



A Proud Legacy

Celebrating the history of organized nursing in Minnesota

Minnesota Nursing 'Firsts'

1883 Northwestern Hospital is the first nursing school west of the Mississippi.

1898 First professional registry of nurses in the U.S. established by the Ramsey County Graduate Nurses Association, St. Paul.

1907 After two years of organized lobbying effort, members of the newly formed Minnesota State Graduate Nurses Association (later named the Minnesota Nurses Association) achieve legislation creating the Minnesota Nurse Practice Act.

1909 First continuing university-based school of nursing in the world formed at the University of Minnesota.

1913 Minnesota is named the first Local Committee of a national program of the Red Cross Nursing Service.

1963 First multi-employer portable pension plan for Registered Nurses in the U.S. established for nurses in Twin Cities nurses contracts.

1984 Largest strike in U.S. history achieves nurses' goals to protect seniority and introduce layoff language.

1987 Block Nurse program introduced by St. Paul nurses. Concept quickly becomes a nationwide model.

1987 Minnesota contracts include language to prevent disciplining a nurse for refusing to work overtime. 14 years pass before other states implement similar rights.

2001 MNA nurses negotiate unprecedented contract rights to close units based on the judgment of staff nurses.

2010 Twin Cities nurses break their own record for largest nursing strike in the U.S. with a 1-day work stoppage involving 12,000 nurses in 13 different hospitals.



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Beginnings



St. Joseph's Hospital, St. Paul, founded 1853

1853 St. Joseph's Hospital, Minnesota's first hospital is founded by the Sisters of St. Joseph of Carondelet.

1883 Northwestern Hospital, Minnesota's first School of Nursing is established – the first nursing school west of the Mississippi.



1896-97 Deplorable working conditions and the need to protect the public from the incompetent women who claimed to be trained nurses propelled nursing leaders to form an association of trained nurses in September 1896. The members of the newly named Nurses Associated Alumnae of the United States and Canada drafted a constitution and bylaws, and arranged for the group's first meeting in Baltimore, Maryland, in February 1897. The goals of the Association: "To establish and maintain a code of ethics; to elevate the standard of nursing education; to promote the usefulness and honor, the financial and other interests of nursing."



Theresa Erickson, established the first U.S. Nurse Registry

1898 September 8 – First nurses' registry in the U.S. is established by the Ramsey County Graduate Nurses Association, St. Paul (later incorporated as MNA 4th District Nurses); initiated by Theresa Erickson, nine Minneapolis and St. Paul nurses formed a club and filed articles of incorporation.



1899 Formation of the Hennepin County Graduate Nurses Association (later incorporated as MNA 3rd District Nurses).



Abbott Hospital for Women, 1902



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1900s



Sarah T. Colvin

1905 March – May, Ramsey County Graduate Nurses' Association of St. Paul and Hennepin County Graduate Nurses Association of Minneapolis come together to discuss formation of a state-wide registry, each organization contributing \$5 for expenses. May 23, mass meeting with 100 nurses held in Minneapolis; committee designated to form a constitution. October 25, 100 nurses adopt a constitution – nursing is organized in Minnesota. Named "The Minnesota State Graduate Nurses' Association," the stated purpose being to conduct "a society for social enjoyment and the advancement of the nursing profession in the state of Minnesota and elsewhere, including the furtherance of efficient care for the sick." Mrs. Sarah T. Colvin elected President. 8th grade education required for entry into training schools.



1906 Association incorporated. Proposed bill drafted for state registration.



1907 April 12, MSGNA is successful in its legislative bid to secure the first law for the state registration of nurses and licensing of nurses. Minnesota's Board of Examiners for nursing is established, appointed with names supplied to the governor by the Association. Board of Examiners affiliated with MSGNA. Nine schools accredited. Campaign expense amounts to \$800, and 183 members pay a special assessment of \$2 each to cover costs. Association becomes member of the Nurses Associated Alumnae of the U.S., as well as the State Federation of Women's Clubs. *The Courant*, the official organ of the Federation, is used for publicity by the state association.



1908 Association sends delegate to the annual convention of the national association.

1909 June, hosts the annual convention of the national association, where attendees learn of a university-based, 4-year school of nursing being established at the University of Minnesota – the first of its kind in the U.S.





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1910s



1910 Associated Alumnae Association changes name to ANA. Adoption of the first state curriculum for schools of nursing, which includes a list of the textbooks and reference books recommended for use in accredited schools of nursing.

1911 Nurses' Relief Fund established to help elderly nurses.

1912 Minnesota State League of Nursing Education established to help shape nursing curriculum, the group affiliates with MSGNA. Board of Examiners initiates affiliation of schools of nursing as a requirement of approval.

1913 Articles of incorporation and bylaws amended to conform to the new constitution of ANA. MSGNA and Board of Examiners fund travels and efforts of a field secretary who visits schools, organized alumnae associations, contributing to the growth and development of nursing groups.



1915 Registered Nurse pin designed and sold by Association, a symbol of membership and standard. Membership at 700. Private duty nurses expected to work 24 hour shifts.

1916 Public health nurses sent into rural Minnesota at public expense. State association forms its own Nurses' Relief Fund.

1917 200 nurses enroll in the Red Cross Nursing Service (RCNS). Recruitment of nurses for war service. Base Hospital No. 26 organized at the University. Student Nurses Reserve formed.

1918 410 nurses enrolled in RCNS under the directorship of Jane A. Delano.

1919 Name changes to Minnesota State Registered Nurses Association (MSRNA). Five district associations organized. *American Journal of Nursing* adopted by national association as official organ. Contribution of \$250 to the campaign to secure rank for Army and Navy nurses. Dues are raised from \$.75 to \$1.50 per capita. 2nd District formed and, 3rd and 4th Districts were reconfigured from the Graduate Nurses Associations of St. Paul and Hennepin counties. Districts 5 and 6 also organized and accepted into membership. Former President, Sarah Colvin jailed for picketing for the right to vote.



Nurse Corps, Fort Snelling, 1919





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1920s



1920 Association is re-incorporated; becomes a component of ANA. Advisory Council, consisting of “chairs of standing committees and sections, the presidents of alumnae associations, members of the State Board of Examiners of Nurses and the director of nursing education” is formed to “promote the interests of the Minnesota State Registered Nurses Association.” 1,000 Red Cross scholarships awarded to Minnesota nurses to work in rural areas.

1921 Roundtables of various clinical areas held for first time at annual convention. MSRNA exhibits for the first time at the State Fair.

1922 \$5 per capita contribution requested for legislative activities planned for the following year, attempting to secure high school graduation requirement for entry into training schools.

1923 State Organization for Public Health Nursing (SOPHN) organized. Presidents of SOPHN and the state League of Nursing Education (MLNE) sit on MSRNA board. Nurse Practice Act law amended to appoint an educational director; Mary Gladwin named.

1925 First steps to gather historical data relative to nursing in Minnesota was published in a monthly bulletin, issued to every member from 1925 – 1927. In 20 years of existence, membership now at 1,917.

1926 Nationally-based Committee on Grading of Nursing Schools begins a five-year study of the nurse, her work and life, in addition to an evaluation of schools of nursing. “A Suggested Code (of ethics for nurses) is provisionally adopted and published in the American Journal of Nursing, but is never formally adopted.

1927 January – State headquarters established in the Marlborough Hotel, 148 Summit Avenue, St. Paul; Dora Cornelisen hired as full-time secretary. Stemming from the historical bulletin, the first issue of *The Minnesota Nurse* debuts in September. The magazine committee stipulates the publication must be “more distinctive of Minnesota, more personal in character than literary;” it is a joint effort of MSRNA and the State Organization of Public Health Nurses. First and Seventh districts are formed, for a total of seven organized districts.

1928 Publication of results from Committee on Grading of Schools of Nursing, “Nurses, Patients and Pocketbooks,” stimulated rousing discussion throughout the state and nation. Oversupply of private duty nurses, with resulting unemployment. 60 schools of nursing in Minnesota.

1929 Nurses’ Act amended to provide for a one year high school educational requirement after September 1929; two years for applicants who apply after September 1935. 8th and 9th Districts organized and accepted into membership. state magazine name changed to *Minnesota State Registered Nurse*. Contribution to Bordeaux Fund through individual donations for memorial to the 296 American nurses who died in World War I.



Northwestern Hospital nursing graduates who served in WWI



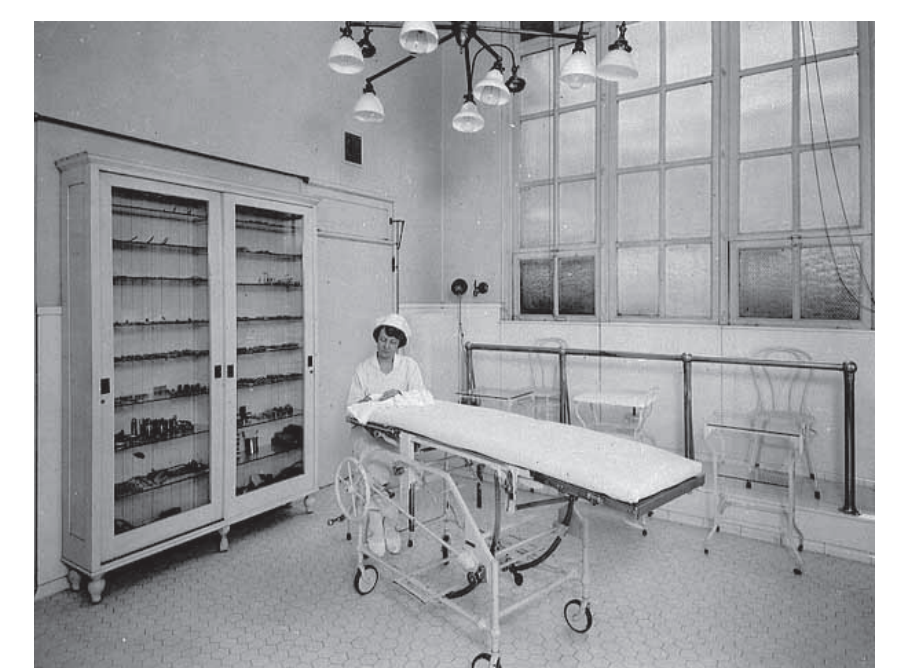
Fairview nurses, 1926



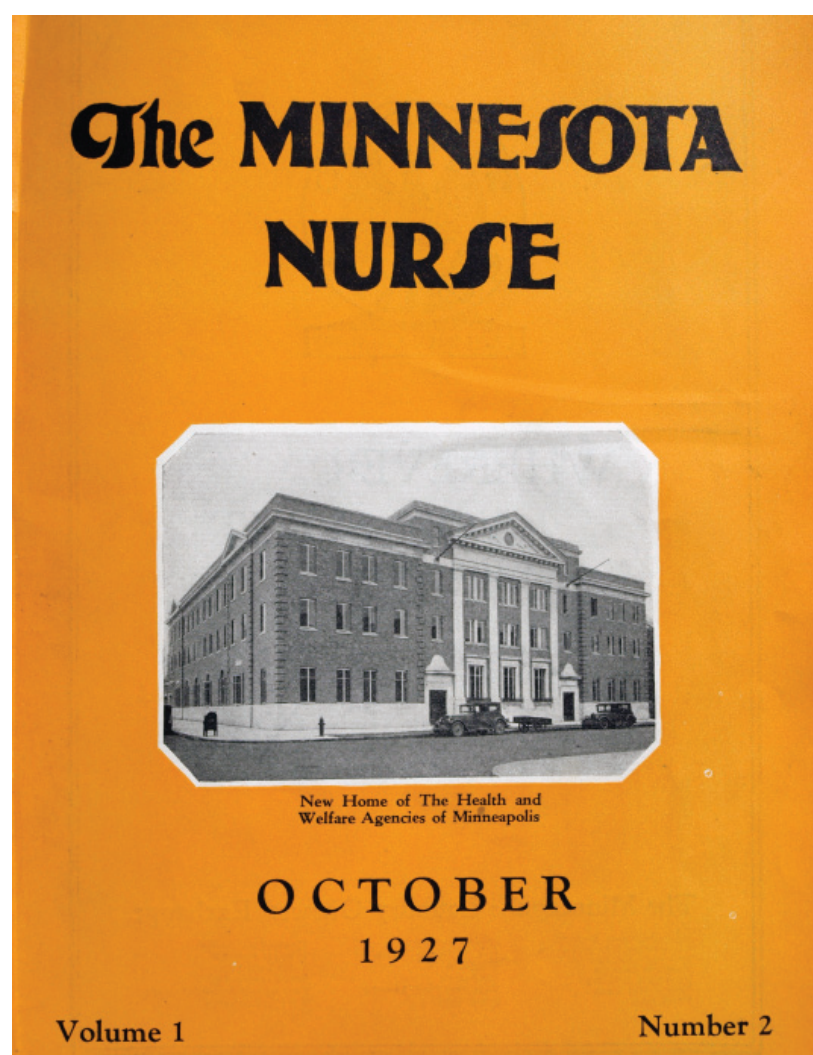
Nurses’ Home, Fergus Falls, 1923



Dora Cornelisen



OR at Northwestern 1920





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1930s



1930 25th Anniversary Convention. MSRNA members vote to earmark \$1,000 to establish a loan fund for nursing education. It is named in honor of Sarah T. Colvin Loan. St. Mary's Alumnae Association added \$500 eight months later. With Depression era unemployment at 30 percent, nurses initiate creative ways to spread out the work, including working every other month and considering an 8 – hr day. Nursing services become more diversified, spurring action to maintain and improve standards.



Ancker Class, 1934

1931 Minnesota one of eight states that produce one-half of America's registered nurses; nursing school enrollment numberes 3,001. Headquarters moves to 2642 University Avenue, St. Paul.

1932 Endorsement of group health, accident and life insurance. Committee on Grading Nursing Schools produces secondary report, focused on schools of nursing that calls for higher education requirements for nursing students and faculty alike. Percent of student nurses not completing high school falls from 27 percent in 1929 to 10 percent.



1933 Peak unemployment; the Civil Works Administration provides funds to employ 1,082 nurses in public health services; maximum earning is \$100.

1934 Association name changes to the Minnesota Nurses Association. Final report issued by the Committee on Grading Nursing Schools and two words are predominant: "undereducation" and "overproduction." Sarah Colvin submits resolution to ANA calling for constitutional amendment for equal rights for women.



Eitel graduates, 1936

1935 Minnesota League of Nursing Education reorganized into the educational department of MNA. First institute on Psychiatric Nursing held in Fergus Falls. At the close of MNA's third decade, membership is 3,568.

1936 MNA participates in ANA Study of Incomes, Salaries and Employment Conditions. Findings include: 50 percent increase in number of days worked on 8 hr. schedule; 50% of respondents were planning to seek other work, citing reasons such as "hours too long," "income too low," "insufficient work," and "economic insecurity." Bedside nursing and household aid projects carried on under the Works Progress Administration. Opportunities expand for nursing services to include industry, x-ray, laboratory technicians and airline stewardesses.



1937 Three state nursing associations combine to sponsor a study of community nursing needs, finding a shortage in Blue Earth County of one nurse for every 8,000 residents. League of Nursing Education releases revised Curriculum for Nursing Schools, noting "because today helping people keep well is considered as important a nursing function as helping people get well."



MNA Convention, 1935, featuring a 30-year anniversary program of five decades of nursing uniforms

1938 MNA conducts seminars to enhance member legislative savvy; hires first full-time legislative representative. Division of Nursing is established in the State Department of Health. First lady Eleanor Roosevelt addresses gathering of Rochester nurses.

1939 State-wide Council on Nursing made up of lay persons act in advisory capacity in the state association. Eleven post graduate courses available to nurses



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1940s



1940 MNA participates with the USPHS in the nation’s first inventory of nurse power. Federal census classifies nurses as professionals for the first time in history. Government initiates early surveys regarding nurse availability as war looms.

1941 Membership of 4,807 is highest in history. Minnesota Nursing Council for War Service active and local defense councils organize throughout districts. Voluntary bargaining accomplishes some improvement regarding low salaries, but employment conditions found unsatisfactory. Federal aid available for nursing education. 10th and 11th Districts are organized.

1942 Procurement and Assignment Service for Nurses under the War Manpower Commission replaces Committee on Supply and Distribution of Nurses. Congress appropriates \$3.5 million to increase the supply of nurses. Shortage of Nurses during the war leads to hiring of Nurses’ Aides and other ancillary help across US and MN, precipitating issues of delegation.

1943 U.S. Cadet Nurse Corps program begins; Minnesotan Lucille Petry named national director; one ceremony inducts 3,600 Minnesota nurses. MNA’s economic security program begins to sprout from the Employment Policy Committee appointed to study personnel practices, unemployment problems among nurses and the promotion of economic security. Advisory Council on Rural Nursing Service is formed to institute plans for training auxiliary workers.

1944 MNA President Katherine Densford resigns to accept presidency of ANA. Committee appointed to study state-wide service in counseling and placement. Alumnae membership eliminated as a basis for district, state and ANA membership. Student Nurses Council organized in Minneapolis.

1945 World War II ends; 2,800 Minnesota nurses serve, seven die. MNA sponsors bill to revise the Nurse Practice Act for the first time since 1929, aiming “to license all who nurse for hire.” Legislation is passed but with separate acts for Registered Nurses and Practical Nurses. Committee on Professional Counseling and Placement Service appointed, acting as a conduit for putting employers and nurses together.

1946 ANA President Katharine Densford champions racial integration of the organization; after a “vigorous, stimulating and heartening” floor debate, a large majority of the House of Delegates voted to “admit to membership those qualified Negro nurses who cannot become members of the ANA through their respective state nurses’ associations.” ANA adopts resolution encouraging states to begin representing nurses in the nurses’ place of employment. MNA hires Rose Talbot as nurse field representative and retains legal counsel Leonard Lindquist to promote economic security; Employment Policy Committee lists specific actions nurses can take and advances recommendations they intend to make to employers, such as the adoption of a 40-hour work week. Minnesota Practical Nurses Association is established. Newly established Minnesota Nursing Council acts in advisory role to Governor on a variety of nursing issues. Long term research project on the Structure of Organized Nursing.

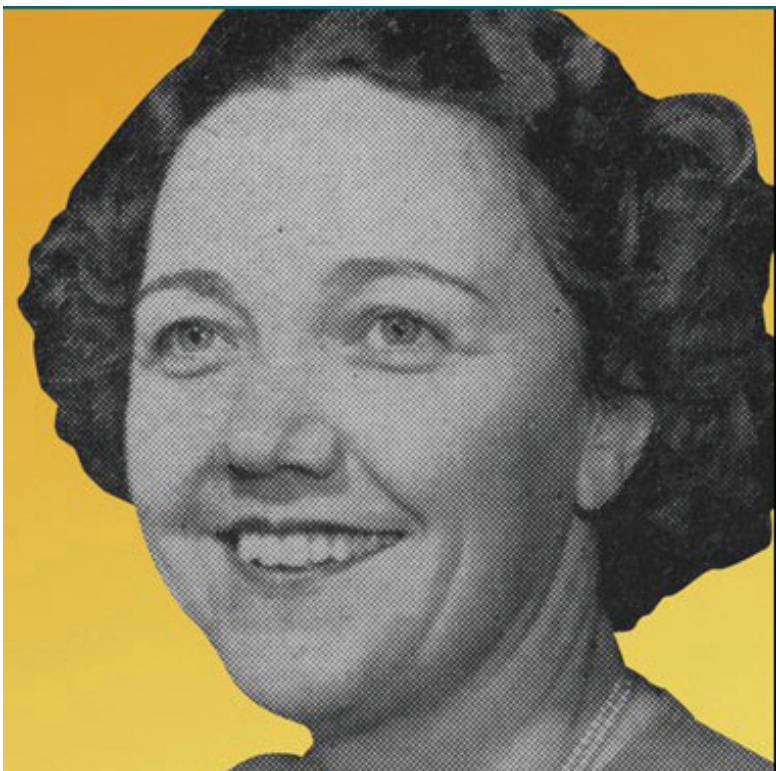
1947 Minnesota Charitable Hospital Act allows collective bargaining; MNA launches E&GW program; becomes registered under the Minnesota Labor Relations Act; 40 contracts negotiated in the first year. Based on the MNA “Recommended Standards of Employment, House of Delegates embraces proportional representation.

1948 Termination of U.S. Cadet Corps program. Public Health Nurses Section formed. Start of a Five-year period in which Minnesota receives over \$8.0 million in federal funding for hospital construction, as part of Hill-Burton legislation; this leads to increased demand for nursing services, advances in patient care and changes in patient care delivery. Minnesota Student Nurses Association is formed.

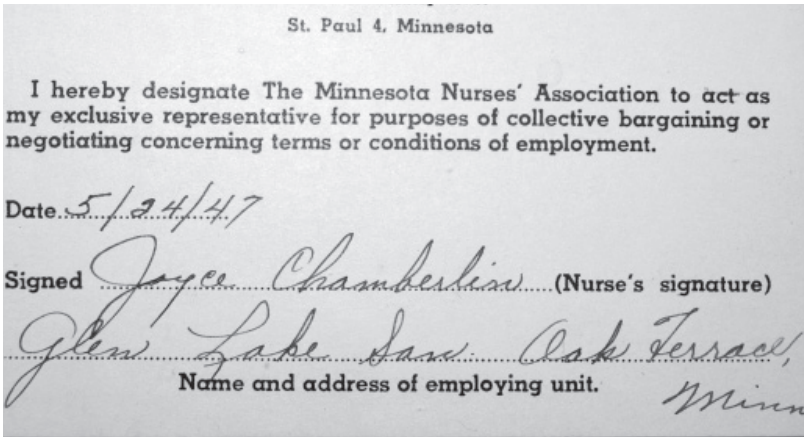
1949 Two new sections added to MNA structure – Administrative Nurses and Industrial Nurses. MNA headquarters moves to 2395 University Avenue, St. Paul; MNA leaders fortify their commitment to an economic security program after differences lead to resignation of Talbot and severance of Lindquist’s services. Lindquist is reinstated within a month.



Katharine Densford Drees



Rose Talbot





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1950s



1950 Creation of an Office Nurses Section. Appointment of Committee on Nursing Resources to meet civilian and military nursing needs. Professional liability insurance offered as a benefit of membership. Associate membership available. The Code for Professional Nurses is unanimously accepted by the ANA House of Delegates. Health insurance enrollment swells from 20 million in 1940 to 142 million in 1950, adding to increased demand for nurses.



Morning hymns at Swedish Hospital, 1957

1951 MNA champions a \$150,000 nursing scholarship bill through the Legislature. Committee on Civilian Defense appointed; conferences, lectures and a five-day training course on atomic warfare given. Districts 12 and 13 are organized.

1952 To better reflect member profiles, MNA undergoes significant reorganization, matching ANA restructuring; the State Organization of Public Health Nurses and Minnesota League of Nursing Education are dissolved and the Minnesota League of Nursing is organized; Administrative Section is separated into two different sections- Institutional Nursing Service Administrators (INSA) and the Educational Administrators, Consultants and Teachers (EACT)



1953 Collective Bargaining Contracts for Minneapolis and Saint Paul hospitals are combined. Nurses in three counties mobilize against polio, immunizing 31,000 children in eight days. Professional Counseling and Placement Service reports 5,047 biographies on file, but an inadequate supply of nurses for the 800 positions listed.



Freshman capping ceremony

1954 MNA President Marie Peterson is selected as “American Nurse of the Year” by Look magazine.

1955 MNA’s 50th Anniversary. State Board of Examiners for Nursing name changed to Minnesota Board of Nursing. Nurse Practice Act also amended regarding Practical Nursing. New law advanced by MNA provides funding for a rural nurse coordinator. MNA sponsors first Human Rights Fair in Minnesota. Membership at 4,345.



Senior “Rip Day” at St. Barnabas Hospital

1958 Preceding the national Civil Rights Act, MNA takes on racial discrimination by filing a grievance on behalf of an African American member in Grand Marais. MNA delegates to ANA House of Delegates are crucial in advancing a successful resolution to support Medicare. School Nurses Branch created.



1959 Efforts by MNA members stamp the Nurse Practice Act with an indelible mark, changing the licensure requirement from permissive to mandatory; patients are now assured that it is illegal to practice as a registered nurse without meeting standards and passing a license exam.



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1960s



Audrey Logsdon

1960 The concept of Associate Degrees in Nursing is supported by the EACT Section.

1962 Twin City Nurses’ Pension Plan established; it is the first multi–employer portable pension for nurses in the US. The official MNA publication, *The Minnesota Registered Nurse*, is renamed the *Minnesota Nursing Accent*. Starting in 1962, over 5,000 nurses would serve in conflict during the Vietnam War.

1963 MNA House of Delegates votes to support legislation on civil rights. EACT Section advocates basic educational preparation for professional nursing to be a baccalaureate degree by 1993.

1964 First Associate Degree programs in MN established in Junior Colleges in Hibbing and at St. Mary’s in Minneapolis.

1965 MNA publishes a “Guide for Registered Nurses in the Assignment of Nursing Personnel” to assist decision–making in delegation.

1966 ANA resolves to establish a National Salary Goal of \$6,500 per year (an increase from \$4,932), stating “nurses’ salaries in such a committed nation should reflect the value of their service to society;” MNA members step up to the call and, led by Audrey Logsdon, stage a mass resignation in December; employers agree to new salary terms.

1967 Conference Groups established. *HotLine* published for first time at the 62nd annual convention. Citizen’s Committee for nursing receives Hill Family Foundation Grant to study nursing in Minnesota.

1969 MNA adopts resolution to actively encourage nursing education programs to enable RNs to get a baccalaureate degree and recognize previous education and experience. Citizen’s Committee reports out issues regarding supply, utilization and future needs on nurses in the state; recommends legislative funding for nursing education. Council on Practice introduces Critical Incident Form to “report alleged infractions against the Code (for Nurses). Clinical, continuing education sessions are provided at Convention for the first time. Nurses gather for a “Day at the Legislature.”



Capt. Kay Bauer, Navy Nurse Corps I Vietnamese Provincial Hospital, Rach Gia, 1966–1967



National Salary Goal

On June 14, 1966, the ANA House of Delegates adopted the nursing profession’s first national salary goal. ANA public relations, economic security and research and statistics units are now preparing materials and guidelines to help state and district nurses’ associations in their efforts to implement the goal. The resolution adopted speaks for itself:

RESOLUTION ON A NATIONAL SALARY GOAL FOR ENTRANCE INTO NURSING

WHEREAS, This nation is committed to the idea that quality health services are a right of all the American people; and

WHEREAS, This commitment exacerbates a critical inability to provide adequate amounts of quality nursing service, an essential component of health care; and

WHEREAS, Nurses’ salaries in such a committed nation should reflect the value of their service to society, their investment in education, and their worth in relation to other professions and occupations; and

WHEREAS, The low economic status of nurses is a deterring factor in recruitment of young people into the profession and discourages qualified nurses from remaining in nursing practice; and

WHEREAS, It is imperative for the health of the nation that the nursing profession increase in both quantity and quality to meet the expansion of demand and new knowledge; therefore be it

RESOLVED, That the American Nurses’ Association adopt a competitive national salary goal: In 1966, a registered nurse should enter the profession at a yearly salary of not less than \$6,500; and be it further

RESOLVED, That State Nurses Associations inform their membership, the employers of nurses, and the public of this national salary goal and, using all methods consistent with the ANA Economic Security Program, work toward its implementation.



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1970s

1970 “Family Centered Maternity Care” concept is reviewed in *Minnesota Nursing Accent*. Student Nurses protest Vietnam War at St. Olaf.



1971 Time runs out on state Legislature; unable to agree on new salary plan for state employees, including 400 registered nurses, and MNA proposal for Health Manpower Utilization initiative gets assigned to a study committee. ANA President Hildegard Peplau fires off telegram to President Nixon deploring his budget neglect for nursing education.

1972 MNA supports third party payment for patients with chemical dependency problems; opposes Institutional Licensure; rejects utilization of nursing pools as primary employers of nurses.

MNPIN

1973 Extensive effort by MNA Legislative Committee to inform members about proposed changes to Nurse Practice Act to add a continuing education element to licensure; committee covers 4,880 miles, presenting 72 talks to 2,398 nurses.

1974 NLRA amended to include health care workers; MNA now operates collective bargaining under two laws. Mandatory Membership instituted. Bill to amend definition of nursing to be inclusive of an “expanded role” becomes law.

Weingarten Rights

“If this discussion could in any way lead to my being disciplined or terminated, or affect my personal working conditions, I respectfully request that my union representative, officer, or steward be present at this meeting. Until my representative arrives, I choose not to participate in this discussion.”

1975 MNA celebrates its successful effort in amending the Nurse Practice Act to include mandatory continuing education for nurses. Katharine J. Densford Dreves Research Fund established at University of Minnesota. First private nursing practice in Minnesota opens in Winona. “Weingarten Rights” evolve from a U.S. Supreme Court ruling favoring “the right to request assistance from union representatives during investigatory interviews, so that a steward may prevent management from coercing an employee into confessions of misconduct.”

1977 Basic Entry Level (BEL) proposal adopted by MNA House of Delegates.

1978 Minnesota Politically Involved Nurses (MNPIN, later known as MNA-PC) is established to help elect nurse-friendly candidates to office. Geraldine Wedel receives ANA Shirley Titus Award. Nurse Practitioner and Clinical Nurse Specialist Section established.

1979 New structure adopted, establishing four Commissions; deleted sections; established Occupational Groups, Interest Groups and Restricted Interest Groups. MNA membership tops 10,000.



Gerry Wedel



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1980s



Karen Clark

1980 Karen Clark becomes the first Registered Nurse elected to MN House of Representatives; She was endorsed by MNPIN. Regina Memorial (Hastings) MNA bargaining unit members lead the state’s first strike from 5/18 to 5/31. Lay Off language incorporated into contracts when Immanuel St. Joseph’s (Mankato) attempts to merge two units, targeting pregnant nurses who they assumed would be leaving anyway. MNA is the first State Nurses Association to computerize membership data in cooperation with ANA

1981 Minnesota Nurses Association Foundation is created, honoring the memory of Katharine Densford Dreves. *Minnesota Nursing Accent* editorial queries “Is BEL a Sinking Ship?” U-M Assistant professor of nursing files sexual discrimination based on equitable pay. Block Nurse Program begins in St. Anthony Park neighborhood; it is to become a nationally recognized model for nursing care for neighbors

1982 Fifty-six hour strike by Red Wing nurses is spurred by issues regarding lay offs. Community Memorial Hospital (Winona) nurses strike over compensation, continuing education and MNA membership; accord reached after 31 days with nurses winning 16% increase over two years. Twin City Metro Hospitals issue a strike notice, but contract is settled prior to work stoppage. NLRB ruling pulls 105 head nurses out of Twin Cities bargaining unit. Delegates to ANA convention attend rally for Equal Rights Amendment. American Academy of Nursing introduces Magnet Hospital recognition, focusing on a model of hospital nursing practice.

1983 Minnesota’s CNMs, Nurse Anesthetists win third party reimbursement; will receive direct payment from insurance companies for their services. Dues Option/allocation approved; allows for members to allocate monies to Strike Fund, MNPIN or MNAF.

1984 6,000 Twin City nurses go on strike at 17 hospitals. It held the record for the largest Nurses’ Strike in US history until 2010. Issues involved layoffs, resulting from changes in Medicare reimbursement structure (DRGs), and the application of seniority. New Contract was ratified July 9, 1984. Private Duty Interest Group disbands; it had been the original backbone of MNA. MNAF makes first grant of \$2500.00.

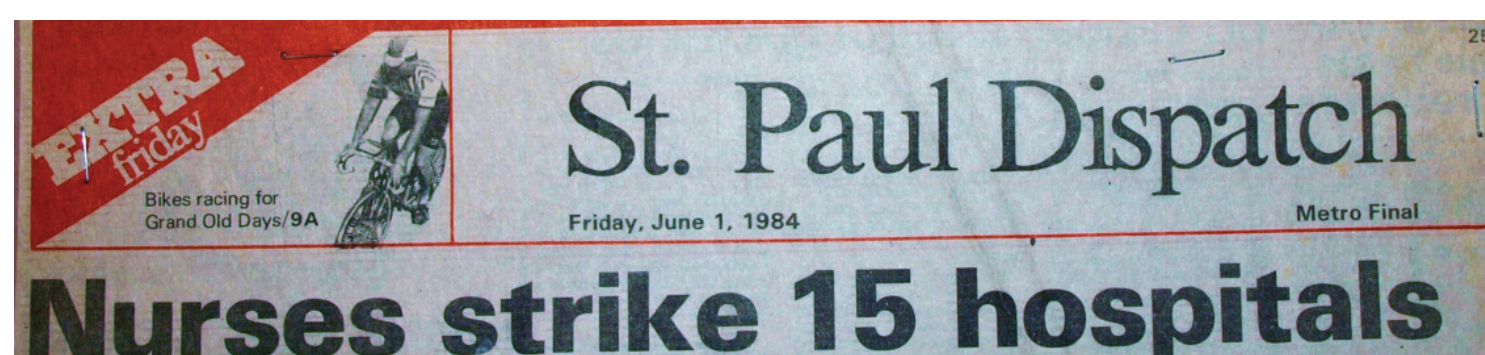
1985 A memorial to honor nurses who served in Vietnam is proposed by MNA members, seeking funding and impetus from ANA; the project would take eight years to dedication. MNA appoints Structure Task Force regarding operation as a membership organization and a union under NLRB rules.

1986 Work of Structure Task Force leads to Insulation of Collective Bargaining program, which provides for separation of management influence over organizational union activity. MNA instigates and convenes the ANA Staff Nurse Caucus; goal is to promote the election of Staff Nurses to ANA and SNA Office and leadership positions.

1987 Assembly of Bargaining Unit Leaders is established; acting as advisory council to Economic and General Welfare Commission and training center for chairs and representatives. Last Diploma School closes in Minnesota. MNA negotiates contract language inhibiting discipline for a nurse who refuses to work mandatory overtime. MNA is successful in amending MN OSHA Act. Practice Commission introduces first “Objection and Documentation of Unsafe Staffing for Patient Care” form.

1988 MNAF announces \$2500 annual competitive grant for research. Minnesota Legislature enacts Minnesota Comprehensive Mental Health Act; Prescription Writing Authority for Certified Nurse Mid-wives; adds third party reimbursement for Clinical Nurse Specialists in Psych Mental Health, and Certified Nurse Practitioners. House of Delegates adopts 5-point resolution on the unmet needs of the uninsured.

1989 Concern for Safe Practice form is introduced; used to track trends in incidents and staffing levels. Nurses at Golden Valley Health Center ratify a successful contract after a 17-day strike. Legislation assures nurses’ rights to know about hazards in their workplace. Living Will legislation recognizes rights to make advance directives. Articles regarding AIDS begin appearing in *Minnesota Nursing Accent*.





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1990s

1990 Metropolitan Hospitals Labor-Management Council established between 11 labor organizations and 19 greater metro area hospitals; Nurse Practitioners gain prescribing authority; Pay Equity Bill passes Minnesota Legislature; establishes Scholarship for RNs who are continuing education in nursing.



1991 Minnesota Nurses answer the call for service in Operation Desert Storm; MNA Board approves dues forgiveness for nurses activated for length of activation.

1992 Organizations across the state join MNA's lead in successfully engineering into law Health Right, or what will become known as MinnesotaCare; the legislation provides affordable health care for working Minnesotans. Duluth nurses "banner" St. Mary's Medical Center, protesting a proposed nursing practice model; hospital agrees not to implement after public outcry supports nurses.



1993 President Clinton chooses MNA to kick off his campaign for Universal Healthcare Coverage. The terms workplace "restructuring," "redesign," "reorganization," creep into the language and operation of many Minnesota hospitals; nationally, significant numbers of nurses find themselves "downsized or "rightsized" out of a job; Minnesota's nurses are largely spared via contract language; MNA House of Delegates unanimously adopts resolution to "continue representing the interests of Registered Nurses in the development and implementation of a national transition plan for Health Care Reform that prevents the erosion of quality patient care through inappropriate reductions in Registered Nurse staff."

1994 Nurse campaign at Mercy Hospital stems the tide of attempts to reduce nursing workforce as a "health care reform" effort. MNA succeeds in tacking language on to MnCare bill requiring Health Department to collect hospital quality data to include nursing staff mix and nurse/patient ratios; law also establishes Community Integrated Service Networks.



1995 Latex allergies on the rise in the healthcare workplace; attributed to cumulative use of latex gloves. Third Report of the Pew Health Professions Commission predicts major oversupply of physicians and nurses, due to advancements in preventive medicine, technology, changes in care delivery and need; heeding the call, many programs close; hospitals continue to restructure in the name of "healthcare reform;" nurses leave the field, nursing school enrollments start to decline. MNA nurses lead the effort for a massive vaccination effort in Blue Earth County in response to a meningitis outbreak; 23,000 people are immunized in less than a week's time.



1996 First MNA Nursing Practice Summit, offers a day-long themed clinical-based educational program. National Staff Nurse Summit is organized and convened through the leadership of MNA members to educate and mentor staff nurses to become more active in their professional association at the local, state and national levels. MNA successfully lobbies legislation to provide direct reimbursement for RN Surgical First Assistants.

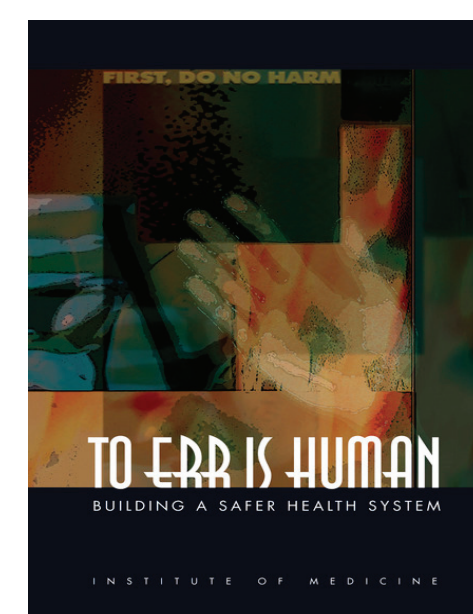
1997 Nurse-sensitive Quality Indicator Project is launched with a goal to document the link between nursing care and patient outcomes. Patient Protection Act becomes law; whistleblower provision protects health care workers from retaliation when reporting quality of care problems that place public at risk. Board adopts position paper on Delegation and Supervision of Nursing Activities. MNA urges and achieves formation of the State Nurses Association Labor Coalition, developed to foster a stronger labor presence within ANA, designed to respond to raids, conduct internal organizing, expand the reach of the organization and carry out research. House of Delegates updates Purpose, Mission Statement and Goals.

1998 4th District celebrates 100 year Anniversary. Fortune Magazine names ANA a top lobbying program for its effectiveness in achieving Medicare reimbursement for CNS, funding for the Nurse Education Act, National Institute of Nursing Research and OSHA and achieving reintroduction of the Patient Safety Act through strong bipartisan cooperation. MNA website is introduced. Robert Wood Johnson Foundation provides grant to develop Minnesota Colleagues in Caring Collaborative, anticipated to "facilitate agreements among nursing educators and providers that promote career mobility and educational advancement for nurses."



Mass immunization in Mankato

1999 Labor ruling requires MNA to change its relationship with its Districts and how delegates are elected. Labor-management committees,, established in many MNA contracts, win kudos from a national study conducted by the Economic Policy Institute; findings prove these committees result in three desirable outcomes – "greater organizational flexibility, higher nursing staff levels and better financial performance." Nurses win key policy victories at the state Capitol with the passage of the Advanced Practice Nurse Act; the legislation places into statute definitions, scope of practice and title protection for the four categories of APRNs (nurse midwives, nurse practitioners, nurse anesthetists and clinical nurse specialists); landmark legislation establishes and impartial mechanism for consumers to resolve complaints with health plans; ANA bylaws officially establishes United American Nurses (UAN); ANA affiliates with AFL/CIO at national level; MNA affiliates at State and Local level. MNA commissions and releases research entitled "Concern For Care," which reveals a dispiriting work environment for nurses, and compromised care for patients. National research confirms an atypical nursing shortage. Institute of Medicine releases "To Err is Human," research claiming 98,000 American die from medical errors each year.





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2000s



2000 Assembly of MNA Practice and Education Leaders (AMPEL) is established as an advisory forum for the Commissions on Education and Practice. ANA pushes national needlestick safety program; MNA spearheads complementary state legislation. Headquarters moved to 1625 Energy Park Drive, St. Paul; offices open in Duluth. Rally to “Start Hearing Nurses” draws 800; speakers expose dire conditions of short staffing, fatigued nurses and concerns for patient safety; Senator Wellstone promises attendees to conduct a series of investigative meetings around the state.



2001 Twin Cities Metro contracts become a public forum for a debate on safe staffing; 8,000 nurses at 12 different facilities vote to strike; last minute negotiations avert a strike at all but Fairview University Medical Center & Fairview Southdale; strike lasts 23 days; national media attention drawn to Twin Cities; Unfair Labor Practice filed against many of the non-striking hospitals for colluding not to hire striking Fairview nurses. First contract language in the country permitting closure of units when RNs say they cannot safely care for additional patients. Telecommunications technology triggers discussion regarding licensure and state boundaries. MNA members provide nursing services after World Trade Center attacks.

2002 Congress passes Nurse Reinvestment Act, hoping to stem nation’s impending nursing shortage through scholarships and loan forgiveness. JCAHO releases report reinforcing other studies exposing issues with nurse staffing and patient care. MNA successfully ushers legislation to put mandatory overtime language into state statute, benefiting a wider range of nurses. Nursing mourns the loss of dear friends in the tragic plane crash that kills Senator Paul Wellstone, wife Sheila, their daughter Marcia and three campaign workers; one of the Senator’s last appearances was three days before his death at the 97th annual convention of MNA. MNA named Changemaker of the year by Minnesota Women’s Press.

2003 Bioterrorism threats alarm the nation and care providers. MNA partners with a national initiative to provide greater awareness about the plight of America’s 36 million uninsured citizens. State budget plunges into substantial deficit and the political environment does not allow revenues through additional taxation; this affects many areas of interest to members, including nurses working in the State’s bargaining unit who will likely face wage freezes, and cuts to state health programs affecting 30,000 Minnesotans.



2004 9,800 Twin Cities Metro nurses ratify contracts without incident. MNA initiates a research coalition with the University of Minnesota; the team identifies a phenomenon they title “Complexity Compression,” which nurses experience “when expected to assume additional, unplanned responsibilities while simultaneously conducting multiple responsibilities in a condensed time frame.” Minnesota hosts the biennial convention of ANA; nurses from all over the country help rally for nurses at Hennepin County Medical Center seeking a contract with MNA; Karen Patek is honored with ANA’s Shirley Titus Award for enduring contributions to its economic and general welfare program. Presidential hopeful John Kerry launches a health care petition drive at MNA headquarters. NLRB ruling favors Fairview nurses in 2001 strike; three years after filing and through two appeals, MNA members prevail in a case that protects important labor rights.

2005 Minnesota Nurses Association celebrates one hundred years of representing nurses in Minnesota. Minnesota’s nurses respond to world and national catastrophes, donating time and money to relief for victims of tsunamis and hurricanes. MinnesotaCare is preserved in response to MNA lobbying activities. 1,000 nurses at Hennepin County Medical Center organize and achieve union representation with MNA. Membership exceeds 18,000.



Erin Murphy

2006 Nurses call for a Constitutional Amendment securing health care as a right for all Minnesotans. Organizing efforts at Unity Hospital in Fridley successfully bring 460 additional members under contract. MNA’s research on “Complexity Compression,” earns national attention with a manuscript published in *Nursing Forum*. Members show impressive power at the polls, as 95 of 105 of MNA’s endorsed candidates win their elections for state and legislative offices. For the first time, five registered nurses serve together in the legislature, including MNA Executive Director Erin Murphy. Membership exceeds 20,000.



Karen Patek

2007 Spurred by a confusing ruling by the National Labor Relations Board, 13,000 nurses in the Twin Cities and Duluth approve contracts that assure union status for charge nurses. Unsafe nurse staffing in hospitals become a significant focus for the organization. A public and legislative campaign is launched demanding hospitals be held accountable for the number of nurses scheduled in relation to the level of patient care required. Nurses lobby successfully for a safe patient handling law designed to prevent injuries related to patient lifting and movement. MNA nurses are among first to respond to I-35W bridge collapse that kills 13 people and injures 145 others.

2008 Staffing for Patient Safety legislation introduced. Conflict grows in relationship with ANA as the national organization takes steps to shed its labor responsibilities. At its annual convention, MNA delegates vote to disaffiliate from ANA. The relationship with UAN remains intact.

2009 UAN joins forces with nurse organizations in California and Massachusetts to form National Nurses United (NNU), becoming a national union of 150,000. Efforts toward universal health care intensify on a national level.



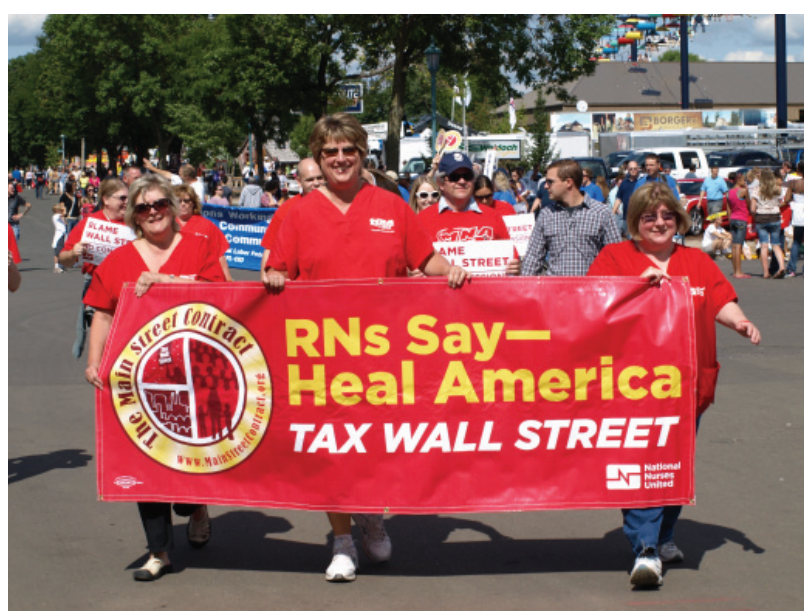
A Proud Legacy

Celebrating the history of organized nursing in Minnesota

2010s



2010 A dedicated focus on internal organizing combined with dangerously poor patient safety conditions creates determined nurse groups in the Twin Cities and Duluth for contract negotiations. In May, thousands of nurses in the metro area conduct informational picketing to highlight the risks of inadequate nurse staffing, but employer negotiators ignore the warning. June 10 dawns on the largest nursing strike in U.S. history with 12,000 nurses on picket lines for 24 hours. An agreement is finally reached on July 6, and nurses vow to continue their fight for improving patient safety in policy and public arenas. Nurses in Greater Minnesota are also emboldened, winning tough battles in their own contract talks, and making their voices heard with legislators. The fight for patient safety continues to expand into overall health care reform as nurses build momentum nationally for single-payer, health care for all. MNA nurses heed the call for help in hurricane-ravaged Haiti. Minnesota Board of Nursing gives ominous signs of intending to alter the Nurse Practice Act to loosen scope of practice policies. The Board also pursues an Interstate License Compact, allowing nurses from other states to practice in Minnesota without a Minnesota license. MNA continues its electoral activism success by helping to elect nurse-friendly statewide officials and legislators. Nurses in hospitals in Marshalltown and Council Bluffs, IA elect to be represented by MNA. Members gain efficient electronic access to MNA with the introduction of MyMNA secure online access to their membership data, and M-Link Friday emails offering topical news headlines and organizational announcements and alerts.



2011 Nurses celebrate their efforts to restore funding for medical assistance to Minnesota's most vulnerable populations as Governor Dayton signs an executive order to expand Medicaid under the new federal Affordable Health Care Act. MNA and National Nurses United (NNU) lead marches and rallies in Madison, WI in response to workplace threats instituted by Gov. Scott Walker. Picketing and a one-day strike in Hibbing. Day of Action on Sept. 1 sees nurses in six different locations in Minnesota and dozens of other cities across the nation promote the national Main Street Contract campaign calling for a tax on Wall Street to help Main Street America. Delegates at MNA's 106th annual meeting vote for organizational structural reform to streamline operation. District operations will no longer be supported by the state offices, and they return to their original independent status.



2012 Staffing for Patient Safety Act requiring minimum standards of nurse-to-patient staffing is introduced. After succeeding in several committees, it still fails to reach a floor vote. Nurses lend their voices to rally against attempts to advance legislation attacking workers' rights to form and maintain a union, commonly known as Right-to-Work measures. Member actions in Albert Lea, Marshall and Bagley demonstrate determined to fight for contract rights and are willing to be visible. In an unprecedented and telling move, Twin Cities employers approach Twin Cities nurses in December offering to negotiate a wage-only, three-year contract, promising to keep all other aspects of the contract intact. Nurses agree and ratify a 4.5% wage increase.



2013 As vowed, MNA members continue their campaign to reduce patient risk in hospitals by introducing the Standards of Care Act, resulting in a law requiring a comprehensive study of nurse staffing and patient outcomes, and public reporting of each hospital's staffing plans. Thief River Falls nurses kick off the new campaign on a frozen lake as the new year begins. Nurses in Sleepy Eye vote for MNA union representation. St. Lukes and Essentia nurses in Duluth agree to terms for wage increases and contract language to address inadequate staffing. Spirited engagement by members help secure new and/or fair contracts in Mankato, Bagley, Thief River Falls, Bemidji, Mora, Aitkin and Virginia. Hastings nurses at Regina Medical Center demand equal treatment from Allina as the corporate health care giant prepares to assimilate the hometown hospital.



2014 29 contracts are ratified throughout the year, including a "Spring Surge" when 13 contracts are ratified within three months. Regina nurses receive support Allina-wide as nurses picket the Hasting facility and other Allina locations demanding their colleagues are equally in wages, benefits and practice authority. MNA-endorsed Women's Economic Security Act is signed into law. APRNs achieve legislated right to practice independently. Work-site actions are held by members at North Memorial Medical Center, Rainy Lake MC and Cambridge MC. MNA welcomes new bargaining units at Abbott Northwestern WestHealth, Lakewood Health Center, Bemidji Clinic and the public health workers in Douglas Pope, Stevens, Traverse and Grant Counties. Workplace violence becomes headline news when ER nurses at St. Johns Hospital are brutalized by a patient. In response to a growing Ebola outbreak, nurses nationwide demand assurances of protection at work.



2015 St. Johns nurses lead the call for new state policies protecting workers from experiencing violence on the job. Newly named MNA Executive Director Rose Roach amplifies MNA commitment to achieving healthcare as a human right. MN Dept. of Human Services study on nurse staffing and patient outcomes shows a direct correlation of patient mortality, failures to rescue and patient falls with poor staffing levels.

