

National Nurses United

2018 Maine Candidate Questionnaire

Thank you for taking time to fill out this questionnaire. In order to better inform our membership about the candidates for offices in the State of Maine, the Maine State Nurses Association/National Nurses United requests candidates seeking endorsement to respond to the following questionnaire. Please use additional paper to complete any questions.

NAME: **Kenneth A. Capron**
OFFICE: **Governor, State of Maine**
ADDRESS: **1375 Forest Avenue D-11, Portland, ME 04103**
PHONE: **207-797-7891**
EMAIL: kcapron1@maine.rr.com
<http://capron4me.com>

CAMPAIGN MANAGER: Self

PHONE: Same

CURRENT OFFICE (if applicable) None

“I’m a contrarian. I’m tired of the Status Quo. When’s the last time government listened to you? If you’re like me, you’re sick and tired of the constant tax debates and the ping pong welfare games. If you’re like me, you want real solutions that put issues to bed once and for all. I’m a systems person, known for solving complex problems so they stay fixed. Let’s work together – you and me – as a team to make the greatest use of scarce resources for our state – The Great State of Maine! I’ve got a lot of ideas to share. Let’s do this.”

Candidate Background:

1. Briefly describe your top priorities and the policy areas that will be of most interest to you if you are elected.

- Systems’ Analysis, Efficiency and Effectiveness in government
- Seniors and the Older Americans Act (OAA)
- Economic Development and Research
- **Sustainable Healthcare for All**
- Education and Job Training
- Equal Access to Legal Services
- Taxation Alternatives
- Non-Profit Reform
- Accountability
- Transparency
- Homelessness
- Transportation Innovation

2. Briefly describe your background, work history, education, and prior public service.

I have a strong health care background and have some strong ideas on how to increase access, improve quality AND reduce costs.

My entire family comes from healthcare. My Dad was a radiologist; my Mom was a Nurse; one sister was a PT at Johns Hopkins; one sister was a Social Worker;

	<p>and I have been an orderly in a cancer ward at Maine Med. I have also been involved in the financial management aspects of hospitals as a Controller at Wentworth Douglas in Dover, NH; Director of Accounting at Maine Med; and as a consultant for EMHS at Chas Dean in Greenville and with the IT folks in Bangor.</p> <p>By training, I was a Certified Public Accountant/Computer Audit Specialist, a Microsoft Certified Systems Engineer, a Systems Analyst and a private Financial Fraud Investigator among many opportunities.</p> <p>I graduated Summa Cum Laude from USM with a BS in Accounting and accepted a position with the Big-8 firm of Peat, Marwick, Mitchell which lead to my career in healthcare finance, my expertise in non-profits and my enthusiasm for fraud investigation.</p> <p>Currently I donate all my time advocating for and supporting people with dementia and seniors in general as the Founder and Director of MemoryWorks, a small non-profit supporting and advocating for seniors with dementia.</p> <p>I have also worked for SOM/BRS, TD Bank, EMHS and others as a consultant on financial matters.</p>
3. Have you failed to vote in any elections in the past five years? If so, why?	NO
4. Please describe your membership, work or experience with labor unions.	My only direct exposure to unions was as the Finance Manager at Greater Portland Metro. There, the front-line employees were treated like crap. It was an unpleasant work environment and an unsafe place to speak up/out.
5. Please list the organizations to which you belong.	I founded the Great State of Maine Cribbage Players in 2017 and donate a lot of time organizing this statewide effort to expand cribbage, and promote its benefits to students and seniors as to mental agility and decision making.
6. Have you ever been endorsed by a labor union?	Not that I know of - although as a candidate years ago the CC Jail AFSCME members did ask me for help with an issue.
7. What endorsements have you received for your current race?	I have not yet sought endorsements.
Healthcare	
1. Currently 28 million Americans, including over 100,000 Maine residents, have no health insurance and tens of millions more across the country have inadequate insurance with high co-pays and	No one has yet to put a feasible sustainable plan on the table yet. Universal Health or not, insurance is not the answer and it shouldn't be treated as the issue.

deductibles that prevent them from seeking care. While this is an improvement from the number of uninsured people in the state before the passage of the Affordable Care Act and will undoubtedly improve further when the expansion of Medicaid in Maine is implemented pursuant to the recent ballot referendum that anyone is unable to seek the care that they need is unacceptable to the state's registered nurses. President Trump and Congressional Republicans are continuing to seek to make a bad situation much worse by passing new federal legislation that will deny care to an additional 22 million people, including those in Maine dependent on Medicaid and the ACA exchanges. But even without these Republican proposed changes, the US still ranks poorly among industrial nations in a large number of health indicators, despite paying more per capita than most other OECD countries. Do you believe that health care is a human right? Are you in favor of a publicly-administered, single-payer universal health care system? Will you champion legislation to implement such a plan in the State of Maine?

2. The financial imperatives transforming the health care industry increasingly undermine the ability of clinicians to make health care decisions based strictly on the needs of their patients. This includes a pervasive practice by hospitals not to have on shift at all times a sufficient number of registered nurses taking care of patients, a practice which is dangerous for patients and studies show increases morbidity and mortality rates among hospital patients. Another manifestation of this problem is long emergency room wait times, according to the US federal Centers for Medicare and Medicaid Services; one clear cause of this is understaffing in the ERs and other units of the hospitals. What steps would you pursue to protect and improve the quality of patient care in Maine hospitals and clinics? Do you support mandatory, minimum nurse-to-patient ratios in acute-care and critical access hospitals? Do you support measures to limit unsafe, premature discharges of patients or transfers from hospitals to nursing homes or other sub-acute facilities? Do you support legislation to enact new protections for hospital patients warehoused in "observation status" with fewer protections accorded other patients?

The real problem in health care is the actual costs. The truth is that costs continue to grow faster than is acceptable. No matter how you insure healthcare, the costs have to be paid by someone.

So I have a better solution in mind, one which focuses on costs of care and the factors that fail to cut or slow the increases we see every year. This is particularly hard to do in a state as poor as Maine. Changing the Status Quo is painful and expensive. So the trick is to find an implementation strategy that doesn't result in failure before success can be achieved.

In short, if you add up all the actual "costs" of healthcare, then eliminate excessive costs and unnecessary costs, you get the dollar amount in total that will need to be funded collectively by all payers. That becomes a manageable amount that can be allocated insurers, businesses, individuals and even providers. The more efficient that system is, the more that the payers will benefit.

Note: This is not unlike MEMIC which is a mutual corp – aka member owned – which returns excess premiums to its members annually – except not all members pay into the system directly.

I cut my teeth as an orderly working nights on a cancer ward at a time when money was not the prime directive in healthcare. Wow, have things gone downhill since then. You got your money's worth and felt it.

I know what it is like on a night with 38 full beds and a staff of one RN, one LPN and two Aides. Sometimes we only had the RN and Aides. All it takes is for one event and everything else goes downhill quickly. I was lucky to have one of the best RN's as my mentor. I was often called upon to do things that were right at the edge of what I could legally do. I was often floated to other floors that were having a short-staffed shift, including the E.R. To put it lightly, there are some things you just learn and learn fast.

My hands-on experience however preceded numerous changes in health care. We need to return to the days when the staff is a mix of RNs, LPNs and CNAs or CRMAs – just to get staffing levels back up to where they meet the needs. I know that hospitals are pushed by MediCare and insurances to discharge people too soon. I've had 9 hernia repairs and the last one ended up as a readmission because they didn't let the wound heal in-house long enough.

	I intend to propose many changes to the current health care “Status Quo”.
<p>3. About 46% of Maine residents live in rural areas with a fragile health care delivery system. Critical access hospitals throughout these rural counties have been discontinuing services such as labor and delivery and specialty care leaving patients no choice to travel long distances or delay treatment. The elimination of services are made by hospitals and hospital systems without any public input, public health conversation, or impact study. Would you support and would you advocate for legislation that regulates closures and the elimination of services in areas where there is no other alternative for patients?</p>	<p>We need to establish a statewide triage system that identifies geographical disparities and challenges; that then puts in place the providers, facilities and services and the means for getting to those resources more effectively.</p> <p>Establishing the framework for such a system must be the role of government at this time until it matures to its own potential. However, government needs to get out of the way of innovation and needs to regulate only those segments of the health care industry that don’t seem to be able to collaborate in practical and efficient ways with us and each other. Government will not be playing favorites under my administration. Those in the greatest need will have a loud voice in Augusta for at least four years if not eight.</p> <p>As to transportation, we need to assure that 95% of the needed services are within a 15-30 minute access point. The can be accomplished with better transportation models that would be new to Maine.</p>
<p>4. Expansion in the use of telehealth services (the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration) continues to proliferate. In order properly to assess a patient, a registered nurse must see, touch, feel and even smell the patient. Each of these elements can indicate subtle changes in a patient’s condition, which are vital to the proper assessment and diagnosis of patients and the overall provision of quality patient care. Do you believe that that government should assess and study telehealth services before any expansion is implemented to ensure that patients get quality care?</p>	<p>A major component of a triage or need-based system is the use of technology. Whether its telehealth or the Amazon ECHO, or an app-bound cell phone, someone needs to implement health related technology as a focus in Maine. As a technology expert, I will be greatly influenced by enhancements like telehealth that provide better services at lower costs.</p> <p>Telehealth is as they say a “no-brainer”.</p> <p>Wouldn’t it be nice if we could become the center of research on medical electronics? Why can’t Maine lead the way as early adopters or even creators of new tech?</p>
<p>Nursing Practice</p>	
<p>1. There are specific differences in the scope of practice of RNs and LPNs which define which personnel do what relative to caring for patients. The differences in scope of practice are based upon education and knowledge of the practitioner and state licensing requirements. The health care industry often tries to save money by blurring the lines between different clinicians’ scopes of practice. Do you support protecting patients by opposing attempts to undermine the RN scope of practice?</p>	<p>As an orderly in 1970, I was often called upon to push the limits of my job description. The most intriguing was being called to assist with an angiogram in x-ray. I enjoyed the opportunity and appreciated the vote of confidence. Then I was invited to learn about giving meds. I was good so I got lots of opportunities.</p> <p>In most of my careers, management has always been criticized for keeping all the good stuff for themselves while giving workers the busy work. Managers, like me, who would give challenging tasks to subordinates were rewarded with greater loyalty and enthusiasm.</p>

	<p>It was always understood that encouraging a subordinate was a risk of judgment. But I can look back on all the people who I encouraged to grow their skills and advance their careers.</p> <p>I never knew of any situation in 2.5 years when a patient suffered as a result of the staff mix and the blurring of the lines. One would assume that if an LPN or a CNA wanted more pay, s/he would seek a higher degree on their own. I would also expect the RN's employer to recognize the importance of the RN in the role of staff development.</p>
<p>2. Do you believe that prescription drugs should be administered through an appropriately trained and licensed provider or do you believe that people, including unlicensed personnel, can be trained to safely and properly administer some prescription drugs?</p>	<p>Untrained – NO! Unlicensed? Certified? Phlebotomist? Pharmacist?</p> <p>Meds is a job that requires more than just a license. It requires concentration, the ability to decipher a doctor's order, awareness of contra-indications and potential for allergic reactions and so much more. I'd hate to see an inexperienced person be unable to identify when an order of a gram (G) is transcribed instead of mG (milligram).</p> <p>However, mistakes can be made by any level of staff. There's at least one RN out there who fails to clear air from her syringes before injecting meds. Same with starting IV's.</p> <p>The problem is that liability insurers don't do anything to enforce safety precautions to assure training for all staff has been adequate for the job performed.</p> <p>On the other hand, who pays the premiums for liability insurance on RNs?</p>
<p>3. Nurses have some of the highest rates of work-related, musculoskeletal injuries of any occupation. Do you support legislation that would require that hospitals institute and utilize lift teams and lift equipment, and that also protects the rights of nurses to speak out regarding unsafe patient care practices?</p>	<p>I didn't know they had done away with lift teams. We always required enough power to do the job in an ergonomic manner, even to the extent of calling over staff from another floor to assist. There was always a shortage of lift equipment to assist us and preclude injury to the staff.</p> <p>I am a major supporter of the ability to safely speak out against unsafe situations. Maine's Whistleblower laws need major upgrades.</p> <p>We used to have a surgeon who was known by staff as "the butcher" but no one dared speak out.</p>
<p>4. The rates of workplace violence in health care settings have risen to epidemic proportions. The Bureau of Labor Statistics showed that 48% of all non-fatal injuries from occupational assaults and violent acts occurred in healthcare and social service settings. Healthcare workers</p>	<p>I'd like to see more of the research on this. In my experience, including the medical family I come from, I rarely encountered violence on the job. If we did, it was a drunkard or drugard or a psych patient</p>

specifically are five times more likely, than all other major industries combined, to be the victim of assault. Thus far, California is the only state to have passed comprehensive workplace violence prevention legislation to protect registered nurses and other healthcare workers. In order to be effective, such a standard must mandate that every hospital develops a workplace violence prevention plan in conjunction with registered nurses that is unique to the needs of each unit, and is in effect at all times in every unit. It must include hazard identification and correction procedures, annual program evaluation, in-person training for all employees and sufficient staffing to respond to workplace violence incidents. Do you support the creation of a comprehensive workplace violence prevention standard for healthcare workers in Maine?

who should have been in a whole other care environment.

Something tells me this is a specific subset of the patient population because I don't believe most patients are violent.

I would support segregating patients that are potential threats before including them in the general population.

So, yes, I would support a P&P on handling patient violence or violent patience.

I also think sometimes people need to exercise common sense. You don't put a drunk on a ward with 38 beds and a staff of three just to let him dry out.

Budget and the Economy

1. Given the challenging economic times faced by state and local governments, and the disproportionate impact of budget cuts on health services, what measures do you support, if any, to raise revenues, reform the budget process, and ensure adequate health and human services?

In addition to my previous response, I have to say that if the industry can't solve this themselves, they wouldn't much like my solutions. There's no shortage of profits in the industry itself. We need to navigate how those profits are derived, and determine who exactly is benefitting unreasonably.

2. A small federal tax on Wall Street's financial transactions has the potential to raise significant revenue, which can pay for things such as free college tuition, infrastructure, health care, job creation and other measures. Such a federal tax, paid for overwhelmingly by hedge funds and other traders, would simultaneously limit reckless short-term speculation that can threaten financial stability. Research has shown that a transaction tax in the United States, starting with a 0.5% tax on stock transactions and lower rates applied to other financial transactions, including currency speculation, would raise more than \$300 billion annually. Do you support such a financial transaction tax? If yes, are you willing to speak publicly about your support for this issue so that more revenues can be raised from Wall Street special interests to create jobs and meet human needs?

We need another tax to manage like we need a new hole in our head. You have to know what Congress would do to such a suggestion.

In theory, this is certainly an interesting plan. In reality, I'm not so comfortable that the results would be as expected. There's a lot of pension plans and college funds and endowments and UGMA/UTMA accounts that will be hurt. Collectively the pain will be palpable.

I have other ideas on how to fund public services. First and foremost, I believe that all government services should become self-funding and sustainable. In some ways this may echo a "Fee for Service" concept but it's a lot more thorough than that. It is not, however, complex and will take less than 500 pages to explain.

3. Under what circumstances, if any, would you vote in favor of privatization (i.e., corporatization) and/or contracting out existing state services?

You won't like this but I am a strong advocate of privatizing those services that do not need to be managed by government. I would support helping existing state services by setting them up as private ESOP corporations or mutual corporations. (like Moody's and MEMIC).

	Given the abhorrent track record of government managed programs here in Maine, I want someone I can turn to when things get screwed up. I want to make sure they have the necessary insurance to cover our costs if they do screw up.
4. Do you support a state minimum wage of at least \$15 per hour by 2020?	Yes. Some professions should already be at that rate. I do reserve the right to make minor exclusions if warranted by a troubled industry. I anticipate that the shortage of workers will drive rates higher than that by 2020.
5. Do you support legislation mandating free tuition at community colleges?	I support an entirely different path to free education. With workforce shortages, businesses will need to pre-hire employees and train them under guarantee of a future job with an obligation by the employee to remain for a specific timeframe. Why buy a cow when you can get the milk for free.
Collective Bargaining and Workers' Rights	
1. Defined benefit pension plans are under attack and are frequently being replaced by defined contribution plans (e.g., 401-k plans). What are your views on this and what should be done to provide workers who retire with a livable pension?	<p>I prefer a plan with a matching contribution from the employer. I also prefer to manage the risks of the plan. Any plan that forced me to set money aside seemed worthwhile. Unfortunately nothing precludes the chances of a major life event screwing up the whole plan. That's what happened to me. As they say, the best laid plans of mice and men often go awry.</p> <p>"Livable" is nebulous. For how long? Most pensions were calculated with an expected lifespan of 72 years. A lot of seniors are running out of funds well before they pass.</p> <p>If you're smart, instead of a pension, go for a retirement benefit that provides Long Term Care insurance at least until age 95. Otherwise, frankly, it doesn't matter which plan you have. You have to be very rich to do well as a senior.</p> <p>Do not get your hopes up about the benefit of any plan. Plan 'B' - Stay healthy.</p>
2. By many measures, quality of life is worse in states with so-called right-to-work laws which allow employees, who receive the benefits of union representation, including higher wages, safer working conditions and better benefits, not to pay their fair share of the cost of representation. Long established law already permits employees who object to a union's political expenditures to withhold payment for certain union political activity. Right-to-work laws go far beyond the settled law of permitting union members to opt out of dues for politics, going directly to the heart of everything unions do in the realm of collective bargaining.	
a) Will you oppose efforts by corporations and anti-union groups to weaken the rights of workers to organize a union and collectively bargain in Maine?	I will neither support nor oppose efforts to unionize. That's between the business and their employees.
b) Will you oppose so-called right-to-work legislation?	I will neither support nor oppose RTW

3. Please answer if you support or oppose, and state your reasons why.

a) Efforts to make it easier for workers to join a union through employer neutrality agreements, majority signup or other processes that allow workers to choose free from fear or intimidation.	This is a two part question. I will answer the part about fear and intimidation. I abhor any form of bullying, intimidation or retribution. If this is happening, I want to know about it. The Whistleblower Protection Act needs to cover all situations where one party threatens or harms another just for taking a stand on any issue.
b) Employers imposing furloughs, reducing employee benefits, or moving to a two-tier pension system.	I apologize but I am not familiar with these issues. I'd be open to learning more and discussing the impacts from the various points of view.
c) Employers unilaterally imposing a collective bargaining agreement on workers instead of negotiating in good faith.	Must negotiate in good faith – this is not optional.
d) Governments banning any group of workers from engaging in any form of collective action, including the right to strike.	“Any” is too broad for this question. Public safety comes first. I will not compromise on that.

4. Will you support workers who are attempting to win union recognition or union contracts from recalcitrant employers by:

(a) Honoring (refusing to cross) union picket lines? 1) Please tell us about any strike or picket you have supported or participated in:	I think this entirely depends on the nature of the issues at hand. I support efforts to promote better working conditions. I do not support striking just for pay raises. I have never had the opportunity to be involved in a strike. I have only had one employer with a unionized workforce, the Portland METRO.
(b) Supporting union boycotts? 1) Please tell us about any boycott you participated in:	I think this entirely depends on the nature of the issues at hand. I support efforts to promote better working conditions. I do not support striking just for pay raises. None
(c) Publicly speaking or writing in support of union organizing drives and contract campaigns?	I would speak or editorialize whichever way I perceive the issues after trying to understand both sides' concerns.
Please tell us about any support you have provided to organizing drives or contract fights:	None
5. Have you ever crossed a union picket line? If yes, please explain	None

Environmental Health

1. Do you see a connection between the environment and public health? If so, please describe what role, if any, you see for the government on this issue.	The government's role is first to encourage people to minimize their carbon footprint. Government can help enable all interested parties to agree upon common goals and steps to achieve them. Government can
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	invest in breakeven projects that banks might not otherwise fund based on serious feasibility studies.
2. Nurses view with concern the social and public health impacts of climate change.	
a) Do you agree with the scientific consensus that human-caused climate change is producing measurable negative impacts on our health and quality of life?	<p>Yes and no. I disagree with the magnitude of the impact. I seriously disagree about what humankind can/will do to stop or reverse the change. We aren't gods and shouldn't make matters worse by tinkering with mother nature – she will take care of herself.</p> <p>The amount of warming caused by man is miniscule compared to natural causes. And we do not have the financial resources to fix the past. Restricting developing countries will short-change their growth.</p> <p>We need a new method of storing energy if we are going to accommodate both economic growth and elimination of the human impact. But Earth will still warm.</p>
b) Do you support limiting extraction of fossil fuels?	Limiting how? I do not support drilling in the Georges Banks and other significant fishing grounds. That would be stupid and far too risky. I do support gas and oil extraction until we can find affordable alternatives. At some future point we will need to allocate/ration fuels for air travel and diesel power and other power demands that are not amenable to electric sourcing.
c) What measures do you support to reduce the levels of CO2, methane and other greenhouse gases? Do you support Cap-and-Trade approaches, and/or a Carbon Tax? Do you support former President Obama's Clean Power Plan?	<p>Methane is a special situation since there are billions of liters of methane frozen under the ocean. Any disturbance there can result in a temporary peak.</p> <p>CO2 can best be offset with increased crop production.</p> <p>No on Cap & Trade; no on carbon tax.</p> <p>No I do not support Obama's plan.</p> <p>I would like to see adoption of Person-Centered Cities.</p>
3. Would you support the legislation to ban fracking in Maine? Why/Why not?	<p>Maine already uses fracking for water wells 300' to 700' +/-</p> <p>No. I would not ban fracking.</p>
4. What other measures do you support to protect public health and ensure a clean environment in Maine?	<ul style="list-style-type: none"> • Make all containers recyclable. • Replace ferries with hovercraft • MagLev rapid transit system • Bar all non-electric cars from city centers • Person-centered Cities

Women's Rights, LGBTQ Rights and Civil Rights

1. Do you support a woman's right to make her own decision regarding her reproductive health, including the right to choose an abortion?

I've had some unique experiences having doctor as a father. I got to read a lot of medical journals including the ones that talked about what happened back when abortion was completely illegal – about the back room abortions – about the self-inflicted abortions – about the cover-ups and the deaths that resulted from improperly performed abortions. From that I developed a belief that having a professional perform the abortion was a whole lot better than an unsanitary probe with a coat hanger.

In other words, whether it's legal or not to have abortions, they will happen. So we need to make sure they happen safely.

Another influence I had growing up seems horrifying in retrospect. Apparently my father doctor performed at least two abortions in his life because we always had two canning jars in the back of a closet on a shelf out of sight and out of reach in which were a fetus each. We never talked about these jars nor their content. I didn't get it then and I'm not sure I understand it now. They were just there ... always. With that image in mind, I find it difficult to justify abortions of viable normal healthy fetuses.

To that I add the fact that four people within my nuclear family are adopted. And from that I have to wonder why anyone would seek an abortion when adoption is in such great demand. And so I can't support abortion outright. If there is a medical reason that would impact the fetus or the mother, I might be convinced – if it is the absolute last resort. In most cases, I would have to know that adoption has been seriously considered, that the mother has been truly well informed and that it would do more harm to carry the fetus than not.

Yes, there's choice but no one should be encouraging a preference of abortion over the adoption of the next Einstein. As with my Dad, maybe one or two in a lifetime. Maybe.

2. Do you support measures to prohibit discrimination based on gender identity and sexual orientation in employment, housing, education, credit, public accommodations, jury service, and federally funded programs?

There is no legitimate reason for discrimination of any kind in all of those areas, and more. What makes us different, makes us stronger.

3. Do you support legislation that would prevent a state government agent from using public resources for civil immigration enforcement; prevents law enforcement officials from stopping, arresting or detaining an individual simply to find out immigration or citizenship

NO

<p>status; prevent the State from creating a registry for the purpose of immigration enforcement, and prevent state law enforcement officers from being deputized as immigration officers?</p>	
<p>Clean Money/Fair Elections</p>	
<p>1. Corruption of the political process and clean elections are a major issue in how governments operate and in the viability of the democratic process.</p>	
<p>a) What specific reforms do you favor to curb the corrosive impact of corporate lobbying and donations to electoral campaigns?</p>	<ul style="list-style-type: none"> • Ban donations from people and businesses and their lobbyists based outside of Maine. • Treat donations as taxable income to the candidate or PAC
<p>b) Do you support Maine’s Clean Election law to publicly fund elections? Do you support small donor match public financing of candidates?</p>	<p>Yes I support clean elections.</p> <p>I don’t understand what you mean by the second question.</p>
<p>2. Are there other reforms you support that would increase voter registration and participation in elections in Maine? Automatic voter registration? Same-day voter registration? Rank choice voting?</p>	<ul style="list-style-type: none"> • Mail verification of all registered voters each year. • Picture IDs of new voters the first time they register.
<p>Vanessa Sylvester, Assistant Director of Collective Bargaining</p> <p>Maine State Nurses Association/NNOC/NNU</p> <p>23 Water Street, Suite 301</p> <p>Bangor, ME 04401</p> <p>Tel: 207-441-6762</p>	