my life and family's health, and leaving my job and co-workers. Only a nurse knows this wrenching dilemma, and it's one of many dilemmas frontline workers are shouldering alone as our country faces this national crisis.

Nurses are taught very strict protocols, reinforced again and again, to reduce risk and keep patients safe from easily transmittable disease. In January 2020, for example, when our hospital was under customary inspection by federal accreditation auditors, if they had witnessed us going in and out of a patient's room reusing one mask over and over, we would have been written up and deemed not to be practicing safely.

However, as of March 2020, the CDC made an arbitrary announcement that those precautions don't apply. Now, nurses have no choice but to routinely use and re-use one mask for a full 12 hours on the floor. In the face of this pandemic, we are being asked to ignore the long-standing, optimal standards of care, without science, without support, and without acknowledgement of the risk posed to our patients, families, and coworkers. It is no surprise that hospitals find themselves short of the necessary supplies in a pandemic, even with the forewarning of countries battling this virus before us. Still, I was surprised by the callous way this national crisis is being handled in my hospital.

On the weekend of March 14, when rule-out cases first started to show up on our floors, only select doctors were al-

Thousands sign onto the Healthcare Workers' Pandemic Bill of Rights

Nurses and other healthcare workers are at the frontline of this pandemic and in order to fight coronavirus, their safety is necessary. On April 3, MNA called on members' respective state governments to guarantee a standard Pandemic Bill of Rights that will protect all healthcare workers. As of this printing, 13,930 people, including 5,932 MNA members, have signed on to support calling on the governors of Minnesota, North Dakota, Wisconsin, and Iowa to protect healthcare workers by implementing these guarantees so they can protect the people of their community.

Pandemic Bill of Rights Petition

Healthcare workers are calling on our respective state governments to guarantee a standard Pandemic Bill of Rights that will protect all of us during this pandemic.

Governor Walz of MN, Burgum of ND, Evers of WI, and Reynolds of IA, we are calling on you to protect us by implementing these guarantees so we can protect the people of our community.

Healthcare Workers' Pandemic Bill of Rights

- Safe working conditions, especially proper Personal Protective Equipment that is immediately available when needed.
- Protections for our families, including on-site showers, hospital-issued scrubs, and temporary housing so we avoid infecting vulnerable family members.
- Protections if we get hurt at work, including paid leaves for those of us who contract the virus and workers' comp.
- Complete transparency. We are risking our lives. It is vital we know the situations we are walking into and who is making decisions about our lives. Hospitals and the state must be transparent about remaining numbers of PPE, numbers of workers infected, and other information that affects our safety.
- Employers must take every effort to slow the spread of infection, including no mixed assignments, adequate isolation rooms, limited visitor policies, universal PPE usage, and engineering controls.
- Protections for vulnerable staff, including the ability for frontline staff to be granted work accommodations if they are within a high-risk population to avoid exposure.
- Adequate staffing and education to safely protect

patients and ourselves, including upstaffing units with COVID+ and COVID rule out patients as well as orientation rather than furloughs to prepare all healthcare workers to be prepared for any possible surge of COVID+ patients.

- A real voice in all matters relating to our patients, safety, and livelihoods. Where we are unionized, employers must include Union frontline leaders in decision making command centers. In non-union work-places, we demand that frontline staff are brought into the decision-making process.
- Hospitals and the State must work cooperatively to get ahead of this fight by taking extreme measures. Given a critical shortage of equipment, we are calling on the State to take extreme measures to advance manufacturing of necessary equipment and to instruct all healthcare providers statewide to share equipment and information with each other and their frontline staff to ensure that resources are available where needed. Testing must also be accessible and free to all.
- Statewide measures to stop the spread. To ensure public health, we are calling on the State to implement measures that allow people to stay home and avoid overloading the healthcare system including a hold on payments including rent, mortgage, and utilities.

www.mnnurses.org/pandemicbor

Nurses help healthcare workers win Workers' Compensation protections for COVID-19

While MNA Nurses applauded the early efforts by Governor Tim Walz to address the COVID-19 crisis, there was something that still needed to be done to ensure frontline workers had adequate protection under Minnesota's Workers' Compensation laws. Nurses knew it was vital to their health and safety and that of their family members to have immediate access to the resources they need to stay home if they contract COVID-19, including presumptive eligibility that would make them immediately eligible for Workers' Compensation benefits as they recover from the virus.

MNA Nurses worked with a coalition to call on the State of Minnesota to address this issue, including gathering on the steps of the State Capitol (a safe distance from one another) for a press conference to ask the legislature to provide them with the much-needed protection. The coalition included MNA, the Minnesota Professional Firefighters, Minnesota Police & Police Officers Association, Police Officers Federation of Minneapolis, AFSCME Council 5, AFSCME Council 65, Minnesota Licensed Practical Nurses, Minnesota Teamsters D.R.I.V.E., Teamsters Local #320, and the Minnesota State Highway Patrol Troopers Association.

"Minnesota, nurses have been there for you time and again, and we will continue to do the work that you need and give the care that you need," said Kelley Anaas, a nurse at Abbott Northwestern Hospital in Minneapolis, who represented MNA nurses at the press conference. "But to do that, we need things like proper PPE to do our jobs well, and if we don't have it, or if it fails, we need to know that our lives and our livelihoods will be taken care of. Not only for us but for our family members who are staying at home."

MNA Nurses also sent more than 1,000 messages to Legislators and Governor Walz in support of legislation to address the issue. The pressure worked, and the Minnesota State Legislature announced on April 5 that they planned to reconvene to pass Workers' Compensation legislation on April 10.

After a short debate on the details of the bill, they passed HF 4537/SF 4458, and Governor Walz signed it into law that evening. With the passage of the bill, nurses and workers who are on the frontlines of this pandemic who contract COVID-19 are presumed to have contracted it through their employment. Meaning, the burden of proof is shifted from the employee to the employer. Through this legislation, hospitals will need to

provide proof that a nurse didn't contract COVID-19 through the course of their employment.

Despite efforts by hospitals and business interests to kill the bill or water it down significantly, MNA members and community partners kept the pressure on the Legislature and Governor to ensure frontline workers can quickly access these vital resources. "The Governor, the bill authors, Senator Howe and Representative Wolgamott, as well the leadership in both bodies all deserve credit for remembering nurses, healthcare workers, firefighters, and police who are on the frontlines of this crisis," said MNA President Mary Turner. "It was a real team effort, and it was good to see that when push came to shove, the state's leaders were able to put partisanship aside and stand in unity to support the state's emergency responders."

Workers' Compensation Presumptive Eligibility for COVID-19 FAQ

What does presumptive eligibility for COVID-19 mean?

Currently, contraction of COVID-19 at work is considered an "occupational disease" under Minnesota's Workers' Compensation program. However, it required workers to provide evidence that they contracted the virus at work. With the passage of this bill, nurses and workers who are on the frontlines of this pandemic are presumed to have contracted COVID-19 through their employment. Meaning, the burden of proof is shifted from the employee to the employer. Through this legislation, hospitals will need to provide proof that a nurse didn't contract COVID-19 through the course of their employment.

Who is covered?

- Nurses, healthcare providers, and assistive employees in a healthcare, home care, or long-term care setting with direct COVID-19 patient care or who provide necessary support to the primary functions of COVID-19 patient units. In addition to nurses who provide direct care to COVID-19 patients, this should include nurses in hospitals and other healthcare settings such as public health or long-term care who are triaging patients, assessing patients, and working with patient tests. This would also include support staff who launder materials, clean rooms, etc.
- Nurses, healthcare workers, corrections officers, and security counselors at corrections, detentions, and secure treatment facilities. MNA fought hard to ensure nurses at corrections facilities were covered under this language.
- Licensed peace officers;
- Firefighters;

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- Paramedics;
- EMTs; and
- Workers required to provide childcare to first responders and healthcare workers under Executive Order 20-02 and Executive Order 20-19.

What is required for presumptive eligibility?

A nurse must either test positive for COVID-19 or be diagnosed by a physician or APRN. Then, either the positive test or documentation of the diagnosis must be provided to the employer. MNA successfully fought back against efforts to require a positive test only to qualify for this presumptive eligibility status.

Can an employer rebut the claim?

The only cause for a rebuttal is if the employer can show that employment was not a direct cause. This is a much higher threshold and would likely be very difficult to prove in most situations.

What constitutes the official date of injury?

The date of injury is the date in which a nurse was unable to work due to receiving a positive test for COVID-19 or by exhibiting symptoms that were later diagnosed as COVID-19, whichever came first.

When is the effective date?

This presumption became effective on April 8. Despite MNA's hard-fought attempts to get a retroactive effective date, businesses and hospitals refused. While cases in which nurses contracted COVID-19 before April 8, would not be able to benefit from presumptive eligibility status, they would still qualify for workers compensation under Minnesota Statutes 176.011, section 1, subdivision 15. They would just need to provide evidence that they contracted COVID-19 on the job. For example, if their employer told them to go home or if they are a nurse who routinely works with COVID-19 patients, they have a very good case for receiving Workers' Compensation benefits.

How long does this presumption last?

Presumptive Eligibility for COVID-19 related claims is in effect until May 1, 2021.

How's it paid for?

This part is still unknown. The legislature will come back at the end of April to decide how this will ultimately be financed. By that time, the state should receive any federal funding, Minnesota will have a clearer picture of how the state budget looks, and the legislature will better understand how many workers are taking advantage of this legislation.



CORONAVIRUS RESOURCES

Access MNA resources for nurses during the COVID-19 crisis on the MNA website at www.mnnurses.org/coronavirus, including:

COVID-19 Frequently Asked Questions and Resources – MNA Practice and Education experts created a list of frequently asked questions from MNA members and compiled a list of resources that will continue to be updated during this crisis.

COVID-19 Incident Reporting Form – MNA encourages all MNA members who have experienced PPE issues and other incidents related to COVID-19 at their facilities to fill out this form. MNA is using the information to update legislators, governors, and hospital administrators about what is happening on the frontlines. Access the form directly at <http://covid19form.com>

MNA in the News – MNA nurses speaking to the media helps the public learn the truth about the crisis and puts pressure on hospital management to address nurses' concerns.

MNA Tele-townhalls – MNA nursing practice experts and other panelists are holding Tele-townhalls to update nurses from across the Upper Midwest during this unprecedented crisis. Access these Tele-townhalls directly on the MNA YouTube channel at www.youtube.com/mnnurses

Healthcare Workers' Pandemic Bill of Rights - Sign now! Show decision makers at your hospital and in your state the minimum standards that all workers deserve to care for patients at this time. Access the petition directly at www.mnnurses.org/pandemicbor

Practice and Education

Cloth masks, really?

By Kristina Maki, MS, RN, CNE, MNA Nurse Educator

It is surreal working as a nurse right now, right? I am struggling to keep up with all the changes to practice; they seem to be happening daily. Who'd have thought we'd be talking about reusing N95s, much less having to discuss using cloth masks?

I hate the idea of cloth masks. I know that it might come down to having to use them at some point, which makes me really angry. Truthfully, it scares me to think that our only source of protection is a simple cloth over our faces. Here are the facts that I've been able to dig up about fabric masks: **THEY ARE NOT SAFE!** A randomized controlled trial found that simple cloth masks provide around 3-4% filtration*. The cloth masks might be even more detrimental because they can provide a user with a false sense of security. There are a lot of infection control issues. For instance, what if your mask is made with the same fabric on the front and back - how will you know which side is dirty and which side is clean when you're donning and doffing?

The CDC is very explicit when they describe handmade fabric masks as an absolute last resort. "Homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option." There is no CDC-approved fabric mask!

I hope it never comes to the point when healthcare workers have to choose between no protection, or the use of a cloth face mask. It is still our employers' obligation to provide us adequate protection, even in a pandemic. Keep pushing for your employer to provide you the appropriate PPE. It feels like we're being told to jump out an airplane, without a parachute. Please be safe, my friends.

Kristina is also an MNA member and a bedside nurse in the Twin Cities

*Source: <https://bit.ly/3e2ismG>

I want my death to make you angry

By Emily Pierskalla, RN, MNA Member

What is it like being a nurse in a pandemic? Every day I bounce through the stages of grief like a pinball. The ricochet and whiplash leave my soul tired and bruised.

Denial: I have spent less and less time in the denial stage. Still, I see many of my loved ones, politicians, and laypersons still stuck in this phase.

Anger: When our elders and immuno-suppressed folks are referred to as disposable members of society, when the pocket-books of stockholders are considered more important than human lives, when we've known for decades this pandemic was coming, I burn with anger, anger at the system that prioritizes profits over health. It's the system that regularly runs out of "essential" and "critical" supplies seasonally. I have anger knowing the fragility of our supply chain has been exposed time and time again, especially after the earthquakes in Puerto Rico, and yet nothing was done to reinforce it.

Bargaining: The governing bodies bargaining with supply chain availability over scientific evidence. A paper bag is given magic powers to somehow preserve masks that are already expired and soiled. Droplet precautions are now satisfactory for airborne illnesses (but don't you dare leave scotch tape on the walls).

Depression: Heaviness in my heart knowing my co-workers and friends will become unwilling sacrifices so the system can continue in its self-destructive path. And there's grief for the many people I will not have the resources to care for and save.

Acceptance: I have accepted that I will be infected with COVID-19 at some point. I am not scared of getting sick. I am scared of infecting those who will not survive. I check every day on our state's available hospital beds and ventilators. I wonder, if my illness becomes severe, will there be resources left for me?

And then I'm tagged in another social media post praising me for being "a hero." And I'm instantly flung back into the pinball machine as my emotions ricochet through the stages.

If I die, I don't want to be remembered as a hero.

I want my death to make you angry too.

I want you to politicize my death. I want you to use it as fuel to demand change in this industry, to demand protection, living wages, and safe working conditions for nurses and ALL workers.

Use my death to mobilize others.

Use my name at the bargaining table.

Use my name to shame those who have profited or failed to act, leaving us to clean up the mess.

Don't say "heaven has gained an angel." Tell them negligence and greed has murdered a person for choosing a career dedicated to compassion and service.

Who's got my back from page 6

lowed masks. There were situations already that day, where we were in the position of not knowing whether we were safe or not in our patients' rooms. On my unit, there were only two N95 masks on our crash cart, reserved strictly for physicians. Our charge nurse was told to announce that no one was to touch those masks in the event of a patient coding/crashing/dying from COVID-19, except the doctors whom had been fitted for those masks. We felt under these conditions, we nurses were inevitably fated to contract the virus.

It has also been the policy on my unit not to inform nurses of drastic changes to our assignments. I was not informed prior to my next shift that in fact my unit had become a designated COVID-19 rule-out unit. I was quickly told to come in to be fitted for an N95 mask in an email on March 17. On March 19, we were told none of us would get masks, because the CDC deemed them unnecessary. Doctors were permitted to wear masks, but nurses were told not to bring in or wear their own masks. Many nurses reported they were told not to wear their own mask because it would "frighten the patients." In addition to the mask issues, nurses and workers continue to be denied testing at my workplace for the virus. If we have symptoms, we are ordered to stay at home until we are recovered and can report back to work.

Further realization of the lack of regard for employees crystalized when nurses had to resort to finding our own masks. MNA began a massive drive to collect N95 masks from the public, to give to the state for distribution. The machinists union dropped cases of masks off, and public citizens drove up, car by car, to drop off single masks in this highly publicized effort. Weeks later, nurses on our unit were finally allowed to be fitted for N95 masks. In our morning team meeting, our manager insinuated that we were getting masks because nurses "had made a big stink," and they were doing it to "ease our fears."

Not only are nurses being denied critical equipment, we are also being silenced. As established, my hospital hid behind the modified and inaccurate CDC guidelines to justify lack of protective equipment for nurses and patients. In the absence of this proper guidance, nurses joined social media pages, one with over 30,000 nurse members across the U.S., in an effort to compare notes and form treatment protocols based on each other's experiences with the virus. The site was soon made private by the site administrator, as hospital managers, in the time of this national health crisis, were found to be scanning social media and disciplining staff for "negative comments" about lack of equipment or inadequate hospital response. My contract with my institution included a vital clause disallowing

us from posting on social media to protect the privacy rights of patients. The hospital is now trying to silence nurses by grossly misrepresenting the spirit of the HIPAA laws, asserting inaccurately that nurses are forbidden even to say how many COVID patients there are in their hospital.

It is unacceptable to be silenced by hospitals seeking to protect their reputation, as we scramble to find our own protective equipment, identify real safety protocols, and provide one another crucial support to serve our patients. Such callous hospital policies and actions during this pandemic clearly outline hospitals' valuation of reputation over the provision of cohesive, optimum employee safety measures.

My biggest worry is that nurses and our frontline coworkers with whom we work shoulder to shoulder, will catch the virus, not be permitted to take the test to confirm the diagnosis, go home as ordered to recover, and, like nurse Lisa Ewald in Michigan, age 54, go home and die a terrible, painful, tortuous death alone. I fear those nurses' deaths will be hushed, hidden and glossed over, the irresponsible thinking and policies in our healthcare system will pick right up where they left off, and workers will not be treated for stress and harm. I am afraid masses of nurses will quit instead of stay to receive appropriate recompense for the duty they will have served, and for the sacrifices they will have made. I am worried for our healthcare system and for the care of patients not only in the wake of this crisis, but for the years to follow.

Legislation and politics in the time of a pandemic: How nurses can engage in this crisis

Nurses and all healthcare workers are facing unprecedented challenges in the workplace and at home. This pandemic has exposed the failures of our for-profit healthcare system and has forced many into isolation from their families. While this is all occurring at a blistering pace, state legislatures and the federal government are left scrambling to pass legislation that helps workers and businesses weather this storm.

MNA nurses remain a vital component to making sure that nurses' voices continue to be part of the conversation at the Capitol. Video conferences, letter writing, and phone calls have all become essential ways to keep in touch with legislators.

In this fast-moving environment, here are some ways in which nurses can continue to engage with the work while practicing social distancing:

- Participate in legislators' virtual town hall meetings. This is a great way for nurses to share their stories about what they're seeing in the hospital and keep friends and neighbors informed on how to be safe. RN's are a trusted voice – and when they speak – folks listen.
- Send emails to legislators via MNA Action Alerts. If legislation is moving at the Capitol, send an email to elected officials with a pre-formed letter that can be personalized and sent to State Representatives, State Senators, or the Governor, depending on the issue.
- Write a letter to the editor or an op-ed in the local newspaper. This pandemic has laid bare the problems with our healthcare system and issues that healthcare workers are facing around a lack of PPE. Public pressure can keep a fire under decision makers and make a big difference.
- Share articles and posts on social media. Visit the Minnesota Nurses Association and National Nurses United Facebook pages for important content that is useful for nurses and the public. When posting information from other sources, double-check that it's factual before posting. It's important the public is well-informed with all the misinformation that is shared online.
- Talk to the media. MNA communications staff field media requests frequently. Nurses' voices are needed

to ensure the public stays informed on what they're facing on the frontlines.

For more information on any of these activities or other ways to engage with legislators, contact MNA Governmental Affairs Political Organizers Cameron Fure at Cameron.Fure@mn-nurses.org, 651.252.5028 (call/text), or Jackie O'Shea at Jackie.OShea@mnnurses.org.



TO: All MNA Members
FROM: MNA Board of Directors
DATE: March 28, 2020

RE: MNA Organization Wide Elections – Timeline adjustment due to COVID-19

Due to the unforeseen timing of the COVID-19 pandemic, organization resources had to shift. This has caused a slight delay in our written notification to all members announcing the Call for Candidates to organization wide leadership positions. As this situation is an anomaly, there is no need to change our policy (MNA Election Procedure and Timeline), however, we are making a one-time adjustment to the notification date as well as extending the candidate form submission deadline to coincide with the later notification.

This delay in notification will NOT change the actual timing of the election itself. The election will occur during the established timeframe per policy.

The federal Department of Labor, Office of Labor Management Standards has announced flexibility in enforcement regarding deadlines for union elections due to the pandemic therefore MNA will not be in violation of election regulations by moving the call for nominations date.

Minnesotans step up to support nurses by donating PPE

MNA Nurses called on Minnesotans to help with the drastic shortage of personal protective equipment (PPE), and the community came together to deliver.



Soon after Minnesota Governor Tim Walz signed the executive order declaring a Peace Time Emergency in response to the COVID-19 pandemic and the MNA office closed to keep employees safe, MNA nurses and staff began brainstorming ways to help nurses during this unprecedented crisis.

"I was working from home, talking to other nurses on the phone or computer, trying my best to help and give them advice to stay safe," said Julie Anderson, a nurse and MNA organizer. "I was feeling utterly useless as a nurse while my colleagues were on the frontlines facing this disease without proper protection."

Within 24 hours of deciding to move forward with the idea, MNA had partnered with the State Emergency Operations Center to collect the masks, announced the donation drive to the public and the news media, and started collecting items on Saturday, March 21.

"Every mask collected means a nurse will be less afraid to go home to their families at night," said MNA President Mary Turner in the announcement. "Re-using masks is potentially dangerous for both nurses and patients. And if we can't keep nurses safe, we won't have nurses to care for patients."



Donations began to pour in during the first hour of the mask drive. They ranged from community members dropping off a few masks they had in their basements for home improvement projects to businesses donating several boxes of equipment.

Rep. Mike Howard (DFL-Richfield) stopped by to donate masks and show his support on the first day of the donation drive. "I've heard from nurses in my district and across the state," he said. "They are showing up every single day and serving their community, and we need to support them."

The drive continued for the next five days, before ending early due to the Governor's Stay at Home order. Each day, Minnesotans donated whatever they could to help out nurses.

Construction companies and other building trades organizations also stepped up, donating tens of thousands of masks to the cause.



What started with N95 masks then expanded to other medical supplies and PPE including surgical masks, respirators, scrubs, face shields, gloves, Tyvek suits, paper lunch bags to store masks in when nurses are forced to re-use them multiple times, hair bonnets, shoe covers, sanitizing wipes, bleach, and more.

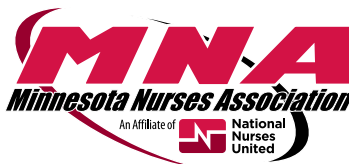
"We're extremely grateful for everything you guys are doing on the frontlines," said one Minnesotan who stopped by to drop off N95 masks. "This is just one little part that we can all do to get critical resources where they're needed right now."



In just under a week, Minnesotans banded together and donated over 80,000 N95 masks alone. Teamsters Local 120 also donated their time and truck to the cause, rolling in to help transport the donations from the MNA offices to the State Emergency Operations Center. The State is now handling the distribution using data from all healthcare facilities across Minnesota. They have set up a website to continue to receive and distribute supplies and allows facilities like hospitals, nursing homes, and other healthcare facilities to request supplies: <https://mn.gov/ppe>. To see data on what has been collected and distributed so far, visit <https://mn.gov/covid19/data/response.jsp>.

After all the supplies were delivered, Julie Anderson reflected on the experience. "I have been shocked and appalled at our healthcare systems and our country's lack of preparedness for this event," she said. "But being part of this mask drive brought back my faith in humanity."





Consent to Serve as a Delegate to the MNA House of Delegates

After a Bargaining Unit's leadership election has been completed, there still may be open Delegate positions. By signing this form, I agree that I will serve in one of these open positions, commit to participating in activities on behalf of MNA, and support MNA's mission, strategic goals, and priorities.

I understand that I must attend the entire House of Delegates. According to House of Delegates policy, this form must be submitted by the published deadline of the upcoming Convention. In addition, I must have been a member in good standing for at least three months prior to submitting the form in order to serve.

I further understand that my term as Delegate will expire December 31, 2020. If I am unable to complete this term, I will notify my bargaining unit leadership and the MNA office so my position can be replaced.

Facility serving in (if applicable)

Date

Name printed

Signature

Email to Jaime Rustvold at MNA (Jaime.Rustvold@mnnurses.org) or fax (651-695-7000).

MNA HOUSE OF DELEGATES POLICY DELEGATES TO MNA'S HOUSE OF DELEGATES

MNA members in good standing may request to become a Delegate by submitting a *Consent to Serve as a Delegate to the MNA House of Delegates* form.

This form can be obtained from the MNA office or Member Center. This form will be submitted by the published upcoming Convention registration deadline. In addition, the Delegate will be an MNA member in good standing for at least three months prior to submitting the form.

Non-elected Delegates shall be eligible to fill vacant Delegate positions in accordance with the MNA House of Delegates policy, *Filling Open Delegate Positions in MNA's House of Delegates*.

Submitted by:	MNA Board of Directors, September 9, 2004
Adopted by:	MNA House of Delegates, October 20, 2004
Submitted by:	MNA Board of Directors, July 15, 2013
Adopted by:	MNA House of Delegates, October 15, 2013



Call to Submit MNA Bylaws and Resolutions

We are inviting you at this time to submit proposals for Resolutions and changes to the MNA Bylaws. The MNA House of Delegates will convene October 11-13 this year to consider these proposals.

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

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

Deadline for submitting written proposals: 11:59 p.m. on July 15, 2020

Guidelines for Submission of Proposals:

Proposals must be accompanied by a statement of rationale explaining the significance and anticipated consequences for the Association, the profession, and the public.

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

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

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

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

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

Deadline for submitting written proposals: 11:59 p.m. on July 15, 2020



Minnesota Nurses Association 2020 Call for Candidates

In November of 2020, you will be asked to vote for the leaders of your union, the Minnesota Nurses Association (MNA). This Call for Candidates form is your opportunity to submit your name to be placed on the ballot. You are strongly encouraged to consider running for a leadership position and become involved in making a difference in the future of the organization. **Deadline: 11:59pm, 6/30/20**

What positions are being voted on?

MNA Board of Directors
Commission on Nursing Practice and Education
Commission on Governmental Affairs
Committee on Elections
Delegates to the MNA House of Delegates Non-Collective Bargaining
Delegates to the Minnesota AFL-CIO
Leadership Committee of the Council of Active Retired Nurses

What are the duties and responsibilities of each office?

A brief description can be found on page 17. See the MNA Bylaws for complete information and eligibility requirements for each structural unit.

What is the term of office?

January 1, 2021 – December 31, 2023.

Are there term limits?

Per the MNA Bylaws: "No officer shall serve more than two consecutive three-year terms in the same office nor shall any officer or director serve more than a total of six consecutive years on the Board." There are no term limits for Delegates.

What position(s) can I run for?

Active collective bargaining members may run for Delegate to the MN AFL-CIO.
Active retired members may run for the leadership committee of the Council of Active Retired Nurses.

In addition to the two exceptions above, you may run for one of the following:

- MNA Board of Directors
- Commission on Governmental Affairs
- Commission on Nursing Practice and Education
- Committee on Elections

Special Note for Retirees

Elections for Collective Bargaining Delegates are now taking place at the bargaining unit level with other local leader elections. *(MNA Collective Bargaining Delegates are apportioned by bargaining unit. Retirees are eligible to run in the collective bargaining category if they retired from collective bargaining, and they will be counted as a Delegate from the facility from which they retired.)*

For any other position a retiree wishes to run for (Board, Commissions, etc.), they are considered to be in the non-collective bargaining category.

How do I become a candidate?

Complete this 2020 Call for Candidates form and return to the MNA office or go to the MNA website and submit it electronically.

What is the deadline to submit the Call for Candidates form?

11:59 p.m. on Tuesday, June 30, 2020.

What happens after I submit the form?

You will receive an email confirmation from the MNA office that your form has been received. If you don't receive a confirmation within ten days from mailing your form, please contact the office to verify receipt.

BRIEF POSITION DESCRIPTIONS (for a full list, please refer to MNA Bylaws)**MNA Board of Directors**

- Comprised of 17 members. Fifteen members must be RNs covered by an MNA collective bargaining agreement. One Director position will be a non-RN covered by an MNA collective bargaining agreement, and one Director position will be a non-collective bargaining/ non-supervisory/non-managerial member.
- The Executive Committee consists of the: president, 1st vice president, 2nd vice president, secretary, and treasurer.
- Elected members are expected to attend all meetings (approx 10-11 Board of Director meetings/year) and are also assigned to serve as liaisons to other member groups.
- Responsible for ensuring implementation of the directives of the MNA House of Delegates.
- Establishes administrative policies governing MNA and provides for the transaction of general business.
- Adopts and administers the Association's budget.

Commission on Nursing Practice & Education

- Composed of eight collective bargaining unit members and four members-at-large.
- Identifies and reviews concerns for practice and takes appropriate action.
- Identifies resources and provides support to assist nurses in promoting safe nursing practice.
- Provides review and recommendation on nursing education and practice issues.
- Provides oversight of MNA educational offerings.

Commission on Governmental Affairs

- Consists of two members from each Congressional District and three members at-large (19 total).
- Actively promotes involvement in the governmental process at all levels. Informs and educates members.
- Develops long-range goals for MNA's governmental affairs program.
- Monitors, researches, and analyzes legislation and legislative and regulatory trends.

Leadership Committee – Council of Active Retired Nurses

- Consists of seven retirees elected by the members of the Council of Active Retired Nurses.
- Meets at least biannually or more frequently as needed.
- Will work with other MNA structural units to promote and support the goals and strategic priorities of MNA.

Delegate - MNA House of Delegates

- **NOTE:** Collective Bargaining Delegates are now elected at the local level.
- Non-Collective Bargaining Delegates are apportioned and elected on a statewide basis.
- Elected delegates are expected to attend annual meetings and/or any other special meeting or orientation.
- Responsible for participating in the MNA House of Delegates by reviewing and voting on proposed bylaw changes and resolutions.

Delegate – MN AFL-CIO

- Nominees for delegates to the MN AFL-CIO shall be MNA members covered by an MNA collective bargaining agreement.
- Elected delegates are expected to attend meetings bi-annually and/or any other special meeting or orientation.

Committee on Elections

- Consists of a minimum of five persons, but no more than nine.
- Nominees for the Committee on Elections cannot be a nominee for any other MNA office except Delegate.
- Responsible for issuing the Call for Candidates form and preparing the ballot for election.
- Investigates and determines the outcome of any election challenges.

Questions? Please contact: Jodi Lietzau (Jodi.Lietzau@mnnurses.org or 651-414-2856) or Samantha Riazi (Samantha.Riazi@mnnurses.org 651-414-2885)

2020 MNA Call for Candidates

Name, including credentials _____
Please print name as it should appear on the official MNA ballot.

Address _____

City/State/ZIP _____

Home phone _____ Cell phone _____

Non-work email address _____

Employer name _____

Membership classifications (choose one):

☐ **Collective bargaining**

Includes RNs, licensed non-RNs, and unlicensed healthcare workers covered by an MNA collective bargaining agreement. (See note for retirees on page 1.)

☐ **Non-collective bargaining**

Includes RNs not covered by an MNA collective bargaining agreement, retired RNs, and RNs in a supervisory or special managerial position.

MNA members may only serve concurrently on one of the following: MNA Board of Directors, Commission on Nursing Practice and Education, Commission on Governmental Affairs, or Committee on Elections.

Selecting more than one position listed in this box will invalidate your nomination form.

I wish to be nominated for the following position: *(See page 2 for position descriptions.)*

MNA Board of Directors

- ☐ President
- ☐ 1st Vice President
- ☐ 2nd Vice President
- ☐ Secretary
- ☐ Treasurer
- ☐ Director CB (10 positions)
- ☐ Director NCBNS
- ☐ Director Non-RN

☐ **Commission on Nursing Practice and Education**

☐ **Commission on Governmental Affairs**

My Congressional District is: _____

☐ I wish to be at-large

☐ **Committee on Elections**

☐ **Leadership Committee - Council of Active Retired Nurses**

In addition to one of the above positions, you may serve as a Delegate to either or both of the following:

Delegate - MNA House of Delegates

- ☐ Non-Collective Bargaining
(Collective Bargaining Delegates are elected on the local level and apportioned by bargaining unit. See special note for retirees on Page 1.)

☐ **Delegate - Minnesota AFL-CIO**

(Must be an MNA member covered by an MNA collective bargaining agreement.)

Activities/Offices/Appointments with the Minnesota Nurses Association, the NNU, and Minnesota AFL-CIO

List up to two examples under each level; including local and state levels. Give complete titles and terms of service.

PRESENT

MNA Activity/Office/Appointment Term (From/To)

Other Activity/Office/Appointment Term (From/To)

PAST

MNA Activity/Office/Appointment Term (From/To)

Other Activity/Office/Appointment Term (From/To)

Involvement in community, state, or national health care concerns

Education

Please answer the following questions, limiting your responses to 50 words or less per question.

1. If appointed or elected, how would you help fulfill MNA's mission and strategic goals / priorities?
(i.e., healthcare reform, safe staffing, workers' rights)

2. How have you or would you represent the views of the membership?

3. Is there any other information you wish to provide?

By submitting this form, I acknowledge that I am able to serve in accordance with the MNA Bylaws. I agree to serve and support MNA's mission, strategic goals, and priorities and commit to participating in activities on behalf of MNA.

Signature _____ Date _____

Complete this form and return to MNA no later than 11:59 p.m. on Tuesday, June 30, 2020.

Minnesota Nurses Association, 345 Randolph Ave #200, St. Paul, MN 55102 Phone: 651-414-2800 / 800-536-4662



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



PERIODICAL MAIL

SAVE the DATE!

Start planning for MNA's Convention and House of Delegates
October 11-13, 2020

DoubleTree by Hilton, Bloomington Minneapolis South Hotel

Check MNA's Website for more info

Get ready to learn, advocate, and guide MNA's future

Minnesota Nurses Association

Nominate your colleagues for MNA Honors and Awards • Deadline is July 1



We all have colleagues who go above and beyond for our patients and our communities. Take a moment to give them some much deserved recognition: nominate them for MNA Honors and Awards.

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

Award:

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