

# **MINNESOTA NURSING Accent**

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MNA members speak out against unsafe practices and get results

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# **Feature** Story

# MNA members speak out against unsafe practices and get results

After dozens of MNA members filed official complaints with the State of Minnesota, two hospitals have been penalized and fined due to unsafe practices during this COVID-19 pandemic. These penalties have been made public in a report published on August 24, 2020, in the Minneapolis Star Tribune.

State health and safety inspectors with Minnesota's Occupational Safety and Health Administration (MNOSHA) hit North Memorial Hospital in Robbinsdale and United Hospital in St. Paul with \$2,100 fines each. MNA members filed complaints with MNOSHA and the Minnesota Department of Labor and Industry (DOLI) about unsafe practices related to personal protective equipment (PPE).

Inspectors have conducted unannounced site visits at seven Twin Cities hospitals, according to the newspaper report. Three cases were closed with no penalties. Two more investigations at M Health Fairview's Southdale and East Bank hospitals have not closed yet.

None of this would have happened if MNA members hadn't organized and seized the initiative to file complaints with the state. OSHA has demurred, in the past, to fine hospitals as long as they are following protocols set down by the federal Center for Disease Control (CDC). More complaints seem to have spurred MNOSHA to action.

Also, MNA members have spoken to reporters about the risks to their safety, including a lack of proper PPE. Those interviews have inspired reporters to follow the paper trail of the inspection and complaint process by the state on the hospitals. The nurses who filed complaints have also been keeping track of the process and shared that with the MNA office. That has been especially helpful in making these findings public and keeping attention on the hospitals. MNOSHA has to disclose the findings of its inspections and penalties, but Twin Cities reporters have told MNA they've been frustrated that those disclosures are weeks behind the actual decision. The fine to North Memorial, for example, was not yet made public soon after it was assessed, but MNA was able to release the decision to journalists because nurses had the news of the penalty already.

MNA nurses blew the whistle on hospitals trying to re-staple elastic bands on PPE after they were breaking. They also reported that they were explicitly told by managers to fix and re-use these broken masks in daily huddles and elsewhere. An Allina Health spokesperson denied this allegation, regardless of the finding or the penalty. United was also fined for not providing training for nurses to use powered air-purifying respirators (PAPRs). North Memorial was also cited for lack of training for PAPRs. MNOSHA also looked into reports that North Memorial was forcing the re-use of one-time-only, non-launderable gowns, but the agency did not find that was enough of a serious of-fense to warrant a fine.

Another investigation is underway after the tragic death of another healthcare worker, a phlebotomist, in June. That worker's department was one of the units that was allegedly not trained to use PAPRs.

The penalties also require hospitals to show that they've fixed the problems moving forward, which the hospitals now claim to have done. Whether they have or have not, it will be especially important moving forward for MNA nurses to monitor and report their respective employer's practices.

What's disturbing is the published report cites that MNOSHA could not do on-site

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# **Executive Director's Column**

# The first-ever MNA Virtual House of Delegates



It's that time of year again, daylight hours are getting shorter, sweaters and long pants are back in vogue due to the cooler temps, and MNA's Annual Convention is just around the corner.

Participatory democracy is commonly defined as individual participation in decisions and pol-

icies that affect an individual's life. Within MNA, participatory democracy is defined as the House of Delegates, which, according to MNA's Bylaws, is "the governing body of MNA."

The 2020 MNA convention will look dramatically different than in past years. As COVID-19 continues to be a threat to public health, the House of Delegates will be done virtually. It's the right thing to do, it's the safe thing to do, but I have to admit, I will miss the networking and in-person interaction.

Convention will be split in two this year: the House of Delegates will meet on October 12 to deal with twenty Bylaw Amendments, Resolutions, and Main Motions while the education portions of Convention will take place scattered throughout October (also done virtually). Being able to not only spread out terrific education programs but also do them virtually really allows for maximum participation for members from throughout the organization regardless of where they live.

The House of Delegates will set the course for MNA as they debate MNA's involvement in electoral politics, racial equity, representation and anti-racism training, and a possible name change for MNA to reflect MNA's geographic membership that includes nurses in IA, ND and WI.

Unions are one of the great bastions of true democracy, and at MNA, that's all about participating as a delegate at the annual Convention. It's my favorite event of the year with my front-row seat as members engage in their union, build nurse power through education and debate, and determine the union's future.

All Bylaw Amendments, Resolutions, and Main Motions are available for members to view in the MNA Member Center (<a href="https://mymna.mnnurses.org/">https://mymna.mnnurses.org/</a> or see page 17 for more details). You can also find and register to attend the

incredible education sessions happening online in Octo-ber at <a href="https://mnnurses.org/resources/education/">https://mnnurses.org/resources/education/</a> educa-tion-calendar/octoberclasses/

Thanks to all the members who are representing their bargaining unit as a delegate, I look forward to "seeing" you at the first-ever MNA virtual House of Delegates!

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# President's Column



# Getting to know our legislature

As MNA president, part of my job is in the political realm. I know that some people don't like to talk about politics, but it's a reality of my job, and I enjoy it. The better relationships I build as a representative of MNA and nurses, the more legislators see us as a resource on health issues they can turn to when making important decisions.

It's also a reality of the nursing profession to pay attention to politics.

The people we elect have a lot of power over our patients, our profession, and our union. It's up to us to help elect legislators who will support nursing priorities like safe staffing, Health Care for All, collective bargaining, proper supplies of PPE, workplace violence prevention, and many other vital issues that impact patient care.

We can't get significant legislation passed unless we form good relationships with legislators who will listen when we speak about these priorities. Without these relationships, we wouldn't have:

- A law that mandates employers pay workers comp to all frontline healthcare workers who get COVID-19 unless they can prove they contracted it elsewhere (presumptive eligibility);
- Continually fought off Nurse Compact legislation, which would allow out of state nurses to take Minnesota nurses' jobs;
- Made Workplace Violence Prevention and Safe Staffing priorities for many legislators;
- Passed legislation prohibiting employers from discouraging nurses from reporting workplace violence or retaliating against nurses who do;
- Prevented drastic changes to RN Licensure, which would have allowed LPN's to do jobs within the RN Scope of Practice.

Each of these wins is a direct result of the time and resources we use toward building relationships with legislators.

The first step is to participate in the screening process of candidates. It's a great opportunity to learn more about who will be making the big decisions on The Hill that will affect us. Many candidates are willing to sit down with nurses and answer tough questions. So, don't be shy when you get an invitation to participate in a screening for a candidate in your district!

The next step is getting the candidates we endorse elected. Take the time to learn about the candidates in your district and have conversations with your coworkers about why it's important to vote. You can also take advantage of the opportunity to volunteer at MNA events like phone banking and postcard writing. Sign up on the MNA website here: <a href="https://mnnurses.org/issues-advocacy/take-action/events/">https://mnnurses.org/issues-advocacy/take-action/events/</a>.

As the election nears, I know it's easy to get frustrated and tune out politics altogether. But if we don't fight for the future of our profession and to protect our patients, who will?

Mary Eterner

# MNA Visions, Values, and Strategic Pathways for 2020

### **MNA Mission Statement**

- 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

- 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.
- 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.
- 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.
- 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.
- 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

# **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 members speak out from page 2

inspections on hospitals during the months of April and May, when COVID-19 cases were skyrocketing, and worker safety was especially at risk. MNA nurses will have to continue highlighting PPE shortages, haphazard safety practices, and makeshift hospital procedures to keep MNOSHA and the state on top of keeping workers safe.

MNA is concerned that DOLI may be in disarray ever since Minnesota Senators voted not to confirm the position of its director, Nancy Leppink. Leppink had been "tough" on many businesses since Governor Tim Walz appointed her.

This oversight, however overdue, would still have never happened if MNA nurses had not felt empowered to act and report their respective employers to the state. It's clear that without nurses' voices, the state of Minnesota is hesitant to question hospital practices, especially with down-graded recommendations by the CDC on what workers need to protect themselves.

# Reporting injuries at work critical to successful Workers' Compensation claims

If you are injured at work, including workplace exposure to a communicable disease like COVID-19, you should notify your employer and seek medical attention, if needed. You should also report your injury to your supervisor as soon as possible. You may lose the right to Workers' Compensation benefits if you do not report the injury within timeframes set by law.

Your employer is also responsible for accurately completing a First Report of Injury, and Minnesota law requires Minnesota employers to send a copy to MNA. For assistance, connect with your bargaining unit Chairs or MNA Labor Relations Specialist .

Learn more about Workers' Compensation from the MN Department of Labor and Industry: <a href="https://www.dli.mn.gov/business/workers-compensation/work-comp-claim-process">https://www.dli.mn.gov/business/workers-compensation/work-comp-claim-process</a>

FDA updates hand sanitizer warning



The FDA has updated its hand sanitizer warning for consumers and healthcare professionals to include certain 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/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. It has expanded its do-not-use list of hand sanitizers at <a href="https://www.fda.gov/consumers/consumer-updates/your-hand-sanitizer-fdas-list-products-you-should-not-use">https://www.fda.gov/consumers/consumer-updates/your-hand-sanitizer-fdas-list-products-you-should-not-use</a> 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.

# At the Capitol

# Minnesota Legislature wraps up two Special Sessions

July

The Minnesota Legislature convened on Monday, July 13, for the second Special Session of 2020. The first day of meetings was devoted to debating whether the Governor's emergency powers would be curtailed. The Senate voted to curtail them while the House did not, so Governor Walz retains his public health emergency powers. This issue was the reason why the session was called, but work still remained to be done on police reform measures, a tax bill, a bonding bill, and funding for the state's supplemental budget.

Much of the negotiations on these bills took place over the next week without public input before agreements were revealed. On Monday, July 20, the House and Senate finally began debating them. Later that evening, the police reform package was posted for the public to read. Both the House and Senate passed these reforms, and the Governor signed them into law on Thursday, July 23.

Some of the components of the police reform bill include banning police from using neck restraints and chokeholds in most cases and prohibits departments from offering controversial "warrior"-style training and the Minnesota Board of Peace Officer Standards and Training (POST) Board from recognizing it as a proper education course. Lawmakers also approved mandatory training for officers to learn best practices when dealing with people who have autism and will require some mental health and crisis intervention training. Additionally, the legislation changes the arbitration process for police officers that often allowed many officers to overturn discipline and firings. Under the current system, the police union and an employer are given a roster of independent arbitrators and can eliminate the arbitrators they don't agree with on a grievance case. Now for police officers, those arbitrators will be randomly assigned to cases, so neither union nor employer can wield a veto on who oversees a case. The arbitrators also must undergo six hours of cultural competency, implicit bias and racism training. The arbitration changes are limited to cases involving law enforcement and don't apply to other public employees.

Beyond the police reform bill, the Legislature did not accomplish any of the other items on their to-do list, most notably not passing a bonding bill.

### **August**

On Wednesday, August 12, the Minnesota Legislature convened again for a one-day Special Session. Both chambers debated whether to end Governor Walz's emergency powers. The Minnesota Senate voted to end the powers, while the House voted for the Governor to retain his powers. Since both chambers did not vote to end the powers, the Peacetime Emergency will last for at least another 30 days. The Legislature also passed two pre-negotiated bills. One funds a grant program in the Department of Human Services to help people with disabilities make improvements to the place where they live, and the other delays the effective dates of some pieces of the police accountability legislation passed in July.

Without much notice, the Minnesota Senate also decided to bring up the confirmation of Nancy Leppink, Commissioner of the Department of Labor & Industry. (The Senate is authorized to give its advice and consent on executive appointments.) Leppink has served in this role since the beginning of Governor Walz's term. On a party-line vote of 32-34, Leppink was not confirmed. This is the first time that the Senate has not confirmed a commissioner in over a decade. This vote will escalate tensions between Governor Walz and the Republican-controlled Senate. The vote also brought outrage from multiple unions as Commissioner Leppink played an important role in passing legislation protecting healthcare workers and first responders who contract COVID-19.

# **Practice** and Education

# Another side of the bedside

By Mischelle Knipe, RN, Nursing Practice & Education Commissioner



During the changes due to COVID-19, there have been stark effects for bedside nurses. Instances of past lessons have been useful, such as those realized during the AIDS outbreak, and influences of nurses during the dying process. As we know, while most patients do not die as a result of COVID-19, there are many opportunities for nurses to care for these patients and their families.

Nurses take extra precautions in caring for virus victims to control spread, avoid contaminating themselves, and taking this virus home to loved ones. Some nurses have removed their loved ones from congregate settings with outbreaks. This gives the nurse added, acceptable work in the home setting, as these individuals often need some extra or special cares. At times this means avoiding patients who are most susceptible and normally requiring some extra care or help usually required, leaving this work to other family members.

Visitors are sometimes restricted or not allowed for gravely ill or dying patients, adding stress for families who are unable to be present at the bedside to comfort a loved one. Skype has been a small bit of comfort in these instances. Phone calls with updates for families, by physicians and nurses, have increased due to this lack of ability for visits. This may feel like an increase in available time for patient needs. However, the comfort for those under our care may be compromised. Skyping into a room in order to decrease exposure and conserve PPE use, although helpful to nursing, may be perceived as cold or distant.

Nurses at Abbott Northwestern Hospital in Minneapolis started a program some years ago to make sure that no patient would die alone. Volunteer nurses would take personal time to sit with dying patients that either had no family or family near, to be at the bedside in prayer, or presence, to

hold a hand during this difficult time, easing the transition. However, COVID-19 patients in an ICU setting, would be absent of this particular care. The nurses present are often consumed with the tasks at hand.

A lesson from the AIDS epidemic, the effects of a lack of touch, needs relearning. With limited time in rooms, some tasks are pushed aside, such as straightening rooms and touch. Touch is with gloves on, of course.

A nurse talked about her experience with one particular patient. As she saw the patient over time, she noted the observation of a diminishing smile. Someone easy to smile or laugh becoming more fatigued, sicker, finding it difficult to produce a smile, the light in their eyes. This nurse's insight told her this was wrong, she needed to do more, she needed to take a time out for this individual before the intubation process began. Taking a moment to acquire a soft stuffed animal, talking to the patient, and allowing them to absorb the warmth of her hands through the gloves and the soft touch and cuddle of the simple tool brought back a weak smile and a light. This is what nurses do that brings the greatest comfort to patients and to those who love them. This simple comfort allowed an uncertain outcome to a necessary procedure to be more acceptable.

We must not forget the much-needed extras for those who are fearful and may feel very alone. A word, a touch, or a moment, can mean so very much to those we care for in this new normal time.

# MNA Statement of Solidarity from White Nurses

The global movement to confront and dismantle generations of systemic racism has encouraged many people to begin having difficult conversations. As part of these conversations, MNA Black, Indigenous, and People of Color (BIPOC) nurses have shared their racist experiences with hospital administration, patients, and fellow nurses to the Racial Diversity Committee and members of the Board. This statement of solidarity is the first step to make sure BIPOC nurses feel supported, respected, and welcomed as part of the MNA family.

Sign the statement to show your support here: <a href="https://mnnurses.org/solidaritystatement/">https://mnnurses.org/solidaritystatement/</a>.

MNA members with questions or concerns about the statement are invited to reach out to the Racial Diversity Committee to schedule a meeting for further discussion by email at <a href="mailto:racialdiversity@mnnurses.org">racialdiversity@mnnurses.org</a>.



**Situation:** The murders of George Floyd, Breonna Taylor, Elijah McClain, and many unnamed Black, Indigenous, and People of Color (BIPOC) at the hands of police have sparked a global movement to confront and dismantle systemic racism. For centuries, BIPOC globally have resisted racism and fought for their sovereignty. Police brutality and health disparities, such as those seen with COVID-19 are just the most recent examples of how white supremacy affects BIPOC.

As white nurses, we have been complicit in racism through willful ignorance, microaggressions, silence, and an inability to discuss and understand whiteness and its role in upholding intentional systems of power that benefit white people. We believe in building a union grounded in ideals of anti-racism, and fighting for a labor movement based on fairness, equity, and justice. As such, white nurses of the Minnesota Nurses Association (MNA) reject our complicity in upholding white supremacy and embrace an unapologetic stance of solidarity with our BIPOC colleagues



**Background:** The economic structure of our country was founded on the exploitation of labor to serve the wealthy elite, and was intentionally racialized through policies designed to oppress and divide the working class. Despite the abolition of slavery in 1865, racist policies and institutions have continued in various forms to uphold race-based oppression. For centuries, systemic racism has upheld divisions in our society, entrenching socioeconomic, health, education, and opportunity disparities throughout the United States.

Protecting workers' rights was the foundation of the modern labor movement and unionization. BIPOC workers have historically been excluded from unions by white union leadership, excluded from decision-making, and continue to receive inadequate union protections despite comprising a significant portion of union membership



**Assessment:** Systemic racism has resulted in government, healthcare, community, housing, and education systems that perpetuate inequality. Racism continues to hinder BIPOC through policies that support segregation and restrict access to quality education, jobs, housing, healthcare, fair treatment within the justice system, and accumulation of wealth. These conditions drive health disparities for BIPOC, as seen in the extreme disparities in COVID-19 infections, delayed diagnoses, greater comorbidities, and worse outcomes.

In addition to experiencing systemic racism in their personal lives, our BIPOC colleagues also experience systemic racism in the workplace from hospital administrators, patients, and laterally from other nurses and healthcare professionals. Nurses of color report being denied preceptorships and charge positions, while less experienced white nurses are permitted instead. Their expertise is frequently dismissed and their skills denigrated. They report discrimination by patients and colleagues, and are often expected to serve as racial liaisons in addition to typical work duties, including but not limited to emotional labor, educating white peers, acting as racial representatives, and soothing white guilt. BIPOC are not reflected in healthcare leadership, and report not feeling supported or understood.

Although MNA can be an avenue to propel and confront the issues of racism, many BIPOC have long waited for their union to take a clear stance. They report facing barriers and delays to becoming union stewards, which impacts who engages in union activities and the demographics of both local and union-wide leadership. These patterns reinforce white supremacist power structures, resulting in disengagement within the union and weakened collective bargaining power through a division in our solidarity. The employer and wealthy elite benefit from this division of solidarity and have a vested interest in maintaining it.

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**Recommendation:** Building solidarity and union power requires fighting white supremacy and requires nurses to become anti-racist. White nurses of MNA commit to standing with our colleagues of color and working to dismantle systemic racism within our interpersonal relationships, healthcare system, communities, and society. We stand against racism between members and systemic racism within the union. We will intentionally elevate voices of our BIPOC colleagues within the union and workplace.

# White nurses of MNA commit to the following actions:

- I will build authentic relationships with my BIPOC colleagues and practice intentional acts of inclusion as a foundation for building an anti-racist union grounded in fairness, equity, and justice.
- I will actively listen to BIPOC colleagues and believe them when they share stories of discrimination and racism.
- I will educate myself regarding white supremacy, my role in it, and how it shapes our society and continues to harm BIPOC communities today.
- I will recognize the valuable work of the MNA Racial Diversity Committee, prioritize their goals union-wide, and advocate for mandated, member-driven anti-racist trainings.
- I will actively engage my white colleagues in dialogue on race and racism within our own ranks, within our hospital structures, and within society as a whole.
- I will interrupt racist conversations in my break room, on my unit, and within the structure of MNA.
- I will endorse BIPOC colleagues for leadership positions and fully support them as they serve in roles such as union steward, charge nurse, and preceptor.
- I will speak up when BIPOC nurses are passed over for leadership positions and demand their qualifications be recognized.
- I will stand in solidarity with hospital workers of color including Nursing Assistants, Environmental Services employees, Nutritional Services staff, and all other frontline healthcare workers.
- I will commit to these actions as an ongoing process, and expand upon them to build power for a strong union through anti-racist organizing.

# **Nurses Climate Challenge**

By Shanda L. Demorest, DNP, RN-BC, PHN, Member Engagement Manager, Practice Greenhealth

There is increasing interest and engagement among the nursing community around environmental matters that influence human health, such as climate change. Nurses are trusted health professionals and make up nearly 40% of the healthcare workforce, serving as catalysts of change in their institutions and practice settings.

To activate nurses, the Alliance of Nurses for Healthy Environments (ANHE) and Health Care Without Harm (HCWH) launched the Nurses Climate Challenge (the Challenge) in May 2018. The Nurses Climate Challenge is a national campaign to educate health professionals on climate and health, with nurses leading the education. The Challenge started with the original goal to educate 5,000 health professionals and was quickly surpassed in less than a year due to the combined efforts of Nurses Climate Champions around the world.

The response to the Nurses Climate Challenge has been robust. There are over 1,000 nurse climate champions from nearly all 50 states, with over 13,000 health professionals educated since the launch. In addition, nurses from 19 countries outside the United States are registered as Nurse Climate Champions. However, there are nearly four million nurses and 18 million workers in the healthcare sector in the US alone; therefore, there is an opportunity to scale the impact of the Challenge exponentially. To do this, we are aiming to educate 50,000 health professionals by 2022.

The Nurses Climate Challenge offers a comprehensive toolkit with all the resources nurses need to educate colleagues on climate and health and engage in climate-smart practices in health settings and at home. Nurses using the Challenge resources are highlighted through profiles (<a href="https://nursesclimatechallenge.org/champion-profiles">https://nursesclimatechallenge.org/champion-profiles</a>) published on the Challenge website, shared in newsletters, and posted on social media to showcase the work being done and to inspire others to join.

The Challenge also calls on nurses to be advocates for climate and health. Leading within a nursing organization, health institution, or academic center to spearhead initiatives to address climate change is an example of how nurses can move health professionals from education to action. The Challenge resources include a guide to taking action within workplace and home settings and provide other points to get started.

As a nurse, you can also educate policymakers and the

public about the connection between climate and health and how to take action by writing a letter to the editor in a local newspaper, meeting with elected officials, or talking with patients, friends and family members, and/or your community about the health impacts of climate change. The Challenge website includes sample talking points and template letter to the editors in the resources section.

Furthermore, the CHANT: Climate, Health, and Nursing Tool 2020 is now available. CHANT is a 10-minute voluntary survey asking respondents about awareness, motivation, and behaviors related to climate and health. Nurses and other health professions are encouraged to take the survey every year. Access CHANT here: <a href="http://bit.ly/30riTR9">http://bit.ly/30riTR9</a>.

Learn more and join the Nurses Climate Challenge by visiting <a href="http://nursesclimatechallenge.org">http://nursesclimatechallenge.org</a>.

# Task force recognized for drug prices report

MNA Executive Director Rose Roach served on the task force led by Attorney General Keith Ellison that produced a report on lowering pharmaceutical drug prices recognized by the National Conference of State Legislatures with their 2020 Notable Document Award.

"Until now, it's been far too challenging for most people, including even many experts, to get the full picture of why prices are so high, much less understand what they can do about it," said Ellison. "With this report, no one can say they don't know. Now, folks now have the knowledge and tools for holding the industry accountable."

MNA nurses see the devastating effect rationing and skipping medications because of their cost can have. Reports like this will help reach the goal of making prescriptions more accessible to patients and making pharmaceutical companies more transparent and accountable.

Learn more about the report here: <a href="https://www.ag.state.mn.us/Office/Communications/2020/08/07\_Task-forceReportAward.asp">https://www.ag.state.mn.us/Office/Communications/2020/08/07\_Task-forceReportAward.asp</a>

# MNA Online Education: Responding to Unsafe Assignments

Learn to recognize situations that risk patients' lives and nurses' licenses. Using key elements in the Nurse Practice Act and MNA contracts, this class will hone the skills necessary to refuse unsafe assignments to protect your practice and your patients! (2.0 contact hours)

- Thursday, October 8, 4:30 p.m. to 6:30 p.m.
- Wednesday, October 14, 9:00 a.m. to 11:00 a.m.
- Tuesday, October 27, 9:00 a.m. to 11:00 a.m.
- Wednesday, October 28, 4:30 p.m. to 6:30 p.m.

Registration is required. Please register by visiting <a href="https://mnnurses.org/resources/education/education-calendar/mna-online-education-responding-to-unsafe-assignments/or">https://mnnurses.org/resources/education/education-calendar/mna-online-education-responding-to-unsafe-assignments/or</a> by emailing linda.owens@mnnurses.org. This class is subject to cancellation two days prior to the class start date for low registration.

# Bargaining and collective action update

# MNA nurses show solidarity on National Day of Action

On Wednesday, August 5, MNA members joined union nurses from across the country to demand employers take action to protect nurses, save lives, and start putting patients over profits.

"Nurses are still at risk. We still reuse PPE that was meant to be discarded," said MNA President Mary C. Turner. "We still care for COVID-19 patients and non-COVID-19 patients at the same time. And we still struggle to protect ourselves so we can protect our patients."

Thousands of nurses protested at more than 200 hospitals starting in the very early morning eastern time and continuing into the evening in California. The California Nurses Association/National Nurses Organizing Committee held 45 informational pickets, 57 outside rallies and marches, and 86 inside actions, while MNA nurses held 15 actions across the region.











According to National Nurses United, the August 5 actions set records as both the largest single day of informational picketing in the union's history and the largest coordinated action to date. Every single division participated, including a huge action by nurses at Mission Healthcare in Asheville, NC who are fighting for union representation.

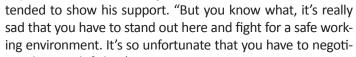
See more photos from MNA nurses on Facebook: <a href="https://www.facebook.com/MinnesotaNurses/">https://www.facebook.com/MinnesotaNurses/</a> posts/10164179560790338.

# Nurses in Virginia fighting for a fair contract hold a successful informational picket

MNA nurses in Virginia, MN held an informational picket on Monday to show Essentia Health that nurses will contin-

ue to stand together and negotiate for a fair contract. More than 100 people marched in solidarity, including community supporters, legislators, and local union members.

"It's truly a testament to see you guys out here standing in unity," said Representative Dave Lislegard, who at-



ate that. And if they're not willing to negotiate that, it's time for the state of Minnesota to legislate that!"

More than 100 nurses have been without a contract since August 1, 2019. They have engaged in good faith bargaining with negotiators of the Virginia hospital, but management continues to stall and demand concessions. Nurses will continue to fight until their contracts include safety language and address safe staffing levels.





"We don't want to be doing this," Jodi Hensley, an RN at Essentia Health, told FOX21 News. "We want a contract so we can focus on taking care of our patients and our community." Austin nurses reach a tentative agreement using virtual bargaining tools and creative actions

Throughout the spring and into the summer, three MNA bargaining units within the Mayo system have been bargaining new contracts using the Federal Mediation and Conciliation Service online platform. The platform presents an important opportunity to avoid meeting in groups, which helps to mitigate the community spread of COVID-19. However, it can make concerted union actions around bargaining more challenging, and it requires some creative thinking. In Austin, one of the OB nurses came up with a sign, which nurses put in their cars at work to show solidarity and to let management know they were serious about bargaining for a fair contract.

The scheduling system within Austin had historically been a block schedule, which meant that, for years, all nurs-

Bargaining cont. on page 13

# Bargaining from page 12

es in Austin knew their schedules within a 6-week block. The nurses worked hard to make improvements on scheduling. First, they proposed increasing blocks so that 75% of each unit could have blocks. Mayo refused. They proposed self-scheduling multiple times, and Mayo again refused. They were even willing to phase out the blocks in exchange for a process to self-schedule by seniority. The nurses in Austin believe that Mayo sees this benefit as a way to divide them, pitting nurses with blocks and nurses without blocks against each other. Perseverance by the nurses paid off, and they were able to reach agreement on a scheduling system.

Nurses won wage increases that are the largest Austin has seen in over a decade and matches the increases for the Metro Twin Cities hospitals, something Austin has not always been able to achieve. They also gained an important clarification on scheduling that eliminates working a Friday night before a weekend off. In addition to these gains, the nurses fought off a series of significant concessions.

# Perseverance pays off with new contract for nurses in Worthington

In early August, nurses at Sanford Worthington Medical

Center reached an agreement with Sanford management for a new contract. The win came after some initial proposals from the employer that were the worst the nurses had ever seen.

With perseverance, nurses fought off most concessions and achieved their main goals, including



keeping their gold plan insurance, avoiding the Sanford PTO plan to keep their sick and vacation time, and obtaining wage increases each year of the contract. In the end, it was the collective power of the Worthington nurses and willingness to do concerted activity that led to this important win.

# Bismarck nurses reach tentative agreement for a first contract at CHI St. Alexius

After more than 30 hours of negotiations at the end of August, MNA nurses reached a tentative agreement on a first contract with CHI St. Alexius Health Bismarck Medical Center. Nurses had more than 20 bargaining sessions over the last year, negotiating with hospital management to reach an agreement on staffing, workplace violence protections, and a defined wage scale that will help retain nurses in Bismarck.

"We are happy to be done with this process and use

what we've bargained to continue caring for our patients," said Rachel Heintz, RN at St. Alexius. "Finally, nurses will be able to act when staffing isn't meeting patient needs. This way, patients can be assured that nurses will always be there for them, able to deliver the highest quality care."

In order to make St. Alexius the best hospital it can be, nurses negotiated the right to adjust patient assignments so that they can safely handle patient care, the ability to temporarily pause new patient admissions in a unit if those nurses feel they need time to catch up, and minimum staffing levels for the emergency department.

This summer, nurses held an informational picket at St. Alexius to let patients know staffing issues had not yet been addressed in negotiations.







"This is a big sigh of relief for nurses as well," said Lauren Buol, an RN at St. Alexius. "This contract will give us protections from being assaulted at work and put a pay scale in place that encourages our nurses to stay in Bismarck. We have to keep our experienced nurses here as well as be able to hire new nurses."

North Dakota has traditionally been one of the lowest-paying states for nurses in the country, but this contract will set a wage-scale that includes "steps" or increases for experience.

# MNA 2020 Endorsements

To effectively advocate for patients and the profession, nurses must be involved in government right from the beginning, and that starts with elections.

MNA members endorse candidates who support issues important to bedside nurses, like appropriate staffing levels in hospitals, adequate PPE supplies, and reforming the current health care system.

The endorsement process involves members at 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 members have the right to vote for whomever they feel would represent them the best. Members are encouraged to research candidates on their own and publicly debate which politicians and policies they favor in places such as the MNA Blog (<a href="https://mnnurses.org/blog/">https://mnnurses.org/blog/</a>) or Facebook page (<a href="https://mnnurses.org/">https://mnnurses.org/<a href="https://mnnurses.org/">https://mnnurses.org

Find the MNA endorsed candidates in your voting district here: <a href="https://mnnurses.org/issues-advocacy/elections/mna-candidate-endorsements/myballot/">https://mnnurses.org/issues-advocacy/elections/mna-candidate-endorsements/myballot/</a>

MNA Endorsed Candidates (as of September 1)										
Presi				(as of coptomise. 2)	District	38	Justin	Stofferahn	https://www.justinstofferahn.com/	
Joe Biden							Josiah	Hill	http://josiahhill.org/	
https://joebiden.com/						40	Chris A.	Eaton	https://eaton4senate.com/	
U.S. Senate						41	Mary	Kunesh-Podein	http://marykunesh.com/	
Tina Smith							Jason	Isaacson	https://isaacsonforsd42.com/	
https://tinaforminnesota.com/						43	Charles W.	Wiger	N/A	
Minnesota Senate					District	44	Ann Johnson	Stewart	https://annjohnsonstewart.com/	
District	4	Kent	Eken	https://www.votekenteken.com/	District	45	Ann H.	Rest	https://www.annrest.com/	
District	5	Rita	Albrecht	https://www.ritaforsenate.com/	District	48	Steve	Cwodzinski	https://www.cwodforsenate.com/	
District	6	David J.	Tomassoni	N/A	District	49	Melisa	Franzen	https://www.melisafranzen.com/	
District	11	Michelle	Lee	http://www.michellelee.org/	District	50	Melissa H.	Wiklund	https://www.wiklundforsenate.com/	
District	14	Aric	Putnam	https://aricformn.com/	District	52	Matt D.	Klein	https://www.mattkleinforsenate.com/	
District	19	Nick A.	Frentz	https://www.frentzforsenate.com/	District	56	Lindsey	Port	https://www.lindseyportmn.com/	
District	20	Jon	Olson	https://jonolsonformnsenate.com/	District	57	Gregory D.	Clausen	N/A	
District	21	Ralph	Kaehler	https://www.kaehlerformnsenate.com/	District	58	Matt	Little	https://votelittle.com/	
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District	27	Dan	Sparks	https://www.dansparks.org/	District	63	Patricia	Torres Ray	https://www.patriciatorresray.com/	
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District 52A

53A Tou

53B

54A Anne

55A Brad

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57B John

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63A Jim

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37A Erin

District

Rick

Steve

Jessica

Kaela

Robert

Frank

Jamie

Emma

Kaohly

Dave

Alice

John

Hansen

Xiong

Sandell

Claflin

Tabke

Hanson

Bierman

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Huot

Long

Davnie

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### **Minnesota House of Representatives**

IVIIIII	C3016	a riouse c	n Representativ	
District	03A	Rob	Ecklund	http://www.robecklund.com/
District	04A	Heather	Keeler	https://www.heather4house.com/
District	05A	John	Persell	https://www.johnpersell.com/
District	06A	Julie	Sandstede	http://www.juliesandstede.com/
District	06B	Dave	Lislegard	https://davelislegard.com/
District	07A	Jennifer	Schultz	https://www.schultzformnrep.com/
District	07B	Liz	Olson	http://lizforduluth.com
District	11A	Mike	Sundin	N/A
District	14B	Dan	Wolgamott	http://www.danformn.com/
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District	44A	Ginny	Klevorn	https://www.ginnyklevorn.com/
District	44B	Patty	Acomb	https://www.pattyacomb.com/
District	45A	Cedrick	Frazier	https://www.cedrickfrazier.com/
District	45B	Mike	Freiberg	http://www.mikefreiberg.com/
District	46A	Ryan	Winkler	https://www.ryanwinkler.com/
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District	49B	Steve	Elkins	https://www.elkinsforhouse.com/
District	50A	Michael	Howard	https://www.michaelhowardmn.com/
District	50B	Andrew	Carlson	https://andrewcarlsonforstaterep.com/
District	51A	Sandra	Masin	http://masin4rep.org/
District	51B	Liz	Reyer	https://lizreyer.com/
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# minnesota nursing accent

# **CARn** Corner

By Alan Schulz, RN, BSN, MSPHN, DNP student

### **Nursing in Nicaragua: Real Life Education**

Many of us didn't speak Spanish, or had much experience in the poverty of Central America that had followed years of colonialism and, often, neglect and abuse by dictatorial governments. We had arrived in Nicaragua in the 1980s as idealists, as professional healthcare providers with access to the latest benefits of a modern healthcare system, and believing that we were problem solvers. We came to help out in rural areas after the Nicaraguan revolution of 1979 and to see for ourselves what was happening on the ground to help guide our own countries' policies toward a hopeful future with the Nicaraguan people. In that case, we were going to pick cotton, and we did. Other groups were picking coffee, with a wholly different set of challenges. Ultimately, we all came to learn, and learn we did!

We soon realized that the grape-flavored drink mix would not cover up the taste of the chlorine we were adding to our water in rural Nicaragua. Our ten nurses were struggling to keep our 300 coworkers hydrated, and we faced a dilemma: How to face 100-degree temperatures, water shortages, and inches of dust while picking cotton and convincing them to drink enough water to remain healthy for our 30-day experiential learning commitment.

It wouldn't be easy to eat rice and beans each day for a month, live in a basic barracks without showers, be amateurs at the arduous tasks Campesinos (rural farmers) did with much more skill and humor than we knew how to do. However, the water situation was more than we as RNs had faced before.

RNs are able to put theory into practice in many ways, but at the time, theory wasn't our main concern. The promotion of good health practices and prevention of illness and injury, along with primary treatment when needed, were paramount. We quickly divided into teams of about 30 people each, established discussion times with our groups to identify what we were about, and began collaborative meetings with our colleagues. Working with interpreters established cooperative, respectful relations with our Nicaraguan work leaders to learn their work methods and how we could help. We made it clear that we wanted to learn from them.

It took about three days before the "revolt" began!

That was: outright refusal to drink enough water to prevent serious dehydration and resulting in illness. Another day and self-reports of dark urine and burning upon urination arose. So, recognizing the need, we did what all good organizers do. We had a meeting!

During that meeting, we really did learn the importance

of good communication, education, collaboration, and creative group input directed to a goal. We worked with our hosts to find a better water source to minimize the need for chlorine. The Nicaraguans located a tractor and a 500-gallon water tank on a nearby cooperative farm. They pumped potable water and hauled it two miles to our area. In a time of genuine shortages and war in Nicaragua, they more than a little gave of themselves to help us out. That solved part of the problem.

We also decided that we would go through all of our luggage to locate other types of flavoring that we could either use with or substitute for the hated grape-flavored mix.

It is amazing what people will bring in their baggage! That helped solve another part, and with more directed education as to serious risks possible without enough hydration, we were "more or less" successful in preventing serious health problems. This author says, "more or less", because when he did a questionnaire survey at the end of the 30 days, a few answers came back that indicated some level of refusal to hydrate anyway. Well, short of forced infusion, the "more or less" had to suffice. We had been prepared to give IV fluids, but luckily we didn't have to.

Though the 1979 revolution aimed at bettering the lives of all Nicaraguans, this author, and a colleague found a surprise after we transported a Nicaraguan Campesina and her very ill one-yearold to the hospital in Leon. We all rode standing up on the drawbar of a tractor, the only available vehicle. Healthcare had become free and accessible to all, including rural poor people. We left the woman and child at the hospital and returned to the cooperative. The next day we saw that woman and her child again, but she told us that she had left without seeing a healthcare provider. We became alarmed and assumed something had gone awry with the hospital. We again transported the pair to the hospital and found that the woman had told them that she had never seen a doctor or nurse in her whole life, was not sure she had the right to and had left. After a discussion with the hospital and the woman, she and her child were treated. We learned a valuable cultural lesson from that encounter. Just because a positive change has happened doesn't mean that all people can immediately absorb a change in status. Even if it is a positive, systemic change aimed at improving the lives of the poor, it takes time, effort, education, respect, and the awareness that "cross cultural" isn't only external, but internal as well.

I have continued to work as a volunteer numerous times in different areas of Nicaragua. Each time is a learning experience, and yes, a real opportunity to put theory into practice. The re-

# Nuring in Nicaragua from page 16

wards have been incredible, informative, and always surprising. They have enhanced evidence-based practice and practice-based evidence as well.

If you are interested in seeing and learning more about Nicaragua, take advantage of the opportunity to volunteer with The Center for Development in Central America. Learn more about how to volunteer here: https://jhc-cdca.org/.

**NOTE:** Parts of this article were published pre-COVID19 in The Wisconsin Nurse through Wisconsin Nurses Association (WNA). The author is licensed in and has practiced in both Wisconsin and Minnesota.

# Prepare for the House of Delegates meeting

To help Delegates prepare for the House of Delegates (HOD) meeting, a Bylaws Committee Report is available in the MNA Member Center under a new tab called "Convention/HOD" located in the top menu bar of the home page.

Noted on each item is the Committee's recommendation for submission to the HOD and the decision by the Board of Directors whether to endorse the submission. The report will give Delegates the opportunity to review action items well in advance of the House of Delegates meeting. Any additional Emergency Resolutions or Main Motions submitted after the published deadline will be introduced at the House of Delegates.

Log in to the MNA Member Center here: <a href="https://mymna.mnnurses.org/">https://mymna.mnnurses.org/</a>.

# MNA welcomes new staff, staff transitions

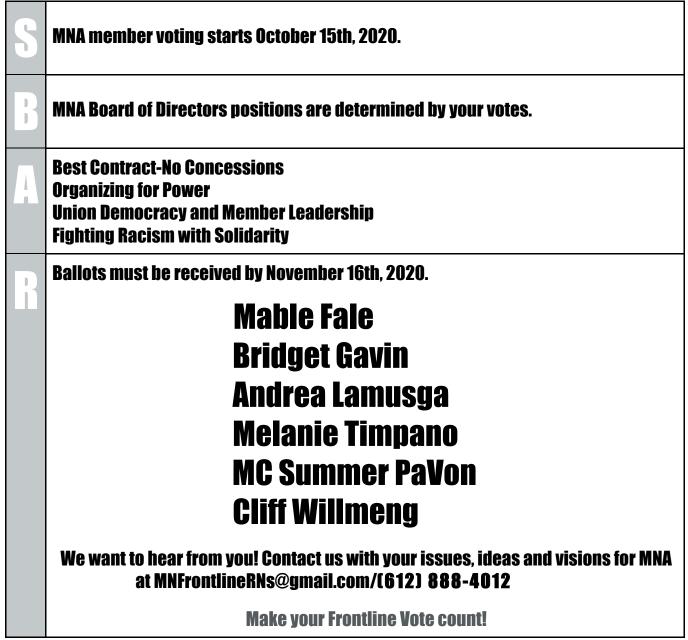
## New staff

 Nur Dirie Nur: MNA Labor Relations Specialist.
 Nur previously worked as a Field Director with AFSCME Council 5 in St. Paul.

## **Staff Transitions**

• Joel Van Horn: Organizer to Labor Relations Specialist

# Your Frontline Vote



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