

MINNESOTA NURSING Accent

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**MNA members
show solidarity
during turbulent
times**

In this issue

- 2020 on the Hill - page 8
- Protecting our practice - page 11
- Unionizing can be life changing - page 14

Feature Story

We Fight Together: MNA members show solidarity during turbulent times

The COVID-19 pandemic continues to shine a light on critical issues that have been going on in hospitals for years. Even with the additional strain of this crisis, MNA nurses have bravely stood up for themselves, their coworkers, and their communities by demanding proper PPE, safe staffing, and accountability from hospitals and state officials. There have already been three informational pickets put on by MNA nurses to make sure their voices get heard, and more are coming soon.

As the surge continues to sweep through hospitals, standing strong together will be more crucial than ever. No worker should have to choose between their safety and their livelihood.



Nurses march to the Capitol to demand safety and respect

On Wednesday, May 20, hundreds of nurses, union members, and community supporters took to the streets in front of United Hospital in St. Paul to picket and bring demands to the public around safety, PPE, and immediate reversal of retaliatory discipline. Minnesota lawmakers also supported the picket, including Representative Ryan Winkler and Senator Jeffrey Hayden.

"I'm out here today to support nurses and healthcare workers who need PPE," said Rep. Winkler. "We need to stand behind the people who are saving lives and stepping into the breach in the COVID-19 pandemic. It's unacceptable to put people in harm's way unnecessarily. We need the hospital. We need the state. We need everyone to stand behind healthcare workers."

Practicing social distancing, the group marched to the State Capitol, where they called on all decision-makers to turn the tide and hold hospitals accountable for saving healthcare workers' lives.

[Watch nurses speak on the State Capitol steps about their experiences: <https://youtube/BOGxpxUfXDo>]

One of the issues United nurses were most vocal about was the availability of hospital-issued surgical scrubs. MNA member Cliff Willmeng, a registered nurse and union steward at United, said he was wrongfully terminated for raising concerns about the use of scrubs and other health issues for workers. Several other United nurses also received discipline for raising similar concerns.

"Nurses have been so concerned for our safety and for our families, we have had to react by using our own personal N95 masks, which has resulted in retaliation and



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We fight together cont. on page 6

Executive Director's Column

Healthcare is a civil rights issue



Racial discrimination has been built into healthcare delivery in the U.S. since the first slaves were forcibly brought into the U.S. 400 years ago, with healthcare provided for slaves only to keep them able to work when young, or women able to reproduce more slaves, then discarded once unable to work.

If you think that died with slavery, think again. Racial discrimination in healthcare was a pervasive component of the 100 years of Jim Crow segregation following the Civil War. Segregation was not confined to buses, drinking fountains, and voting; it was rampant throughout the healthcare system as well.

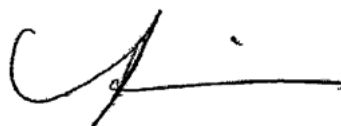
A research study on pain management at the University of Virginia found that a substantial number of white laypeople, medical students, and residents believe that Black people's skin is thicker than white people's skin, contributing to a widely held phenomenon that African Americans are systematically undertreated for pain compared to whites. That study is not from the era of slavery, or Jim Crow segregation; it was published by the National Academy of Sciences in 2016.

And in May of 2019, the CDC reported that the risk for pregnancy-related deaths for Black women is three to four times higher than those of white women. This is independent of age, parity, or education, and has been the same since 1915. The same for 105 years! The data confirms persistent racial disparities: Black and American Indian/Alaska Native women were about three times as likely to die from a pregnancy-related cause as white women.

Under our current insurance, employment-based healthcare system, these racial health disparities are exasperated. Approximately 4.1 million African Americans under the age of 65 do not have insurance. Approximately 9.1 million Latinx under the age of 65 do not have insurance; 6,715,000 are undocumented immigrants. Approximately 15.5 million people of color under the age of 65 are uninsured, which is well over half of the uninsured population in the United States.

This is why we fight for a Medicare for All system. This is why we fight for income equality. This is why we fight for real racial equity and justice. Because we know that health is the issue of intersectionality between poverty, af-

fordable housing, food security, public transportation, and racism. Nurses have always been at the forefront of social change in this country; we are called to be there again now, more than ever.



President's Column



Still fighting for PPE

If you had told me when this pandemic began that nurses across Minnesota and across the country would still be fighting for proper PPE months into the crisis, I'm not sure I would have believed you.

How can hospitals still not have the supplies they need? Why hasn't the Federal government ramped up production of PPE? What happens if there is a surge? Why are we reusing

PPE designed for single-use? How are nurses and healthcare workers supposed to keep everyone safe if no one is keeping workers safe?

These are just a few of the questions that keep me up at night.

When MNA surveyed members at the beginning of this crisis, the majority of 1,000 respondents reported a lack of preparedness. In fact, 55% said their hospitals were not adequately prepared, and 14% weren't even sure. Only 4.67% said their hospitals were prepared.

When we requested preparedness plans and quantities of proper equipment from Minnesota hospitals through the labor-management Request for Information (RFI) process, the response was not very helpful. We asked that they share their plans for disaster preparedness and response in the event of an influx of patients – or surge of people seeking care. We asked for the type and amount of PPE available to staff and information about the readiness state of the facility to screen visitors and isolate patients who have or may have COVID-19.

The great majority of facilities have still not provided that information. Whether it is because they don't have plans or don't want to admit their level of unpreparedness, we don't know.

Now, months into this crisis, a survey from National Nurses United found that 82% percent of hospital nurses reported they are forced to reuse single-use PPE. Something that would have led to disciplinary action in February is now a directive from management in the middle of a pandemic.

Yet somehow, the decision was made to end the 'Stay at Home' order and move to a less restrictive 'Stay Safe' order. Hospitals could resume some elective procedures. Once again, profits were prioritized over healthcare workers and patients.

And we still didn't have enough PPE.

Now Governor Walz is shutting things down again and making face coverings mandatory across the state.

And we still don't have enough PPE.

More than 160 healthcare workers across the country have died from COVID-19.

And we're still risking our lives by reusing single-use PPE.

Nurses feel an obligation to stay healthy for our patients while worrying about the health of our families too. COVID-19 is in the back of our minds all the time. We need hospitals, the government, and our communities to feel the same, so we can all make it through this crisis safely.

And we still need PPE.

But we won't stop fighting until every healthcare worker has the proper protection to do their jobs safely!

Mary Turner

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.

MNA response to the killing of a Black Minnesotan by Minneapolis Police

As nurses, we see the horrific effects of racism in our hospitals and communities every day. We cannot remain silent as yet another black man has died at the hands of police. On May 25, George Floyd, a Black Minnesotan, was pinned to the ground as he repeatedly told the white police officer he could not breathe. Even after Mr. Floyd's body went limp, the police officer continued to use his knee and full body weight to pin him down until a stretcher was brought to take him away. George Floyd's last words were, "I can't breathe." George Floyd died shortly after arriving at the hospital.

In a hospital or clinic, when a person says, "I can't breathe," they are immediately swarmed by medical professionals who triage the situation and treat them immediately. They work hard to save lives. In the case of George Floyd, Minneapolis Police took no care or life-saving measures. Instead, they left him pinned down to the ground until paramedics arrived. Police ignored the pleas of George Floyd, and he died.

Nurses care for all patients, regardless of their gender, race, religion, or other status. We expect the same from the police. Unfortunately, nurses continue to see the devastating effects of systematic racism and oppression, targeting people of color in our communities. We demand justice for George Floyd and a stop to the unnecessary death of Black men at the hands of those who should protect them.

Fighting racism and oppression with the Racial Diversity Committee

By Judy Russell-Martin, RN, BSN, MSN, Racial Diversity Committee Chair

My name is Judy Russell-Martin, Chair of the Racial Diversity Committee (RDC). As our nation wrestles with our dark and inhumane history, the division sowed by this country's elites continues to divide us. Yet, the movements of resistance against this systemic oppression have lasted for centuries. As union members, we must commit to building solidarity and uphold the resilience of our ancestors.

We are part of a global labor movement—a movement founded on principles of liberation and justice. As Chair, I know our Union will be the vehicle to bring dignity and respect to our members and all working people. To begin, we have a responsi-

bility to act to address these inequalities within our institutions.

We have heard from our members of color that they are overlooked when they seek to move into leadership roles within their union and workplace. They are blocked from promotions, harassed, and discriminated against by their employers, and unfortunately, they experience lateral violence by their colleagues.

The mission of the RDC is to advance the voices of our most marginalized membership. We will work with our diverse members to create a union based on the foundations of justice, equality, and fairness.

As Chair, I look forward to working with our members to develop a process to eradicate systemic racism within the walls of our hospital facilities and our Union. I also commit to nurturing their talent and providing opportunities to grow and lead.

Will you commit to engaging in the struggle to fight racism and oppression?

The RDC meets monthly to discuss, listen, and find ways to call out and condemn racism and discrimination every time we see it. We seek ways to provide the resources needed to survive and thrive under systems not created for us. We are committed to a welcoming and inclusive environment while promoting equality and justice.

The RDC welcomes input from all members about these critical issues and problems. If you have an interest in participating in our discussions, please email racialdiversity@mnnurses.org and we will send you information to join our upcoming meetings. We are looking forward to your participation.

Respectfully submitted by,
Judy Russell-Martin

We fight together from page 2

threats of discipline by management,” said Vanessa Armstrong, a labor and delivery RN at United Hospital with more than 21 years of experience. “Healthcare workers should never be disciplined for demanding the highest level of protection against highly-contagious communicable diseases that can threaten the life and health of themselves, their families, or their communities. We are essential. We are not expendable.” Allina Health, the company that owns United, blamed the lack of PPE and other issues on the national crisis and claimed they do not consider hospital-issued scrubs as PPE.

Despite the difficulties of organizing during a pandemic, the stewards, chairs, and CAT members at United Hospital formed a picket committee. They met daily to gather commitments from their coworkers, prepare the necessary materials, reach out to the media, and make sure everything was in place for a safe action.

“Coming out here to make our voices heard, so you don’t just hear what they’re telling you out there that we have the PPE we need – we don’t!” Patience Mbonifor, a nurse at United Hospital, told KMSP FOX9, one of the many news organizations covering the event. “If we had it, I wouldn’t be standing out there before my night shift.”

Bad weather doesn’t stop inspiring show of solidarity in Bemidji

Despite wind and rain, more than 60 Bemidji nurses held up signs, chanted fight songs, and told every passing patient they all need to be kept safe from the COVID-19 pandemic. MNA members from the Sanford Bemidji Medical Center organized an informational picket on May 25 to alert the public they need to be kept safe if they’re going to keep the public safe.

Nurses organized the picket right outside the hospital, but the turnout made it clear they needed more space. Then they moved it to the more spacious Paul Bunyan park where they could spread their message and safely social distance. Standing six feet apart and wearing cloth masks, the nurses explained about the lack of PPE and the lack of planning by Sanford.

The turnout was also driven by support for longtime MNA leader, Tonya Moss, who was suspended for trying to arrange alternative housing. Moss emailed nearby Bemidji State University to see if healthcare workers could rent the now empty dorm rooms to quarantine themselves. Nurses have been worried about bringing the virus home with their scrubs

and infecting their families. Nurses have told their managers they’re worried for older and immunocompromised family members particularly becoming infected. Moss asked Sanford about the quarantining, but management responded by saying a local motel could take them—at almost \$100 a night, which not all workers can afford.

“This has been a really difficult time for us, for nurses, because we want to protect ourselves and our families,” Moss told the local news media who covered the picket. “We’re doing this because we don’t have enough protection, and I don’t think the rest of the state knows that, so we’re letting people know.”

The safety issue has touched other workers at the hospital. Nurses were joined by workers represented by AFSCME and the Teamsters. MNA members cheered when the Teamsters rolled up in their purple, branded 16-wheeler with the air horn blasting.

Nurses from all over the area are also concerned about preparation for COVID-19 by Sanford. Bemidji nurses were joined by their sisters and brothers from the Sanford Thief River Falls Hospital, where COVID-19 positive patients have come through. Sanford created a makeshift pandemic unit in the hospital with plastic sheeting up to prevent the spread of the virus to other patients. While the plastic is transparent, Sanford’s plans to protect workers has not been.

“People are afraid, and people want to be heard,” Moss said. “This is about our lives, our lives matter. We’re speaking out and hoping people will listen.”

Nurses were joined by Bemidji’s mayor, Rita Albrecht, who told media she supports nurses getting the safe working conditions they need.

Sanford, however, told reporters they had yet to admit a COVID-19 positive patient at the Bemidji hospital and insist they were as prepared as they needed to be. Nurses want to know how management will be prepared just as the busy lake season is ramping up. With no Minnesota State Fair or weekend events able to take place, more Minnesotans will be coming through the northern part of the state to take shelter at local cabins.

Sanford also told reporters the picket was a typical negotiating tactic, even though bargaining on a new contract for Bemidji nurses was put on hold. That statement upset nurses who don’t consider their safety as a bargaining issue. They’re standing together to make the hospital safer for nurses, patients, and the public. They said they’ll keep speaking out and holding actions until the pandemic is over or their employers make it clear they are ready to keep everyone safe.



Bismarck nurses show commitment to raising standards



MNA nurses at CHI St. Alexis Health Bismarck Hospital are the only unionized nurse group in a hospital in the entire state of North Dakota. They have been speaking up for years about the resources patients and staff need to keep their hospital strong.

After more than 20 bargaining sessions with CHI, the company that owns the hospital, nurses have still not received agreements about solutions to short staffing, recruitment, and retention to assure Bismarck patients get the care they deserve.

"We care about our hospital and our community," says Margo Maxon, RN at St. Alexis. "We want to work with CHI to raise the standards in our hospital to make sure we provide the best care to our patients. We can't do that without retaining experienced nurses who will stay to care for our community and making sure there are enough nurses on staff every day to provide patients the level of care they deserve."



To show their commitment to making St. Alexis the safest, best hospital for patients and nurses in North Dakota, the nurses gathered for an informational picket on Thursday, June 25.

The picket began at 3 p.m. with a large group of nurses, including many coming off shift to join the crowd, as well as concerned community members with their children and even a few pets. Nurses made creative signs, and many wore MNA-branded masks, making sure to practice social distanc-

ing while picketing in a loop up and down the sidewalk in front of St. Alexis.

"Organizing the nurses of St. Alexis for our first picket was both incredibly empowering and overwhelming," said Angie Grosz, RN and negotiating team member at St. Alexis. "It created opportunities for nurses who hadn't previously taken an active role to step up, find their voice, and encourage their fellow nurses to join them on the picket line. Those nurses are now more invested in their union and the fight for a fair contract that includes language to provide safe staffing protections and make the recruitment and retention of nurses a priority."



There was also a great show of solidarity from other North Dakota Unions, including United Steelworkers, North Dakota AFL-CIO, North Dakota United, International Brotherhood of Electrical Workers, and Teamsters Local 638. MNA nurses from other hospitals, MNA President Mary Turner, and several board members also made the trip to Bismarck to offer support.

"Getting a union contract is not only good for the nurses, it's good for the people, it's good for your patients," said MNA president Mary Turner. "Listen up, Bismarck. These nurses are here for you!"

The hospital's response was to release a statement apologizing to patients, physicians, and staff for any inconvenience the informational picket might cause, and claimed they planned to continue to negotiate in good faith.

Despite the tepid public statement from the hospital before the picket, Leslie Wenger, another negotiating team member, shared how important the show of solidarity was for the nurses at St. Alexis and how it helped influence negotiations.

"We are a brand new union, so for us to pull off our very first picket was amazing and empowering," she said. "We not only had St. Alexis Nurses out there, but fellow MNA and NNU nurses, union brothers and sisters from AFL-CIO, and community members join us in solidarity. It really gave us the power to push the employer to take us seriously. And they did take us more seriously at our first bargaining session after our picket."

At the Capitol 2020 on the Hill



While MNA had already anticipated a short and unruly 2020 legislative session, this session proved to be unlike any other due to the COVID-19 pandemic. MNA began the 2020 legislative Session working to make

progress on a workplace violence prevention bill, preventing the Nurse Licensure Compact from being enacted, passage of some kind of prescription drug pricing reform, and expansion of access to healthcare for all through an MnCare for all system. While a few of these MNA legislative priorities received attention, the Legislature shifted gears in March to focus solely on how to keep Minnesotans safe and the economy stable during the pandemic.

Since adjourning the regular session on May 18, 2020, the Legislature has already had one special session. For Governor Walz to continue authorizing the current COVID-19 peacetime emergency, he must call the Legislature back for a special session. With this in mind, it's possible that there may continue to be special sessions every 30 days throughout this emergency.

While we may see more legislation passed in the coming months, here are a few key pieces of information from the 2020 session thus far:

Hearing on the Current Healthcare Marketplace

In February, the House Health and Human Services Finance Committee heard from Minnesota Department of Health officials about the changing healthcare landscape, with an emphasis on how hospitals have shifted towards a corporate model. MNA nurses packed the hearing with a sea of red as legislators and officials discussed the effects of hospital corporatization on patients and the impact of facility closures on our communities.

Workers Compensation Presumptive Eligibility

A bill providing workers compensation presumptive eligibility for all healthcare workers and other frontline staff if they contract COVID-19 on the job was passed into law and signed by Governor Walz on April 7. Before this bill, contraction of COVID-19 at work was considered an "occupational disease" under Minnesota's Workers' Compensation program. However, it required workers to provide evidence that they contracted the virus at work. Now nurses and workers who are on the front lines 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 did not contract COVID-19 through the course of their employment.

Alec Smith Insulin Act

After years of work by insulin advocates like Nicole Smith-Holt and her family, Rep. Mike Howard and other supportive legislators, MNA nurses, and healthcare advocates; Governor Tim Walz signed the Alec Smith Insulin Affordability Act into law on April 15. The new law ensures that insulin-dependent Minnesotans have access to emergency insulin and that those who face difficulty with cost can enroll in a program that would help with affordability issues. PhRMA filed a lawsuit on the eve of the July 1 enactment date to try to halt implementation of the legislation. The outcome of the lawsuit is still undecided.

State Contracts

Approximately 800 MNA members work for the State of Minnesota. Even after negotiating their contract in good faith with Minnesota Management and Budget, Senate Republicans threatened to stop the contracts from going into effect. While state workers do not negotiate with the Legislature, the Legislature is required to vote for their ratification. The Legislature is not able to make any changes to what the contract says – they are only able to vote up or down on their ratification.

Senate Republicans voted in favor of amended contract language that would have only allowed the negotiated pay increases for workers to go into effect if there is a budget surplus. However, because the Legislature cannot change the contracts, the Senate's affirmative vote was legally interpreted to mean an affirmative vote for the original contracts that were ethically negotiated. In the end, state workers were able to see their contracts ratified.

Select Committee on Minnesota's Pandemic Response and Rebuilding

On May 19, the House Select Committee on Minnesota's Pandemic Response and Rebuilding held their inaugural hearing on the experiences of RNs. The committee heard from several MNA members about the difficulty they've had obtaining proper PPE, the lack of including nurses in decision-making from management, and the absurd discipline they've been subjected to by hospitals while in pursuit of protecting themselves and their patients. MNA continues to work with state leaders to put pressure on hospitals to put in place policies and protocols that protect workers and patients.

2020 on the Hill from page 8

Police Reform

In response to the murder of George Floyd by Minneapolis police officers, legislators focused on police reform during the June Special Session. The House DFL put forward a number of proposals developed and led by the People of Color and Indigenous (POCI) Caucus. MNA was and continues to be supportive of this package of legislation. The proposals focused on providing accountability, reclaiming community oversight, and re-imagining what public safety looks like in Minnesota. Some of the specific policies included prohibiting warrior training for officers, a ban on chokeholds, residency requirements for officers, reforms to the arbitration selection process for officers, cash bail reform, grants for community-based emergency responses, and restoring the vote for Minnesotans who have served their time for felony-level offenses. While these bills were passed by the Minnesota House of Representatives, the State Senate did not take them up.

With another special session anticipated in early July, MNA will update members on the progress of legislation impacting nurses, patients, and the health of Minnesotans.

Convention News

Due to the COVID-19 health crisis, the MNA Board of Directors voted to cancel the in-person 2020 Convention and move the House of Delegates meeting to an online platform on October 12, 2020, from 8:00 a.m. to 2:00 p.m. Preparations are now underway to pare down MNA's annual 3-day Convention to a streamlined House of Delegates session to address essential business items including Bylaws Amendments, Resolutions, and Main Motions.

Throughout October, MNA will be offering various education sessions that are available to both Delegates and the general MNA membership.

Current Delegate terms are good through December 2020. If you were a Delegate in 2018 or 2019, your Delegate status remains unchanged. Most collective bargaining units still have open Delegate positions; members can become a Delegate by signing MNA's online Consent to Serve form at: https://mna.formstack.com/forms/consent_to_serve_as_a_delegate_to_the_mna_house_of_delegates

Online registration for the House of Delegates meeting will be made available to all credentialed Delegates soon. After registering, Delegates will receive instructions and a personalized link to join the meeting on October 12.

Representing nurses on the Minnesota Board of Nursing

By Sarah Simons, MSN, RN, AHN-BC, OCN, CARN, RN-BC, Tri-Chair, MNA/HHS; Chair, MNA Committee on Ethics; Member, MNA Commission on Governmental Affairs

"The Governor has selected you for an appointment to the Minnesota Board of Nursing," the caller informed me, just a couple of days ago. I smiled at the news. This phone call was one I had been waiting for, though unsure I would be the one on the receiving end of this announcement.



Last November, I was encouraged to review opportunities on Minnesota Boards and Commissions as a way to participate in our State government, and specifically, to apply for a position on the Minnesota Board of Nursing. I submitted my application and resume. I got an update in May, and then in late June heard from the Governor's office that I was in the running. At that point, they asked me to complete a thorough background check. It was a process, but it is reassuring to know that time and deliberation are invested in these appointments.

The mission of the Minnesota Board of Nursing is to ensure that the public will have access to competent, safe, and ethical practitioners in the profession. As a Union RN, I believe that providing that kind of quality access is multifactorial. Holding educators, employers, and other stakeholders to standards contributes to ensuring competent, safe, and ethical nursing care for the public, along with holding nurses personally accountable for our professional practice.

The MNA Ethics Committee has also been formative for me, articulating what it means to be an ethical practitioner, and providing the tools and language to sift, sort, and apply ethical responses to situations. New to the role, I am sure there will be a learning curve and challenging situations, and I am looking forward to all of it in the interest of providing this public service, always remembering that nurses are part of the public too. Thank you for your support!

Learn more about Minnesota Boards and Commissions at <https://sos.state.mn.us/boards-commissions/>.

MNA nurses step up to support Minneapolis and St. Paul communities in need



While nurses are fighting for their lives to get appropriate PPE, prioritizing care for their communities continues to be important.

With the murder of George Floyd and the subsequent massive protests, many Minneapolis and St. Paul residents were left scrambling to meet basic needs as stores shuttered their doors, and resources were spread thin. Nurses were asking, “what can I do to help?” When the opportunity arose to partner with the Minneapolis Regional Labor Federation to collect household supplies for communities most in need, even with short notice, nurses stepped up in a big way!

In a two-day, 6-hour donation drive, nurses continually showed up with trunks full of needed goods.

For those who live in St. Paul, the City of St. Paul has a program called Neighbors Helping Neighbors, where you can sign up and get plugged into volunteer opportunities across the city, from neighborhood clean-up to food and meal prep, to making deliveries of food and supplies to those directly in need. Visit <https://www.stpaul.gov/serve/neighbors-helping/volunteer> to sign up to volunteer.

For additional opportunities to continue assisting Twin Cities residents in need, visit <https://rb.gy/nln3vx>



Protecting our practice

By Lynnetta Muehlhauser, BSN, RN, Chair, MNA Commission on Nursing Practice and Education

After a contentious round of negotiations like we had in the metro this year, it can be tempting to coast until the threat of negotiating a new contract returns in a few years.

Instead of only ramping up for a fight every three years, we should be fighting for our contract, our practice, and our patients daily. As nurses, we need to protect our practice and be strong advocates for our patients instead of doing things because that's the way they have always done it.

Nurses have a lot of demands placed upon them. Nursing prioritization is a vital part of the job. Our patients' needs come first, always. We use the nursing process to assess, prioritize and diagnose, plan our care, and then implement interventions. There are many nursing interventions we can independently use, and some facilities have set protocols in place. Still, a nurse should never perform any task, treatment, or care for a patient that may only be ordered by a provider that does not have the required provider order. Do not assume a provider will sign-off on the order after it is done, no matter how routine.

Nurses need to reacquaint themselves to the nursing scope of practice. We need to demand that we have the tools, orders, protocols, and staffing required to perform our job safely. When we let the lines blur on our practice, we chance losing specific contract language and working above our scope of practice, putting our license at risk.

A few years ago, a department disciplined a staff nurse for performing a lab without a doctor's approval. The result was not reported appropriately and could have impacted the care of the patient. The nurse was following an old process and placed the order as "per protocol," but there was not a protocol to back up the order, and the doctor refused to co-sign the order.

Reviewing the order sets following the nurse's discipline showed that the nurses were doing a lot of procedures, including starting IVs, without actual orders. The nurses knew that the patients would need IVs, so they performed the task without questioning the practice and lack of order. When a coworker was disciplined, other nurses questioned the lack of orders and stopped performing any tasks that required an order. They were "working to rule." To give IV antibiotics, a patient needs an IV access, but without a physician's order to place one, the nurse should not insert a line.

In the previously cited case, something as simple as starting an IV seems like a no-brainer. Nurses in other departments couldn't believe that these nurses wouldn't perform the simple task of starting an IV. The nurses were called lazy and were belittled and yelled at by doctors when they called to get an order to start an IV. However, an improper IV placement can cause nerve damage, infiltration, and possibly other injuries. If an injury occurs, and a provider has not written the order, do not count on a provider writing the order after the injury to cover you.

It took 11 months to revamp all of the pre-operative orders sets to include basic pre-operative cares. While this was a difficult process for everyone involved, it taught the nurses to demand the orders and tools needed to provide appropriate care. They questioned practices that had been long-standing and improved patient safety. When we hold our employer to this standard, we strengthen our practice.

Nurses need to stand up and hold the employers accountable to ensure we have the tools and resources and staff to perform patient care safely. One person pushing back will not lead to changes. When we stand in unity, we can gain momentum for our patients and our contract.

Don't sit back for the next two years, waiting for the next round of negotiations. We have a responsibility to advocate for patients and to Protect Our Practice! Take a refresher course on the Nurse Practice Act and learn your contract language and stand strong as a group and a profession.

Visit the MNA website to see upcoming education opportunities: <https://mnnurses.org/resources/education/education-calendar/>

Bargaining and collective action update

While the COVID-19 pandemic continues, MNA nurses are still working hard to secure fair contracts and ensure those contracts are honored.

The union difference at M Health Fairview

In 2019, M Health Fairview CEO, James Hereford's salary jumped from \$1.4 million to \$1.9 million. Numbers like that make it hard to understand some of the cuts M Health Fairview is making healthcare workers shoulder during this crisis. On March 31, they announced several cuts specific to non-contract staff. These included furloughs and suspension of promised pay increases. These changes were slated to end on May 3, but they announced on April 28 that these cuts would continue through the end of June. That includes sweeping changes to matches for non-union contract 403(b) and for those union nurses who don't have the 403(b) contribution language specified in their contract.

MNA nurses who have language that protects their pay, raises, and retirement benefits do not have to face these types of unilateral changes that non-MNA nurses face. MNA nurses can enforce their union bargaining contracts to make sure their contractual rights are followed. If changes are proposed during the life of your contract, nurses would have to agree to them. Contracts have power!

Agreements reached with Allina

On May 5, MNA nurses and Allina Health reached broad agreements regarding staffing structures during any increased volume of patients that may stretch the hospitals beyond their normal capacity during the COVID-19 surge.

After many weeks of discussion, MNA nurses secured agreements surrounding the care models, incentive bonuses, and nurse deployment. These agreements focused on creating structure to maintain nurses' hours, defining the roles of nurses working in expanded capacities, and decreasing floating unnecessarily.

Knowing patient safety is a priority for nurses, the agreements guarantee protections from nurses being forced to take patient assignments outside their competencies and include guarantees for training and orientation prior to independent work. It was essential to come to these written agreements with Allina at a time when cooperation with health systems across the state has been scarce, belabored, and at times adversarial.

First Contract at McLeod County Public Health

A year and a half ago, the nurses and social workers in McLeod County Public Health embarked on a mission to

achieve a collective voice in the workplace. They realized that without a collective voice, they could not even get the employer to follow their own policies and would always be on the sidelines in any discussions about reorganization.

McLeod Public Health workers decided it was time to form their Union. They reached out to our organizers and quickly had the Organizing Committee and the assessments to move to an election. In April of 2019, these workers were certified as a Minnesota Nurses Association bargaining unit.

No first contract is easy, and only 50% of unions that win elections ever achieve a contract. Even in the face of a global pandemic, we as workers held strong, and we were able to achieve a tentative agreement via virtual bargaining.

Nurses achieved their goal of a tentative agreement, and the team recommended a YES on the agreement, securing three years, across the board wages (3.5% - 2020, 3.0% - 2021, 3.0% - 2022) as well as more holiday pay for all county workers and equity for part-time workers.

The work has just begun; nurses are continuing the union coalition building and planning training for our members. Twenty years from now, McLeod Public Health workers will look back and know the strength of their union and their contract is because of the great work done by their elected bargaining team today.

State nurses finally get full ratification of contracts

In May, upon review of votes held by the Minnesota House and Senate, and Governor Walz, the Office of the Minnesota Management and Budget determined that those legislative actions constitute full ratification of all the contracts with the state.

Approximately 800 MNA nurses work for the state of Minnesota in public health, veterans' homes, correctional facilities, and behavioral health facilities. Ratification comes at a time when these nurses are on the frontlines of the COVID-19 pandemic.

MNA members and other unions affected by these contracts showed the power of collective action by contacting legislators to show support for state employees and emphasize that modifying the contracts would not result in promised savings to the biennial budget.

Hennepin Health Systems nurses work hard to bargain during a pandemic

Hennepin Health Systems nurses concluded their sixth bargaining session on June 9. The bargaining team worked tirelessly to secure a fair contract under conditions which have

Bargaining cont. on page 13

Bargaining from page 12

made communications and bargaining extremely challenging.

The Federal Mediation and Conciliation Service's (FMCS) bargaining program used during negotiations was a real learning process, but the team did excellent work. The team has also been successful using Zoom for all-nurse meetings. Nurses are working to expand the Communication Action Team structure with designated nurses in every unit and clinic.

In a Right to Work state, the 1,400 nurses at Hennepin Health Systems (HHS) must stand in solidarity to push back on the employer's demands for concessions. It is the only way nurses will reach a fair contract. The community HHS serves is one of Minnesota's most vulnerable and indigent. A fair contract will allow nurses to continue to provide a valuable service to this community, improve patient outcomes, and improve the health and welfare their community.

Nurses at Children's Hospital take action

During May and June, nurses from Children's Hospital in Minneapolis have been consistently filling out Concern for Safe Staffing (CFSS) forms, letting MNA Chairs know that there are serious staffing problems. Nurses have been short anywhere from 2 to 9 nurses a shift. At an all-member Zoom meeting, they decided it was time to stand together and escalate beyond discussions with management to make demands for better staffing and staffing-related needs.

Nurses sent hundreds of emails with compelling stories about patient experiences and what it's like working short-staffed to C-Suite executives including Marc Gorelick, Chief Executive Officer; Trevor Sawallish, Chief Operations Officer; Pam VanHanzinga, Chief Nursing Officer; Emily Chapman, Chief Medical Officer; and Jennifer Olson, Chief Strategy Officer.

Immediately, four nurses were recalled from furlough to the Minneapolis Pre-op/PACU, and the Minneapolis Emergency Department's evening matrix went from 9 nurses to 10. While they were excited to see results from their action, nurses know this fight is far from over! There is hope for more change if they continue to put pressure on Children's through direct action. Because the units that emailed had over 67% participation in the action, nurses saw greater success than if the department had not directly acted.

Nurses from low-staffed units were also calling up the chain of command for staffing concerns and filling out Children's Safety Learning Reports and CFSS forms to show management that something needed to change. Not only did this give nurses the ability to escalate and take direct action to higher-ups to demand change, but every patient deserves the

time it takes to make a call up the chain to get more staff.

Mankato nurses negotiate a contract win

In early July, MNA nurses in Mankato overwhelmingly ratified a new contract after a long 9-month battle with many barriers. They worked hard and came together to fight for this win, including delivering a petition with over 500 signatures, a successful informational picket, and an invitation -- signed by more than 400 nurses -- to the hospital CNO to join the negotiations.

Mankato nurses were able to fend off many major concessions, accomplishing many of their goals. This includes new preceptor training language, PTO process, and improved workplace violence protections. In addition, they received the largest raise in 12 years, and, after a bit of a fight, were able to get full retro pay to the expiration of the contract months ago. While the employer had prioritized immediate elimination of unit-based schedulers, MNA nurses were able to push Mayo to phase out and replace them with a new staffing and scheduling committee that will provide staff nurse review, monitoring, and enforcement of their self-scheduling system.

Nurses in Duluth stand their ground at St. Luke's Hospital

MNA nurses at St. Luke's Hospital in Duluth turned down a request from management to cut pay when management refused to protect the nurses' contract in return.

St. Luke's management approached nurses about the possibility of pay cuts last month, citing financial difficulties. These included a one-year delay in pay raises (which would result in more than a 2.25% pay cut over the term of the contract) and canceling the 401(k) match. The stewards reviewed the information, surveyed the nurses, and rounded over the weekend to make sure everyone understood the issues. The members decided there was only one circumstance under which they would agree to any cuts: St. Luke's, the biggest independent hospital in Greater Minnesota, would need to agree to protect the MNA contract in case of a sale, with language firmer than is found in almost any other Collective Bargaining Agreement.

When the nurses met to negotiate at the table, they were disappointed. Management absolutely refused and were completely unwilling to agree to protect a 70-year contract, even if the cuts would benefit their own bottom line. With such a straightforward rejection, the bargaining team decided to stand their ground to keep the contract intact and ended bargaining.

Unionizing can be life changing

By Laurie Dockendorf, RN, North Memorial Health Care Access Triage Organizing Committee Member

I had little union history throughout my first 17 years as an RN, but I understood the importance of unions. I knew, throughout my career, I had benefited from the MNA Contract that other metro nurses fought for because my previous employer followed it despite being a non-union hospital. For the last three years, I have worked in a non-union RN position as a Care Access triage nurse with North Memorial Hospital, who also employs MNA RNs. Until I spoke with an organizer, I was under the assumption that my position could not be part of MNA because I didn't work within hospital walls. I discovered not only were my assumptions wrong, but there were MNA RNs in another department whom my department assists, working just beyond my cubicle wall.

I began talking with coworkers about the possibility of unionizing and quickly learned that many of us felt powerless and ignored as professionals. Decisions about our RN job were constantly made without our input, and we were even asked to perform duties outside our RN scope of practice.

We were bringing concerns to management, but there was little to no follow through on workplace issues. I knew we had to do something to improve our working conditions and decided to bring the topic to all 20 RNs in my department. Unfortunately, the timing of this couldn't have been any worse, and we didn't get very far in our quest. Hospital Contract negotiations were beginning, and our employer unexpectedly closed a department of non-unionized RNs.

Emotions were running high because we assisted the closed department, and RNs in our department began to fear our fate if we attempted to unionize. We decided to put our campaign on hold with the plan to reassess the situation after hospital negotiations were complete.

I began small when restarting the campaign this past fall. I invited four co-workers to meet with the MNA organizer. We formed an Organizing Committee and held multiple meetings. Once we felt ready, we widened our circle to the rest of our department. All 20 of the RNs in my department signed Authorization Cards that were submitted with our Petition for Election to the NLRB.

After we notified our employer of the Petition, they began holding meetings to answer questions and sending weekly emails asking us to vote no. But we stayed strong and continued to campaign while we waited for the election date to arrive.

On Feb. 6, 2020, with 100% of eligible workers voting, we unanimously won our Union Recognition Election with Minnesota Nurses Association. This is the second election in MNA's history to be won unanimously.

Our campaign has shown me how much power we have and the real benefits of unions to make a serious, positive change in people's lives. During my first meeting with the MNA organizer, he told me, "Unionizing can be life-changing and bring light where there is darkness." Truer words have never been spoken.

Nurses testify in House hearing about the realities of COVID-19

On Tuesday, May 19, MNA nurses testified on their experiences inside hospitals during this pandemic at a virtual hearing held by the Minnesota House Select Committee on Minnesota's Pandemic Response and Rebuilding. They shared with State Representatives the lack of PPE, haphazard and rapidly changing safety procedures, mandatory use of outdated or insufficient PPE, effects on healthcare workers' families, and retaliation against workers for attempting to protect themselves and their patients.

"All nurses in Minnesota should have the same access to adequate and appropriate PPE," said Tonya Moss, RN at Sanford Bemidji, who was placed on administrative leave for trying to arrange for alternative housing for healthcare workers to quarantine themselves. "Correct PPE guidelines need to be identified by the Minnesota Department of Health. Hospitals should not be able to dictate what appropriate PPE is based on the quantities they do or do not have."

Mary Krinkie from the Minnesota Hospital Association acknowledged that hospitals are following CDC guidelines that were relaxed because of supply issues.

"Under normal situations, you probably wouldn't say that a rain poncho would make a very good gown," she said. "But according to the experts, a rain poncho actually protects employees pretty darn well. Nobody had really thought of using a rain poncho instead of a gown."

Rain ponchos might be fine for Ms. Krinkie, but MNA nurses will continue to speak out about the dangerous conditions they are experiencing in hospitals across Minnesota until they have the resources they need to do their jobs as safely as possible.

MNA endorses candidates who share nurses' values

Elections are critically important for nurses, patients, and working families. Nurses are the most trusted profession in the United States, and MNA members are needed to make sure that candidates who share nurses' values are elected.

To make progress towards passing legislation that will keep patients safe and protect nurses on the job, nurses need to help make sure voters to go the polls and elect candidates who will advocate for nursing, our patients, and our communities. A big part of supporting and electing the right candidates is the MNA endorsement process.

How does the MNA endorsement process work?

MNA members decide which candidates to endorse and are involved every step of the way:

- Candidates fill out questionnaires developed by members and approved by the MNA Board of Directors about their positions on MNA issues;
- Members meet with and screen candidates in targeted races;
- Members recommend candidates to the MNA Political Committee, which is made up of the MNA Board of Directors;
- The MNA Board of Directors has the final say on the endorsements, which are posted on MNA's website during election season.

MNA respects everyone's right to vote for whomever they feel would represent them the best, and encourages members to publicly debate which politicians and policies they favor in places such as the Blog (<https://mnnurses.org/blog/>) or the MNA Facebook page (<https://facebook.com/MinnesotaNurses>). To see a full list of MNA-endorsed candidates, visit <https://mnnurses.org/issues-advocacy/elections/mna-candidate-endorsements/>

Nurses' support leads to important mask mandates in Minnesota

On July 2, MNA nurses announced their firm support for policies of mandatory masks and face coverings as a necessary measure to protect the public and stave off a resurgence of the vicious COVID-19 virus that has ravaged this state. The Board of Directors voted to support this policy and urged lawmakers at every level to enact mandatory mask orders and ordinances statewide.



Nurses noted the importance of policies requiring the use of cloth face coverings for the following reasons:

- When used in the context of a broader public health response, policies requiring the use of cloth face coverings may help slow the transmission of the virus that causes COVID-19.
- Asymptomatic transmission is a significant concern in how rapidly and easily this virus can cause COVID-19. Mandatory use for those who can wear cloth face coverings, rather than only requiring symptomatic individuals to wear masks, may reduce asymptomatic transmission.

Read the full press release here: <https://mnnurseslo.org/mna-supports-mandatory-mask-policy-to-protect-public-health/>

The positive media coverage of this statement inspired other organizations, including the Minnesota Hospital Association, to follow MNA's lead and voice their support. State government officials also listened to the advice MNA nurses provided, leading to mask mandates across the state to keep the public safe.

On Monday, July 12, the Duluth City Council voted 9-0 in favor of a citywide, mandatory face mask ordinance that requires people ages ten and older to wear masks or other face coverings when inside publicly accessible common areas of buildings.

"I know that some will oppose it, but that doesn't change

Nurses support mask mandate cont. on page 16

Ethical and legal considerations for community volunteerism

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

Volunteering is an altruistic intention, especially during a pandemic when there is an inordinate amount of people in our communities who need help. Nurses often desire to volunteer to serve others, and it is an appropriate response to a community in need. Since the onset of the COVID-19 pandemic, MNA has received calls from nurses who wish to volunteer and from organizations in need of nurses to volunteer.

Before committing to volunteer your nursing services, please consider the ethical and legal issues that may arise. Briefly, these issues include (but are not limited to):

- Rights of the person in need of help.
- Ethical rules of conduct for healthcare workers.
- Risk of error in nursing volunteering.
- Duty to maintain the confidentiality of all patient information.
- Right to compensation in case of malpractice.
- Nurses should be knowledgeable of any professional organization or special interest group Code of Conduct, Position Statements, or guidelines.
- MN Stat. 604A.01: Good Samaritan Law: Duty to Assist: places a legal duty to provide reasonable assistance to a person at the scene of an emergency who has been exposed to or has suffered grave physical harm if a person can do so without danger or peril to self or others. The Good Samaritan Law does not pertain to community volunteer activities.
- Employer contracts (time off for volunteer activities, restrictions on volunteer activities, etc.).
 - Be aware of what may be deemed an employer-employee relationship with a volunteer organizer. You are a volunteer, not an employee.
- Workers' Compensation.
- Nurses Independent Liability Insurance - strongly advised (discuss volunteer activities with your potential or current insurer before volunteering).
- Training and orientation.
- Scope of Practice (potential of practicing out of scope; knowledge, education, experience).
- Recipient population.

- Community hazards.
- Volunteer hours.
- Travel expectations.
- Reimbursements, if any (see above definition of a volunteer).

One way nurses can volunteer is by signing up to be a member of their county's Minnesota Responds Medical Reserve Corps (MN Stat. 145A.06. Subd.7(b)). Minnesota Responds is a partnership that integrates and engages local, regional, and statewide volunteer programs to strengthen public health and healthcare; reduce vulnerability; build resilience; and improve preparedness, response, and recovery capabilities.

MN Responds provides screening and 8-hours of volunteer training. Before signing up with an organization to volunteer with, please reach out to MN Responds for further information at <https://www.mnresponds.org/>.

Nurses support mask mandate from page 15

that it's the right thing to do," said Councilor Arik Forsman.

Councilors cited the support the ordinance has received from businesses and business organizations, including MNA. They noted surveys the Chamber completed, which showed 67% support from the business community and 65% from the general public.

Ten days later, on July 22, Minnesota Governor Tim Walz signed the Governor's Executive Order 20-81, requiring Minnesotans to wear a face covering in all public indoor spaces and indoor businesses, unless they are alone. Additionally, workers will be required to wear a face covering when working outdoors in situations where social distancing cannot be maintained.

"COVID-19 has uprooted nearly every aspect of our lives. But Minnesotans take care of one another. And right now, the best way to demonstrate those Minnesota values is by wearing a mask to protect our neighbors, keep businesses open, and get us back to the activities we love," said Governor Walz. "That's why, beginning on Saturday, July 25, all Minnesotans will be required to take this simple and effective step to slow the spread of COVID-19."

Learn more about the statewide mask mandate at <http://mn.gov/COVID19>

CARn Corner

By Jeanne Surdo, RN, CARn committee member

I want to tell you about Mary Kirsling from Duluth, MN. She is an MNA member and one remarkable nurse.

During her career at the Virginia Hospital in Virginia, she had an issue with the employer regarding vacation accrual and wasn't getting anywhere with the HR department. She became a steward, volunteered to be on the negotiating committee, and began attending convention. She wanted to correct the contract language, so other nurses would not lose vacation hours in the future. And she did!

After moving to Duluth to work at St. Mary's Hospital, she was asked to be a steward, eventually became co-chair, continued to attend convention, and then joined the Governmental Affairs Commission. When she retired, she didn't want to stop helping her fellow nurses, so she joined CARn (Council of Active Retired Nurses) soon after it started.

Part of CARn's work includes having regional groups made up for nurses from the local area, so they can provide services to the communities in which they live. Mary worked hard to grow her group, calling and emailing nurses and speaking at representative meetings to recruit nurses who were retired or soon to be retired.

Mary's Duluth group has grown over the years, meeting and staying in touch with follow-up emails that include the minutes of each meeting and upcoming volunteer activities for members who can't attend regularly. In addition to regular meetings and updates, Mary arranges for guest speakers, usually members with a particular interest, and volunteer opportunities in the Duluth area. Mary knows the key for the nurses is to have both socialization and volunteer opportunities.

Guest speakers include a master gardener who taught the group how to make a first aid ointment and a nurse who spoke of her experience as a nurse during the Vietnam war. Future classes on beekeeping, fraud protection and identity theft are also in the works.

Their volunteer work gives the members opportunities to help local nonprofit organizations like Second Harvest, picketing with nurses on strike, and phone banking for political candidates who care about healthcare issues.

Mary and her active group are a great example of how we can continue to contribute to fellow nurses and the profession, even after we have retired!

Are you interested in enjoying the friendship and solidarity CARn members have, thanks to nurses like Mary? Learn more about us and how to join on MNA's website at www.mnnurses.org/resources/council-active-retired-nurses-carn.

MNA welcomes new staff, staff transitions

New staff

- **Michelle Miller**, Labor Relations Specialist. Michelle previously worked as a labor representative (internal organizer) with SEIU Healthcare Minnesota and was a rank-and-file member before going to work for her local.

- **Zach Sias**, Political Organizer. Zach previously worked as a Political Organizer for AFSCME Council 5. Prior to AFSCME, Zach was the Field Coordinator for the NE Area Labor Council, AFL-CIO, and worked closely with nurses and other union members.

Staff transitions

- **Wesley DeBerry**: Labor Relations Specialist to Human Resource Manager.
- **Scott Kleckner**: Senior Labor Relations Specialist to Manager of Field Operations.
- **Angela Kruse**: IT & Membership Dept Manager to Director of Administration.
- **Laura Hundt**: Senior Internal Organizer to Labor Relations Specialist.

Member Benefits

Are you taking advantage of your MNA member benefits? From education and scholarship opportunities to discounts on event tickets and travel, member benefits offer a wealth of information and resources just for nurses at every stage of their careers.

AT&T offers three months of free service on FirstNet Mobile-Responder plans

As a token of their gratitude to the nurses and physicians across the country that are working around the clock to assess and mitigate the COVID-19 spread nationwide, AT&T is offering three months of free FirstNet service for individual subscribers.

Nurses and physicians already on a FirstNet Mobile – Responder plan will automatically receive the 3-month service credit on a smartphone or tablet line of service.

In addition to three months of free service, nurses and physicians signing-on to FirstNet can get a \$200 activation credit when activating a new FirstNet Ready™ smartphone on a new FirstNet Mobile Responder plan.

FirstNet is the nationwide, wireless communications platform dedicated to America's first responders and those who support them—including healthcare professionals.

Virtual appointments and curbside device delivery are available to MNA members. E-mail questions/appointment requests to FirstNet-Healthcare@att.com.

Download their flyer to learn about these offers, including terms and conditions: <https://www.firstnet.com/content/dam/firstnet/marketing/fn-responder-plan-offer-faq.pdf>

To access all MNA member benefits, visit <https://mn-nurses.org/resources/member-benefits/>

MNA Leadership Elections are underway

This fall you'll be electing your union's leadership for the next three years. All members in good standing will receive ballots in October by U.S. mail to vote for:

- Board of Directors
- Commission on Nursing Practice & Education
- Commission on Governmental Affairs
- Committee on Elections
- Non-Collective Bargaining members will elect their MNA Delegates (Collective Bargaining

Delegate elections will now take place at the local level)

- Delegates to the Minnesota AFL-CIO
- Leadership Committee of the Council of Active Retired Nurses (CARn)

This is your chance to have a say in the decisions and actions of your union. Learn more by checking out the Candidate Bio's by logging in the member center at <https://mn-nurses.org>.

Please watch for your ballot, which will be mailed October 15. There will also be an online option.

Members who have shared their email with MNA will receive an email link to vote. The paper ballot will also have instructions for the online voting option as well. The deadline to return the ballot is November 16, and the results will be announced the first week in December.

Make sure you have a say in MNA!

FDA urges consumers to avoid certain hand sanitizer products



The Food and Drugs Administration (FDA) is warning consumers and health care professionals about certain hand sanitizer products, including those manufactured by Harmonic Nature S de RL de MI in Mexico, that are labeled to contain ethanol or isopropyl alcohol but have tested positive for 1-propanol contamination. 1-propanol, not to be confused with 2-propanol/isopropanol/isopropyl alcohol, is not an acceptable ingredient for hand sanitizer products marketed in the United States and can be toxic and life-threatening when ingested.

The agency urges consumers not to use these 1-propanol-contaminated products and has expanded its do-not-use list of hand sanitizers at www.fda.gov/unsafehandsanitizers to include hand sanitizers that are or may be contaminated with 1-propanol, in addition to other hand sanitizers the agency is urging consumers not to use.

The FDA's website includes information on hand sanitizer labels for consumers to use to identify a product that:

- Has been tested by FDA and found to contain methanol or 1-propanol.
- Is labeled to contain methanol.
- Has been tested and is found to have microbial contamination.
- Is being recalled by the manufacturer or distributor.
- Is subpotent, meaning it has less than the required amount of ethyl alcohol, isopropyl alcohol or benzalkonium chloride.
- Is purportedly made at the same facility as products that have been tested by FDA and found to contain methanol or 1-propanol.

FDA advises consumers not to use hand sanitizers produced by the **manufacturers** identified in the table below. Consumers can easily identify which hand sanitizer products to avoid by using the following information:

- The names of the specific manufacturers.
- **NDC** number, which may also be located on the product label.
- The name of the **distributors** that sell, or sold, or had planned to sell specific hand sanitizer **products** produced by these manufacturers.

NOTE: Distributors may use more than one manufacturer to produce their hand sanitizer products, which are then marketed under the exact same brand or product name. Distributors often do not identify the manufacturer on the product label and are not required to do so under federal law. Consumers should be aware that FDA's recommendation against using a distributor's specific hand sanitizer product(s) manufactured by a particular manufacturer, as listed below, does not extend to:

- A distributor's products bearing the same brand name as listed below, but made by a different manufacturer
- Other products distributed by the same distributor

If a product on the FDA website does not identify the manufacturer on the label, consumers can contact the distributor whose name appears on the label to find out who manufactured the product. If the distributor refuses to clarify this information when contacted by a consumer, FDA advises consumers not to use that product.

Source: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-consumers-should-not-use>

PERIODICAL MAIL



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SAVE the DATE! 

**MNA's Virtual House of Delegates
October 12, 2020**