Hundreds gather to celebrate MNA’s 100th anniversary

More than 400 nurses from all corners of the commonwealth took part in an historic three-part celebration on February 26 to mark the 100th Anniversary of the Massachusetts Nurses Association. The MNA, the largest and oldest association for registered nurses in Massachusetts, used the occasion to honor its past, celebrate its many accomplishments, and to point to present and future challenges faced by the profession.

The event kicked off with a special ceremony and demonstration in the Gardner Auditorium at the Massachusetts State House. In her introductory remarks, MNA President Karen Higgins underscored the reasoning behind the decision to begin the festivities in that location.

“The birth, growth and continued development of registered nurses and of all professional nursing is directly tied to and dependent on laws and regulations that have been sponsored by, lobbied for and championed by the Massachusetts Nurses Association in concert with our elected leaders in this building,” Higgins explained. “In this hall, Gardner Auditorium, many important hearings on the issues confronting nurses over the last 100 years have been held. It was here that testimony was given time and again to convince legislators to create a board of registration for nurses. It was here that the nurses made their case for the creation of an amendment to improve the Nurse Practice Act which governs nursing practice, and it was here in 1964 that nurses testified and won support for a law granting nurses the right to pursue collective bargaining in the Commonwealth.

Underscoring the partnership between legislators and nurses, Rep. Peter J. Koutoujian, House Chair of the Joint Committee on Health Care, read the text of a legislative resolution passed in both houses of the legislature to recognize the accomplishments and contributions of the MNA to the Commonwealth of Massachusetts.

This was followed by a special ‘carnation laying’ ceremony to call attention to the current crisis in nursing and patient safety in the state. Upon entering the hall, nurses were each given a single white carnation. The carnations symbolized nurses’ commitment to providing quality patient care, as well as those nurses who have left the profession because of untenable staffing conditions.

Higgins introduced the ceremony by saying, “Nurses are here to tell you that while we are proud of our history and the profession we have created to care for the public, you need to know that we are finding it more difficult to meet the legal, ethical and educational standards that define quality nursing care. The promise of quality care made to the public through the establishment of our profession and the laws that govern it cannot be kept given the current conditions created by the health care industry.”

Higgins then called for the nurses to exit the hall, and as they did, they took their carnations and placed them in a basket held by Rep. Christine Canavan, RN, herself an MNA member and the lead sponsor for legislation filed by MNA to regulate RN-to-patient ratios in Massachusetts hospitals.

“In placing these carnations in the hands of the legislature, we are once again expressing....”

See Anniversary, Page 8

MNA prepares battle to preserve services, protect workers

On Feb. 26 Governor Mitt Romney filed his budget proposal for fiscal year 2004. The proposal represents a wholesale attack on the state’s human services programs and the state employees who provide these services. The governor’s proposals include:

- Closure and downsizing of mental health and mental retardation facilities
- Immediately planned for closures include Worcester State Hospital and Fernald Developmental Center
- Long-term plans for closure of all DMR facilities
- Collective Bargaining
- Dismantling of the Chapter 150E, the public sector collective bargaining labor law
- Elimination of seniority
- Elimination of bumping rights
- Implementation of a comprehensive management-rights clause
- With this proposal, the only issues left on the bargaining table would be wages and some benefits
- Elimination of ‘supervisory’ employees from the collective bargaining unit
- Elimination of the Civil Service system
- Repeal of the Fachecco privatization law
- State employee health insurance

The governor’s proposal is to drastically alter the current 85 percent/15 percent contribution structure. His proposal would have the state pay no less than 75 percent of the cheapest plan available. If someone chose a more costly plan, the state would pay no more than the dollar amount that equals its contribution to the cheapest plan. In addition, it appears that the Governor’s proposal may eliminate the family plan option.

The MNA is engaged in an aggressive campaign to preserve services and protect workers rights and benefits. As part of this campaign the MNA is working with a coalition of unions to facilitate a series of regional meetings with legislators entitled, “The Romney Budget: Beyond the Headlines.” The meetings are designed to educate the legislature about the magnitude of these proposals and what they mean to those we serve and represent.

See Smallpox, Page 13

MNA reaffirms stance on smallpox vaccine

During its March meeting, the MNA’s Smallpox Vaccination Task Force revisited several of the issues outlined in its position statement regarding the DPH’s smallpox pre-event vaccination plan for health care workers. According to Denise Garlick, RN and the task force’s interim chairperson, and MNA President Karen Higgins, RN, the majority of positions outlined in the statement continue to be issues of the highest priority for the organization — including those related to patient safety, furloughing and education.

“For the sake of patient safety, our biggest area of concern continues to be that those who are vaccinated should be compensated for their time and hardship if the smallpox vaccine causes complications, and that MNA members and the general public need to be further educated about the overall vaccination pro...

See Smallpox, Page 13
Why are we cutting Medicaid and wasting $16 billion of ‘health care’ dollars

By Margaret O’Malley, R.N.
Chair, MASS-CARE, the Massachusetts Campaign for Single Payer Health Care

Massachusetts can afford to guarantee health care to everyone in our state without spending more than we do today. The coverage would include prescriptions, choice of doctor and better care. How is that possible?

A recent report commissioned by the Massachusetts Legislature found that nearly 40 cents of every dollar we spend for “health care” goes to administrative overhead! That is appalling given how many of us have inadequate health care or are paying more than we can afford for what we do get.

We can stop blaming the poor, the elderly, the disabled, or the kids. The costs of insurance bureaucracies and the unbridled profits of pharmaceutical companies are the real “budget busters” for taxpayers, for employers, and for our own households.

Total spending on health care in Massachusetts in 2002 was $41.5 billion. That means that about $16 billion is available for a far better social value: covering everyone and stabilizing the finances of essential institutions like our community hospitals.

How? Through a “single payer” system of insurance, a system like Medicare in which the government is the single payer of all bills. Of course Medicare must be updated to cover prescriptions. But it isn’t only seniors who need prescription coverage; we all do.

It’s important to remember how inefficient Medicare really is. Medicare guarantees care to over 40 million elders and disabled and keeps its administrative costs less than 5% of overall expenses. Even though it covers a population more likely to get sick, Medicare’s annual increase in expenditures grows at a rate less than the private insurance market, which vigorously excludes anyone likely to need care.

Massachusetts legislators can create a state-based single payer system that provides health care to all 6 million residents through the passage of the Massachusetts Health Care Trust, Senate Bill 606.

Elimination of private insurer costs would account for only part of the savings. As the single statewide buyer of all drugs and medical supplies, the state could negotiate fair prices, allowing for reasonable profit for manufacturers. That’s what’s done in Canada, where U.S.-manufactured drugs cost 40-50 percent less than they do here. The government buys in bulk and passes the lower costs along to pharmacies and hospitals.

Early preventive care and attention to public health issues, like indoor air quality, save billions more. Finally, anticipating and planning for future health needs targets resources wisely and prevents the wild fluctuations of an unregulated market which not only wastes money but endangers lives.

The sudden onset of the industry-created nurse “shortage” being just one case in point. People are scared off of single payer by predictions of “rationing,” denials of expensive care and long waiting lists. These problems exist in many systems, including our own. But you never hear complaints of Medicare care being rationed.

The single payer movement is growing rapidly. In January, unions at General Electric called a nation-wide strike to protest higher health care costs for workers. In Lynn, the local union held a rally; not only for its members but for the community as a whole, to learn how all kinds of people are suffering from our health care “system.”

The outcome of the event was a pledge from one and all to insist on passage of a single payer system, first in this state, and then for the nation.

The Legislative report cited above made two conclusions about health care in Massachusetts: 1) action by state government is necessary because our current system is simply unsustainable; 2) only a single payer system can achieve universal coverage.

The time to do this is now. It won’t be easy with the influence of big money in politics but it is possible if we act together and insist that government fulfills its fundamental role: to protect our health and safety.

The next time an elected official, or your employer, or a health care CEO, or your newspaper blames high health care costs, or “lavish” benefits, as the reason for more cuts in care, ask them to justify why we all must bear a $36 billion burden of subsidizing a few insurance and pharmaceutical giants while the rest of us must do without. And then ask them to help us pass S.686 to use that money for a more sensible health care system for us all.

This article originally appeared in the Gloucester Daily Times.

Nurses’ Guide to Single Payer Reform

Donate to MASS-CARE

MASS-CARE is in a position to seize the opportunity of the current fiscal crisis to persuade our legislators that the time has come to fundamentally reform our state’s health system in order to provide universal coverage and save money in the process. We cannot afford to lose our one staff person who has helped MASS-CARE build the momentum we now experience. That, however, is our fate within just a month if we cannot raise money. MNA, as an organization, has donated generously in the past. Now the appeal is to all of us as individuals. Please send in the most generous donation you can afford to:

Boston, MA 02108

To make your donation tax-deductible, make the contribution to “Universal Health Care Education Fund,” the tax-exempt affiliate of MASS-CARE.

Quotes of the month

“...right to health care, to medical and dental care, to all care in a system that is public, that is non-profit, that is non-investor driven...”

— Bruce Vladek, PhD, American Journal of Public Health, January 2003, editorial

“Good news. There is now a way to exit the nightmare of a collapsing health system. We no longer have to put up with the outrageous costs that keep millions of Americans from receiving medical care and needed medications. Nor will tens of thousands of families have to declare bankruptcy over medical bills. Universal national health insurance (single payer) takes the resources we have in place and deals with them in an intelligent manner, excluding the tragic hemorrhage of resources into non-health entities.”

— Quentin Young, M.D., on the filing in Congress of “The United States National Health Insurance Act”

For more info, www.pnhp.org/nhibill/nhi_execsumm.html

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Massachusetts Health Care Trust updated sponsor list

Are your legislators listed? If so, thank them. If not, ask them to support S.686, which will have a hearing on Oct. 8.

Legislative lead sponsors: Senate: Steve Tolman, (D-Brighton); House: Frank Hynes, (D-Marshfield).

Senate: Jarrett Barrios, (D-Cambridge); Cynthia Creem, (D-Newton); Susan Fargo, (D-Milton); Sarah Hervarn, (D-Arlington); Brian Joyce, (D-Milton); David Magnani, (D-Framingham); Thomas McCree, (D-Lynn); Joan Menard, (D-Somerset); Andrea Nuciforo, (D-Pittsfield); Robert O’Leary, (D-Cummasset); Marc Pacheco, (D-Taunton); Pamela Resor, (D-Acton); Stan Rosenberg, (D-Northampton); Charles Shannon, (D-Winchester); Dianne Villekens, (D-Boston). (16 of 40)

House: Ruth Balser, (D-Newton); Deborah Blumen, (D-Framingham); Mark Carron, (D-Southborough); Edward Connolly, (D-Everett); Robert Correa, (D-Fall River); Michael Costello, (D-Newburyport); Paul Demakis, (D-Back Bay); Paul Donato, (D-Medford); Christopher Donelan, (D-Orange); Carol Donovan, (D-Woburn); James Eldridge, (D-Acton), Christopher Fallon, (D-Malden); Mark Falzone, (D-Saugus); Michael Festa, (D-Melrose); Gloria Fox, (D-Roxbury); Patricia Haddad, (D-Somerset); Patricia Jehlen, (D-Somerville); Louis Kafka, (D-Sharon); Rachel Kaprielian, (D-Watertown); Jay Kaufman, (D-Lexington); Kay Khan (D-Newton); Peter Kocot, (D-Northampton); Stephen Kulik, (D-Turners Falls); Elizabeth Malia, (D-Jamaica Plain); Jim Marzilli, (D-Arlington); James Miceli, (D-Wilton); Shirley Owens-Hicks, (D-Roxbury); Matthew Patrick, (D-Falmouth); Anne Paolzen, (D-Belmont); Douglas Petersen, (D-Marblehead); Cheryl Rivera, (D-Springfield); Byron Ringling, (D-South End); Frank Smizik, (D-Hope); Joyce A. Spiliotis, (D-Peabody); Karen Spillka, (D-Ashland); Ellen Story, (D-Amherst); David Sullavan, (D-Fall River); Benjamin Swan, (D-Springfield); Kathleen M. Teahan, (D-Whitman); Timothy J. Toomey, Jr., (D-Cambridge); Anthony J. Verga, (D-Gloucester); Martin Walsh (D-Dorchester); Steven Walsh (D-Lynn); Alice K. Wolf, (D-Cambridge).
President's column

By Karen Higgins

MNA President

My column this month is derived from the speech I delivered at Faneuil Hall in celebration of our 100 Year Anniversary on Feb. 26. My remarks followed the showing of a video tracing the 100 years of MNA history. My presentation was meant to share with the audience, and now you, where we are today and where we need to head as an organization.

It is now 2003, George W. Bush is president, America once again is poised to go to war, the Commonwealth is in the midst of its worst budget crisis in decades, and we at the Massachusetts Nurses Association are stronger than at any time in our history.

I am proud tonight to stand before you and with you as a member of this incredible organization. Tonight you have seen that without the MNA, there would not be registered nurses; there would not be a uniform curriculum to educate nurses, there would not be a Nurse Practice Act to regulate what nurses do, and we would not have the right to unionize, protecting ourselves and our patients.

We have so much to be proud of and thankful for tonight, and yet, our generation’s work is not done. In fact, as I stated and you demonstrated earlier this evening at the State House, there is still much work to be done to allow registered nurses to practice consistently with the legal mandates that our predecessors fought so hard to create. As we gather here tonight, there are nurses working somewhere in this state overwhelmed and exhausted, struggling to provide care to eight patients when they should only have four.

As we celebrate tonight there may be patients whose conditions will worsen, and because a nurse cannot be there to identify subtle but important symptoms, patients may die needlessly, for lack of timely attention and intervention by a registered nurse.

While we are proud to be registered nurses, we cannot fulfill our role and honor our obligations to the public unless, and until, we have achieved the legal right to practice in an environment that allows us to provide safe, quality nursing care. We need and must win passage of legislation to regulate the number of patients a nurse can safely care for, and we must do it now.

We are honored to be the professionals on the front lines of health care to meet the needs of patients 24-hours a day, seven days a week. But we cannot help patients and clients if they do not have access to the care we deliver. That is why today, tomorrow and for as long as it takes, this organization will fight for the creation of a single payer health care system that will provide universal access to quality health care for every resident.

We are proud to have spent the last 100 years caring for the citizens of the Commonwealth, serving as key strands in the health care safety net. But we cannot maintain that safety net when it is being shredded by budget cuts and an unwarranted assault on core services.

The movement begun by our predecessors 100 years ago indeed grows more necessary by the minute.

Tonight we will rise to recommit the challenge. We are a new and independent MNA, with an energized membership and unyielding commitment to do the work that needs to be done.

We have a clear voice and greater resources at our disposal to win the struggle of our nursing generation. We are building a new national organization, the American Association of Registered Nurses – an organization of like-minded nurses committed to advocating for patients and to the mobilization of nurses on the front lines of health care.

We have built stronger alliances with the public and the legislature working to ensure safe quality care to all in the Commonwealth.

So I am thrilled tonight, and I am hopeful tonight, and I am energized tonight to be where we are at this time in our history.

In honor of those great nurses who came before us and for those nurses to whom we will pass on this great profession, I would like to call upon all of you to do as they did in that first meeting in this building more than 100 years ago today. I will ask you to voice your commitment in this movement to the work our generation must do.

Will you join me and the MNA in our commitment to pass staffing legislation so we can provide safe patient care? Let me hear you! Will you join me and the MNA to assure health care for all of our citizens?

So now let me conclude by first asking those among us who have partnered with us in the past and our elected leaders who have joined us tonight to please stand and be recognized for their support and assistance in the past and in the months to come. Would the legislators and officials who are here with us tonight please stand and be recognized by the nurses in attendance.

And finally, as they did at that first meeting 100 years ago today, I ask all those in attendance who support the continued mission and struggle of the MNA for justice for patients and for nurses to please stand in demonstration of your support for the work that will be done. Please rise, take your Thundersticks and make some thunder for the future of nursing!

MNA joins newly formed coalition to save Worcester State Hospital

A campaign has been launched to save Worcester State Hospital. Representatives of the Massachusetts Nurses Association joined state Rep. Vincent A. Pedone (D-Worcester), who hosted a rally and press conference last month to announce the formation of the Coalition to Save Worcester State Hospital, an alliance of citizens, community members, family members of patients of Worcester State Hospital, nurses, allied health professionals and employees of the hospital, local, state and federal political leaders, mental health advocates (including the Massachusetts Chapter of the National Alliance for the Mentally Ill), and labor and community groups. The coalition is fighting to preserve the vital and comprehensive mental health services at Worcester State Hospital provides to patients and families struggling to manage the most acute and debilitating forms of mental illness.

At the event, Pedone announced that he will propose an amendment to the state budget to prevent the closing of the facility, which is the oldest and most respected psychiatric hospital in the nation. In addition to announcing the filing of the amendment, the coalition also launched a petition drive throughout the state to gather signatures in support of the campaign. Worcester State Hospital is a state-of-the-art facility providing services to patients from throughout Central Massachusetts and from as far away as the New York border. To download a copy of the petition for distribution in your community, visit the MNA Web site at www.massnurses.org and click on the link to the page for the Coalition to Save Worcester State Hospital.

Health care education, prevention, coverage and treatment programs under attack

By Charles Stefanini
MNA Legislative Director

The state’s fiscal crisis is having a dramatic impact on health care education, prevention, coverage and treatment programs. The state’s fiscal crisis is having a dramatic impact on health care education, prevention, coverage and treatment programs. The MNA has long advocated and fought for prevention, education, training and school health programs that mirrored the old phrase, “An ounce of prevention is worth a pound of cure.” Investment in education, prevention and coverage pays large dividends in the long run.

Over the years, nurses and other health care advocates have been successful in expanding access to and funding for important health care programs such as the Sexual Assault Nurse Examiner program and school nursing programs, as well as awareness/treatment programs focused on hepatitis C, colorectal cancer, smoking cessation and prevention, and tobacco control and education. These programs are now in jeopardy. As state leaders work feverishly to close a $3 billion budget deficit, individuals will die. Thanks to the Massachusetts and California Nurses Associations, as well as other unions representing health care workers, serious concerns were raised about the plan and revisions are being made.

On March 5, the Bush administration proposed a limited compensation plan for health care workers who have adverse reactions to the vaccine. Participants in the smallpox vaccination plan or people who contract a related virus from them would receive compensation for their medical expenses, including two-thirds of their wages after missing five days of work and qualifying for $262,100 if they die or become disabled as a result of the vaccine. Sen. Judd Gregg (R-N.H.), the chairman of the Senate Health, Education, Labor and Pensions (HELP) Committee announced he would soon introduce legislation to establish Bush’s proposed compensation plan. On Feb. 13, Rep. Henry Waxman (D-Calif.) introduced a more generous package in H.R. 865, a bill that would create a national single-payer health system. The press conference included Physicians for a National Health Plan Drs. David Himmelstein and Quentin Young, former JAMA editor Marcia Angell and many other progressive leaders. The bill is also known as “Medicare-for-all” because it expands the current Medicare system to all U.S. residents while providing a much more comprehensive benefit package.

The bill currently has 25 co-sponsors: Conyers, Carson (D-Ind.), Christensen (D-Virgin Islands), Clay (D-Mo.), Cummings (D-Md.), Davis (D-III.), Fattah (D-Pa.), Grijalva (D-Ariz.), Hastings (D-Fla.), Hinchey (D-N.Y.), Jackson, Jr. (D-III.), Kilpatrick (D-Mich.), Kucinich (D-Ohio), Lee (D-Calif.), Lewis (D-Ga.), McDermott, Norton (D-D.C.), Owens (D-N.Y.), Pastor (D-Ariz.), Payne (D-N.J.), Rangel (D-N.Y.), Scott (D-Va.), Thompson (D-Miss.), Towns (D-N.Y.), Woolsey (D-Calif.).

Smallpox program

On Dec. 13, 2002, President Bush announced that as of Jan. 24, 2003, some 500,000 health care workers and other “first-responders” to a potential bioterrorist attack would begin to receive the smallpox vaccination. The second phase of the plan called for up to 10 million health care workers to be inoculated. The kickoff phase of the plan called for up to 10 million health care workers to be inoculated. The kickoff phase of the plan called for up to 10 million health care workers to be inoculated.

As originally presented, the Bush plan did not include a compensation program for those who experience adverse reactions to the vaccine. Researchers estimate that between 15 and 42 of every one million individuals who receive the smallpox vaccine will experience life-threatening reactions and one or two individuals will die. Thanks to the Massachusetts and California Nurses Associations, as well as other unions representing health care workers, serious concerns were raised about the plan and revisions are being made.

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Single payer bill introduced

In early February, Rep. John Conyers (D-Mich.), ranking member of the House Judiciary Committee, and Rep. Jim McDermott (D-Wash.), a member of the House Ways and Means Health subcommittee, introduced H.R. 676, a bill that would create a national single-payer health system. The press conference included Physicians for a National Health Plan Drs. David Himmelstein and Quentin Young, former JAMA editor Marcia Angell and many other progressive leaders. The bill is also known as “Medicare-for-all” because it expands the current Medicare system to all U.S. residents while providing a much more comprehensive benefit package.

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An interview with state Sen. Jarrett Barrios

The MassNURSE recently sat down with state Sen. Jarrett Barrios, D-Cambridge. Barrios was recently elected state senator for Allston, parts of Revere, Saugus and Somerville. Barrios served as a member of the Massachusetts House of Representatives since 1999. He is the first student in the Latino community to earn a law degree from Harvard Law School.

As a state representative, he led successful efforts to create a low-income housing tax credit and Massachusetts’s first affordable housing production program in over a decade, as well as to create an affordable housing trust. He passed legislation to require interpreter services in hospital emergency rooms and to improve benefits to widows of disabled veterans.

He is sponsoring legislation to protect consumers from unfair bank fees and lending practices, raise wages for human service workers and improve the state’s disaster relief efforts. A founding member of the Latino American Caucus, he sits on the committees of housing & urban development, banks & banking and steering, policy and administration.

Barrios’ priorities include expanding affordable housing opportunities; developing consumer-friendly banking laws; fully funding childhood programs; implementing sensible education reform, and planning and investing in regional transit and infrastructure.

Barrios was recently appointed chair of the Joint Committee on Public Safety and vice-chair of the Health Care Committee.

Moore responds to cuts to school health services, nurses

With news that Governor Romney’s recent budget cuts will directly affect school nurses and school health services, Sen. Richard T. Moore (D-Uxbridge) filed an amendment seeking to restore the funding, which provides services to 109 schools throughout the commonwealth. Moore, Senate chair of the Health Care Committee, calls school health programs core services, which he notes the governor has yet to address.

“Despite the governor’s campaign pledge not to cut core services, Governor Romney recently exercised his authority to eliminate every enhanced school health/school nurse and school-based health centers programs. These services are, and rightfully should be, considered core services,” said Moore. “In many instances, the health services provided to our school-aged children through these programs are the only health services that these children receive. The school nurses of today do much more than Band Aid.

In 1997, Governor Weld and the Legislature established a Commission on School Nursing, which was comprised of elected and appointed officials, the Massachusetts School Nurse Organization, Parents Alliance for Catholic Education, American Cancer Society, Massachusetts Municipal Association, and the Massachusetts Departments of Education and Public Health. The commission found:

• Many students did not receive appropriate primary care services beyond what was provided in the schools.
• Many students had chronic health conditions that required constant attention and complex administration and monitoring of medications. Schools surveyed had many diagnosed health conditions, such as asthma/severe allergies, attention deficit disorder, psychiatric disorders, epilepsy/seizures, diabetes, etc., that required nursing assessment and/or intervention to maximize educational experience.
• On a daily basis, students experienced a variety of health-related problems besides medical conditions. For example, the Massachusetts Department of Public Health has documented an increase in substance abuse and other social and behavior problems that tax the ability of our schools to effectively educate our children.
• There was a serious shortage of school nurses. Most schools had below the guidelines of one nurse to every 750 regular education students — a ratio that was developed in 1983, before a recent influx of students who have more complex health care needs. Some public and non-public schools had no nursing personnel present.

In fiscal year 1998, the governor and the legislature responded to the commission’s findings by funding DPH to develop a funding plan for school health services. In Options for Developing School Health Services in the Commonwealth of Massachusetts (April 1, 1998), DPH outlined to the Senate and House Ways and Means Committees a plan for the expansion of school health services.

Currently, local communities can receive reimbursement from the federal government for certain health-related services provided at the schools. The federal reimbursement program was voluntarily referred to as “Municipal Medicaid.” During the last several years, the Municipal Medicaid program has brought into the local communities the following: FY 99: $9,888,472; FY 00: $22,221,204; FY 01: $34,620,790; and FY 02: $42,148,451. All money received from the federal government as Municipal Medicaid is deposited in the local community’s general fund, which can be used for virtually any purpose.

Under Moore’s proposed amendment, all money received in the form of Municipal Medicaid reimbursement in the current fiscal year would be left to be cared for in emergency rooms will be a big debate. In addition, from the perspective of vice-chair of health care and chair of pub lic-safety committee, bioterrorism, security at home and public health will draw much attention. I anticipate an active dialogue with public safety officials, hospi tal administrators, health care providers and nurses on these issues.

MassNurse: How does your background help you to be a effective state legislator?

Barrios: I think there are three pieces of my background and work I point to. My master’s degree and law degree have been a solid foundation, my work with civic and community groups has allowed me to build local relationships and better understand the fears and concerns of the legislation I serve, and in each campaign I have gone door to door in neighborhoods. I have knocked on thousands and thousands of doors. That exercise not only opens the lines of communication to your constituents, but provides you with an unwavering understanding of their concerns, beliefs and goals.

MassNurse: What are the main priorities of your legislative agenda for the upcoming year?

Barrios: To protect our health care system, and, in particular, to prevent the uncompensated care pool from imploding. Finding more efficient ways to provide health care services, passing a prescription drug benefit and preserving our fragile public health system are all priorities.

MassNurse: How do you see your role as a legislator changing as you move from the 160-member House of Representatives to the 40-member State Senate?

Barrios: With the office and staff resources I think we can be more deliberate and thorough in reviewing the policy issues that are before us. For example, as the Health Care Committee vice-chair, I’ll be looking at how and when to make strategic investments and innovations in services. In terms of education, public safety and other areas of importance, I want to bring informed and thoughtful dialogue to the deliberations in order to advocate for the working-class people of the district.

MassNurse: What would you tell the nurses out there reading this column about the importance of building a relationship with their local legislators?

Barrios: The bonds you make with local legislators will be the powers that persuade them to sensible health care solutions.

MassNurse: What do you enjoy most about your work as a legislator?

Barrios: Speaking and corresponding with all my constituents—the black, the white, the brown, the poor, the wealthy, the old, the young—about issues that affect their daily lives. There is no greater satisfaction.

MassNurse: What is your proudest success as a state legislator?

Barrios: While I have only been in the Senate for just over a month, my proudest accomplishment was witnessing the passage of an amendment I sponsored to protect school funding from Governor Romney’s budget cuts last month.

MNA advocates to protect public health safety net in budget

The MNA has been working with various coalitions in an effort to protect and preserve vital public health programs as the governor and the Legislature begin deliberations for the fiscal year 2004 state budget.

Facing a growing state budget shortfall many of the public health programs that the MNA and nurses across the state have advocated for are in jeopardy of being cut or eliminated. These programs are critical to ensuring that our state has a health care safety net, as well as education and prevention systems that will benefit all Massachusetts residents.

The MNA is working with a number of groups on these public health issues:

• Sexual Assault Nurse Examiner program
• The tobacco control program and the Massachusetts Coalition for a Healthy Future
• Cuts and program reductions in MassHealth Basic
• Cancer treatment and prevention programs
• Hepatitis C education, prevention and treatment programs
• State health services in mental health, mental retardation and public health

Political Pulse

MassNurse: You have filed a comprehensive prescription drug coverage piece of legislation please tell me more about this initiative.

Barrios: This bill has some similarities to the recently passed Maine and Vermont programs. In addition, it implements a Canadian drug-purchasing program which will make prescription drugs available here at Canadian prices at a savings of 20 to 50 percent. Because nurses work so hard in advocating for patients, their work and effort on prescription drug coverage will prove pivotal in the success of this legislation.

MassNurse: What issues do you believe will dominate this legislative session?

Barrios: Medicaid issues such as who will be insured in terms of preventative health care and who will, unfortunately, not. We have seen the need for improving access to care in emergency rooms will be a big debate. In addition, from the perspective of vice-chair of health care and chair of pub lic-safety committee, bioterrorism, security at home and public health will draw much attention. I anticipate an active dialogue with public safety officials, hospi tal administrators, health care providers and nurses on these issues.
Safe Staffing Saves Lives

Pass House Bill 1282

Understaffing of registered nurses is dangerous to patients. Mistakes, errors and complications become more likely when nurses are asked to take care of too many patients at once.

A study of six million patients reported in the New England Journal of Medicine show that patients without adequate nursing attention are more likely to die or suffer serious complications: the more nurses per patient the better the medical outcomes.

The Journal of the American Medical Association reported that in a study of 232,000 surgical patients the patient-to-nurse ratio, the more likely there will be a death or serious complication. Each additional patient above four that a nurse cared for produced a 7 percent increase in mortality. If a nurse is caring for eight patients instead of four, there is a 31 percent increase in mortality.

The fact that nurses are burned out from high patient loads is causing them to leave the profession. One in three registered nurses under the age of 30 say they are planning to leave nursing within the next year.

To Preserve Quality Care and Protect Patient Safety

Join those who have endorsed House Bill 1282

Mass. Association of Public Health Nurses
Mass. Brain Injury Association
Mass. Breast Cancer Coalition
Mass. Human Services Coalition
Mass. Immigrant and Refugee Advocacy Coalition
Massachusetts Nurses Association
Mass. School Nurse Organization
Mass. Senior Action Council
Mass. Society of Eye Physicians and Surgeons
Sister Rosellen Gallogly of Market Ministries, Inc.
Mass. NOW (National Organization for Women)
Massachusetts Spina Bifida Association
Massachusetts Chapter
National Kidney Foundation of MA, RI, NH, Vermont, Inc.
Neighbor-to-Neighbor
Search for a Cure
The Abortion Access Project
The Consortium for Psychotherapy
The Episcopal Diocese of Western Mass.
Victory Programs, Boston
Vineyard Health Care Access Program

Keep up the fight!

By Rep. Christine Canavan, RN
Vice-chair, Committee on Health Care
Sponsor, Quality Patient Care/Safe Staffing Legislation

As a registered nurse for the past 20 years, and as a sixth term state legislator, I have been pleasantly taken back by the increasing legislative and political activism of registered nurses. I have seen a new and renewed focus on utilizing the legislative and political system to achieve gains for patients and nurses. This is something that was long overdue and very much needed in our ever-changing political world.

I sense a new energy and determination as I travel around my region and the state. Nurses come up to me, everywhere and anywhere, and engage me in discussions about legislative issues and policies. This work and effort is beginning to pay off. Ninety-nine legislators have signed on as co-sponsors to Quality Patient Care/Safe Staffing legislation to set minimum RN-to-patient ratios. A recent public opinion poll shows that citizens not only understand the concern but they overwhelmingly support efforts to regulate RN-to-patient ratios.

Changing state law is a long and arduous process. It requires enormous amounts of time, energy and effort. Keep up the fight!

You will win!

Want safe staffing? Attend a legislative briefing

The MNA Department of Legislation & Government Affairs, the Congress on Health Policy and Legislation and MNA members from across the state are working together to set up legislative briefings across the state. These briefings, entitled “A Public Health Crisis: Recruitment and Retention in Nursing — Its Impact on Patient Care,” are designed as a forum for MNA members and our supporters to meet with local legislators and inform them of the critical staffing issues that nurses face in health care facilities everyday and to help us win their support for our safe staffing bill.

Below is a listing of briefings that have been organized with the legislators who sit on the Health Care Committee. These are the very legislators who will determine the future of the MNA sponsored Safe Staffing Legislation. They need to hear from their RN constituents what is happening on the frontlines of health care — come share your story! If you live in the towns represented by the legislators and want to participate, please RSVP to 781-830-5725 or mcampbell@mnarn.org

Rep. Kathleen Teahan
(Abington, East Bridgewater and Whitman)

Rep. Patricia Haddad
(Dighton, Somerset, Swansea and Taunton)

Rep. Robert Coughlin
(Dedham, Walpole and Westwood)

Rep. Colleen Garry
(Dighton, Somerset, Swansea and Taunton)

Rep. Thomas Golden
(Chelsea and Lowell)

Rep. Robert Coughlin
(Dedham, Walpole and Westwood)

Rep. Patricia Haddad
(Dighton, Somerset, Swansea and Taunton)

Rep. Colleen Garry
(Dedham and Walpole)

Rep. William Galvin
(Avon, Canton, Stoughton)

Reps. Colleen Garry
(Dedham and Walpole)

Save the Date

Safe Staffing Bill

Health Care Committee Public Hearing

Wednesday, June 18
Celebrating 100 years of the MNA as we honor the 40th anniversary of the Civil Rights Bill of 1963.

Founded in 1903, the Massachusetts Nurses Association (MNA) is the largest union of registered nurses in the state. Its 20,000 members work in more than 85 different health care facilities across Massachusetts. The MNA works to advance the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace through the efforts of our Diversity Committee, projecting a positive and realistic view of nursing, and by lobbying regulatory agencies on health care issues affecting nurses and the public.

The Massachusetts Nurses Foundation (MNF), a non-profit organization, has awarded over 200 scholarships and 30 research grants since its establishment in 1981.

1908
National Association of Colored Graduate Nurses (NACGN) is founded by Martha Minerva Franklin

1926
Negro History Week is established by Dr. Carter G. Woodson (expanded to Black History Month in 1976)

1931
Essie Massey Osborne becomes the first Black person to obtain a master’s degree in nursing

1952
Mabel Keaton Staupers, author of No Time for Prejudice, receives the Spingarn Medal for her efforts to integrate Black nurses as equals

1971
National Black Nurses Association (NBNA), now 78 chapters strong, is founded by Dr. Lauranne Sams

1972
New England Regional Black Nurses Association, Inc. (NERBNA) is incorporated in Boston, MA

1973
Mary Ella Mahoney of Dorchester, MA, the first Black registered nurse, is posthumously inducted into the Nursing Hall of Fame

1982
President Ronald Reagan proclaims May 6 to be National Recognition Day for Nurses (later renamed National Nurses Day)

1988
National Black Nurses Day is established nationwide to fall on the first Friday in February as part of Black History Month

We invite you to attend one of our monthly meetings. Contact Carol Mallia at cmallia@mnarn.org or 781-830-5755 for more information.
...Anniversary

From Page 1

ing our need for partnership and support in working together to protect the public by passing laws that will allow our patients, their constituents, to obtain the care they so rightfully deserve,” Higgins told the legislators and the media in the audience.

Upon leaving the State House, nurses boarded buses (and more than 50 marched) to historic Faneuil Hall, a short distance from the State House. Faneuil Hall was the site of the founding meeting of MNA on Feb. 26, 1903. Built in 1740, Faneuil Hall was a gathering place for the patriots of the American Revolution, and has since been known as the “cradle of liberty.”

The centerpiece of the program at Faneuil Hall was the presentation of a 30-minute documentary of the history of the MNA and nursing in Massachusetts over the last century. The video featured archival footage from nursing and MNA history, interviews with noted nursing historians and members of the MNA from events and years past. The program was divided into four segments, with each segment covering a 25-year period in MNA/nursing history. An MNA member dressed in the uniform of that period introduced each segment. As the film ended, Higgins took the stage to offer remarks about the present and future challenges of the MNA. While she spoke, behind her the audience viewed video footage of the carnation laying ceremony they had just held.

“We wanted to show the audience that we are all part of a tradition and that the history of nursing is still being made every day by nurses who engage in the activities of their professional association. We wanted to show that the work and the mission of the MNA is ongoing,” the MNA president said.

As Higgins concluded her remarks, once again calling upon nurses and the legislature to fulfill the promise of nursing by passing legislation to provide nurses with a safe staffing ratio, she asked the nurses to rise and “raise some thunder for the future of nurses.”

The entire hall rose up and began to bang Thundersticks that were provided, as the song “Respect” by Aretha Franklin was played. The ovation lasted for more than five minutes, with nurses cheering and dancing in celebration.

“It was one of the most exciting and proudest moments I have experienced as a nurse to see so many of my colleagues reveling in their own history and their own power as professionals,” commented one attendee.

The nurses then left Faneuil Hall and proceeded to a popular nightclub in the Quincy Market, adjacent to the Hall, where they completed the celebration. Nurses enjoyed champagne and refreshments, and a video was played featuring congratulatory remarks from state and local political leaders, including Senator Edward Kennedy, Congressman James McGovern, the speaker of the House of Representative Thomas Finneran and president of the Senate Robert Travaglini. The evening’s festivities culminated with the cutting of the MNA’s 100th Anniversary birthday cake.

MNA’s 100-year anniversary

From left, Reps. Jennifer Callahan, RN, D-Sutton, Mark Howland, D-Freetown and Barbara L’Italien, D-Andover

Peter Koutoujian after presenting the legislative resolution marking the MNA 100th anniversary.

Kate Maker, RN, left, and Kathy Logan, RN, both from UMass Medical Center, join the festivities by dressing in the uniforms of their predecessors.

Rep. Christine Canavan, right, collects flowers during the evening’s symbolic carnation laying ceremony.
MNA members and supporters applaud during the ceremony program at Gardner Auditorium at the Statehouse.

Proud MNA nurses get ready to participate in the carnation ceremony.

Michael D’Intinosanto, RN

Donna Kelly-Williams, RN

Charles Stefannini and Karen Higgins lead the crowd in a chorus of Happy Birthday during the evening’s cake-cutting ceremony.

Joanne Bartoszewicz, RN

Marcia Tappin-Miller, RN

Joanne Bartoszewicz, left, and Donna Kelly-Williams make some thunder.
MNA 1903-2003: A century of caring for the commonwealth

Below is a timeline of historical highlights of the MNA's work over the last century.

1903 The Massachusetts State Nurses Association is founded during a meeting of 300 graduate nurses at Faneuil Hall on Feb. 26—one of the first of its kind in the nation. Its purpose is first, to secure legislation for the protection of the nursing profession for the benefit of the public, the physician and the nurse by creating a law requiring the registration of nurses; second, to formulate a code of ethics for the nurses of the state, and third, to work for higher standards of nursing practice and a uniform curriculum in nurses' education.

1904 Act to Regulate the Practice of Professional Nursing of the Sick is filed with the Massachusetts State Legislature.

1910 MNA succeeds in passing legislation creating Massachusetts Board of Registration in Nursing and/or bargain with the union.

1919 The Massachusetts Nurse Practice Act is amended to provide for the registration of nurses; second, to formulate a code of ethics for the nurses of the state, and third, to work for higher standards of nursing practice and a uniform curriculum in nurses' education.

1923 The Goldmark Report, the study of Nursing and Nursing Education in the United States, is published. Gertrude Peabody of Boston's Visiting Nurses Association and a member of MNA is instrumental in persuading the Rockefeller Foundation to fund the study.

1928 MNA drafts and publishes a code of ethics for nurses in Massachusetts and the organization establishes its first headquarters at 420 Boylston Street.

1934 MNA supports the eight-hour work day for nurses.

1938 MNA helps pass legislation calling for compulsory registration for graduates of attendants of the state. The MNA and draws significant attention to the contributions of nurses to the war effort.

1940 World War II. MNA takes a leadership role in working with state and federal officials to assist private duty nurses in finding work, the MNA established a Central Directory based training programs, where they were little more than indentured servants. To assist nurses in finding work, the MNA established a Central Directory based training programs, where they were little more than indentured servants. To assist nurses in finding work, the MNA established a Central Directory for private duty nurses to help them find work. In the following two decades, the registry grew from 250 to 2400 nurses, the largest non-profit registry in the nation.

1946 Nurses returning from war are reluctant to work under the conditions that exist in private homes. Hospital nursing was performed by student nurses in the hospital-based training programs, where they were little more than indentured servants. To assist private duty nurses to help them find work, the MNA established a Central Directory for private duty nurses to help them find work. In the following two decades, the registry grew from 250 to 2400 nurses, the largest non-profit registry in the nation.

1948 First bachelor's degree program in nursing is established at Boston University.

1950 The Massachusetts College of Nursing is opened as a part of Boston State College.

1955 MNA nurses recruited for service in Korea.

1964 MNA drafts and wins passage of legislation (Chapter 152A) authorizing nurses employed in the private sector to engage in collective bargaining activities. Before that time, nursing registration was only concerned with defining who could call themselves a registered nurse. Now, only a registered nurse or a licensed practical nurse could practice nursing—period.

1965 MNA begins collective bargaining efforts. Quincy Hospital became the first MNA bargaining unit under the new law, casting an historic 189 to 15 vote in favor of forming a union. Whidden Memorial Hospital would win its vote a few months later. Within four years, MNA organized more than 76 bargains nursing units throughout the state.

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1970 Associate degree programs in nursing flourished in the commonwealth, increasing from 14 to 51 between 1968-1978.

1973 Thousands of nurses rally at the State House and at Faneuil Hall to help defeat Gov. Francis Sargeant's attempt to abolish the Board of Registration in Nursing.

1975 MNA drafts and passes legislation authorizing nurses to practice in the expanded role, which opens the door to nurses with advanced education to provide a variety of specialized services, such as the delivery of primary care by nurse practitioners and assistance with birth by certified nurse midwives.

1977 MNA drafts and helps pass legislation mandating completion of continuing education for nurses in order to maintain their nursing license.

1979 MNA supports and helps win passage of the state’s first Patients Bill of Rights, making Massachusetts only the third state to grant such rights to its hospitalized patients. It gives patients the right to know who is caring for them, to inspect their medical records and the right to prompt life-saving treatment without discrimination.

1980 On May 28, 450 nurses at Newton Wellesley Hospital go out on strike to force the hospital to recognize their union. This is the first nurses’ strike in Massachusetts and the nation’s first nurses’ strike for union recognition. Later that year, the nurses at the Visiting Nurses Association of Boston will conduct a strike to win a “first contract,” which is the first “economic” strike in MNA history. Over the next three years, MNA bargaining units would wage strikes at Berkshire Medical Center (1981, 69 days), Cape Cod Hospital (1981, 17 days) Burbank Hospital in Fitchburg (1982, at six months, the longest strike in MNA history), and at Lynn Hospital (1983, 42 days).

1985/86 Bill passed to mandate third-party reimbursement for services of psychiatric nurse mental health clinical specialists and nurse midwives.

1986 As hospitals continue to cut costs, nurses find themselves working with fewer ancillary support staff and being forced to perform extensive custodial, non-nursing duties. The nurses at Carney Hospital respond by waging a highly successful 36-day strike, winning language prohibiting them from being assigned non-nursing tasks.

1989 Throughout the late 1980s and early 1990s, the health care industry attempts to deal with a shortage of nurses by replacing nurses with unlicensed technicians and aides. Nurses at Quincy Hospital and Boston Medical Center are the first to confront these changes. Nurses at Carney Hospital fight back with an aggressive campaign to prevent this plan from being implemented, winning national recognition for their efforts.

1990 Bill passed to allow nurse midwives to write prescriptions.

1991 Special Commission on Nursing established by the Massachusetts Legislature.

1992 Bill passed to authorize nurse practitioners and psychiatric nurse mental health clinical specialists to write prescriptions. Brigham & Women’s Hospital nurses ratify a contract which includes a landmark, first-in-the-nation provision guaranteeing disability insurance for those infected with HIV from a work-related exposure.

1994 With the deregulation of the health care industry and the introduction of managed care in Massachusetts, the health care industry responds by slashing its nursing staff, laying off thousands of nurses and employing plans to replace nurses with unlicensed personnel. Nurses’ patient assignments double and the care they deliver begins to deteriorate. The staff nurses at MNA bargaining units respond by appealing to the MNA Board of Directors to take a stand and go public with their concerns. The MNA Cabinet for Labor Relations and the Board of Directors call a joint meeting in Randolph attended by more than 250 nurses from across the state. The nurses pass a resolution declaring that the quality of patient care in Massachusetts hospitals is being jeopardized and that the MNA should wage a campaign to improve patient’s access to safe nursing care. The MNA membership later will pass a resolution launching the MNA Statewide Campaign for Safe Care, an organization-wide public awareness and legislative campaign to improve the quality of patient care by increasing patient’s access to quality nursing care. This is the first time MNA members will agree to publicly and uniformly criticize the intent and practices of the health care industry in their delivery of health care.
...A century of caring

From Page 10

Nurses at Brigham & Women’s Hospital will begin a campaign to draw media and public attention to the issue of poor indoor air quality workplace hazards on the health of nurses in their facility. More than 300 B&W registered nurses will suffer from illnesses related to the problem. A group of affected nurses will mobilize a campaign to draw attention to the issue, first within the MNA and later throughout the national nursing community. Their efforts will make occupational health and safety a focus of MNA activity for years to come, establishing MNA as a leading voice for improvements in workplace safety to deal with the issues of indoor air quality, latex allergy, ergonomics/back injury prevention and workplace violence.

1995

A Blue Ribbon Commission of nursing experts called together by the Safe Care Campaign drafts a bill mandating the identification of health care workers, legislation mandating the collection of patient outcome data compared to nurse staffing levels, and a bill regulating RN staffing levels and providing whistle blower protection to all health care providers.

1996

The MNA wins passage of its legislation requiring all health care providers to wear name badges identifying their licensure status. This bill, part of the Safe Care Campaign, was designed to protect health care workers from needlestick injuries and to mandate utilization of safe needles and sharps instruments. The initiative was sparked by a tragic event, when then President Karen Daley, a nurse at Brigham & Women’s Hospital, went public with her story of contracting HIV and Hepatitis C from a preventable needlestick caused by a poorly designed needle dispensing system.

2000

On March 31, 615 RNs at St. Vincent Hospital go out on strike over the issues of inadequate staffing and mandatory overtime. The first nurses’ strike in 14 years, the strike against for-profit Tenet Health Care will last 49 days, drawing significant local, state, national and international media coverage to the issue of mandatory overtime. It will end dramatically with a settlement negotiated in the Washington, D.C. offices of Senator Edward Kennedy. The settlement reached will serve as the foundation for contract language to be subsequently negotiated into a number of MNA contracts and in nurses’ union contracts across the nation. The MNA membership, led by a number of leadership groups within the organization, begins to campaign for a vote for the MNA to disaffiliate from the American Nurses Association. The MNA, which for years had struggled to make the ANA more responsive and aggressive in addressing the needs of front-line nurses, had determined it needed to seek independence from the national federation and pursue new alliances with more like-minded and progressive state nurses’ associations.

2001

On March 24, more than 2,400 MNA members, the largest single gathering of nurses in one place in the state’s history, gather at Mechanics Hall in Worcester to cast their vote (82 percent) in favor of disaffiliation from the American Nurses Association. The MNA, along with the California Nurses Association, the Maine State Nurses Association and the Pennsylvania Association of Staff Nurses and Allied Health Professionals announce the founding of the American Association of Registered Nurses, a new progressive national organization of nurses dedicated to protecting and advocating for nurses on the front-lines of health care, Nurses at Brockton Hospital wage a 103-day strike over issues of unsafe staffing and mandatory overtime, once again drawing significant media coverage and community support. The strike ends with an agreement to protecting and advocating for nurses on the front-lines of health care. The MNA congratulates the members of the Massachusetts Nurses Association on a century of commitment to caring, and an unyielding belief that they deserve to command their own place on the front-lines of health care, an association dedicated to giving power, protection and voice to those on the frontlines in the struggle to alleviate suffering and to foster wellness in a society.

2002

The MNA in support of its legislation to regulate RN to patient ratios in Massachusetts hospitals. The measure is essential to protecting patients and to ending a shortage of nurses caused by poor staffing conditions. To date, 100 legislators have signed on as sponsors of the bill.

Joint Legislative Resolution
Commemorating the 100th Anniversary of the Massachusetts Nurses Association

Whereas, the birth of the Massachusetts Nurses Association is the result of the work, courage and tenacity of a long line of committed pioneers in the field that trace their roots back to the Revolutionary War, when George Washington called for nurses to care for the troops in the battle for freedom; and

Whereas, the story on the Massachusetts Nurses Association is the story of nurses commitment to caring, and an unyielding belief that they deserve to command their own place on the front-lines of health care, an association dedicated to giving power, protection and voice to those on the frontlines in the struggle to alleviate suffering and to foster wellness in a society; and

Whereas, on February 26, 1903 more than 300 nurses came to the historic cradle of freedom and social and political reform, Faneuil Hall, for the formation of a state association with a view to secure by legislation for the state registration of trained nurses; and

Whereas, for the past 100 years the Massachusetts Nurses Association has continued its unwavering commitment and dedication to the advocacy of the nursing profession, the provision of quality health care and a demand to achieve the highest standards in the delivery of that care; and

Whereas, the work and advocacy of the Massachusetts Nurses Association has led to many highly recognized reforms and achievements within our health care system including registration of nurses and establishing the board of registration, the nurse practice act, and the first patient’s bill of rights 1979, making Massachusetts only the third state to provide such rights to its hospitalized patients; and

Whereas, the Massachusetts Nurses Association has been, and continues to be, a strong voice for registered nurses on the front-lines of our health care delivery system, advocating for economic security of registered nurses through advocacy and collective bargaining; and

Whereas, today the Massachusetts Nurses Association continues its steadfast pledge to advocate for patients and their nurses to protect patient safety and preserve quality care, now therefore be it

Resolved, that the Massachusetts house of representatives hereby recognizes the outstanding work registered nurses do every day in providing quality health care and congratulates the members of the Massachusetts Nurses Association on a century of distinguished service to the citizens of the commonwealth; and be it further

Resolved, that a copy of these resolutions be transmitted forthwith by the clerk of the House of Representatives to the Massachusetts Nurses Association.

Offered by Representativ Peter Koutoujian

Benefits Corner

Discounts at Wrentham outlets, Florida attractions are new MNA benefits

The MNA is proud to announce our new moneysaving benefit for our members. Members simply present their valid MNA membership card at the information desk at the Wrentham Village Premium Outlets to receive a VIP coupon book offering hundreds of dollars in savings. Some of the savings include: 10 percent off Williams-Sonoma; 15 percent discount at Wilson’s Leather Outlet; 10-15 percent off Onedia Home; 20 percent off discount at Palmagrriff Factory Store; 10 percent off Ross Simon; 20 percent off Seiko Company Store. Many more discounts are available at participat- ing stores listed in the VIP coupon book. Show your MNA membership card to obtain a coupon book and start saving!
Another viewpoint

Debate smallpox vaccination program on merits, not rhetoric

This letter is in response to the MNA position statement on the smallpox vaccine and the article under Another Viewpoint, titled “Vaccinate against war not smallpox,” in the January/February issue of Massachusetts Nurse.

The MNA position on the DPH plans and preparations to combat bioterrorism involving the smallpox virus is well thought out and comprehensive. It addresses in a well-reasoned manner the threat of a smallpox outbreak in the population, the complications inherent in the vaccine based on the known facts and possible financial/job-related impact on nurses. The articles on Pages 14-15 provide valuable information that nurses and health care workers will need to make an informed decision on the vaccine as it pertains to them personally, professionally and within their communities.

An article on Page 16 of this same issue entitled, “Vaccinate against war, not smallpox,” contains none of the merits of the preceding articles and is recognizable as being on subject only by the use of the word “smallpox.” The decisions people must make regarding smallpox or any future threat should be made based on the facts; not ideology and/or manifestos. This article appears to be based not on the above criteria but on contempt for government in general and the military in particular. It references “criminal policy” by the government; the views as stated in this article are at least criminally naive, if not negligent. As Americans we all have the right and duty to be involved with, and question the actions of, our government and elected officials. Indeed, it is our right as citizens in a free society. In this free society, dissent has been an important expression of free speech. This article approaches the issue with a dubious ideology and questionable moral ground. However, this is not the appropriate methodology to use in approaching such a critical issue. The article states, “As health care professionals we have pledged first to do no harm.” Noble and true as this sentiment is, it pertains to each of us, as well as our patients and peers. In this case to dismiss potential health benefit in the name of political protest is not morally correct, responsible or professional. Dubious statements such as, “…the international era of cooperation in combating worldwide disease is over,” and “…vaccinating in the face of no known threat is wrong” are factually incorrect and certainly naïve. They say, “let us wage a peaceful campaign against all weapons of mass destruction.” We ask, what could be more peaceful than vaccinating your population against smallpox?

What has been reported?

- Past experience: Rare cases of heart inflammation following smallpox vaccination were reported in the 1960s and 1970s. Most of these did not occur in the United States and involved a different smallpox vaccine than is being used in the U.S. now.
- Civilian vaccinations: Of the 25,645 civilians who had received the smallpox vaccine as of March 21, 2003, 7 reported heart problems. These included symptoms like angina (chest pain caused by lack of blood flow to the heart) and heart attacks. One person who had a heart attack. It is not known at this time if smallpox vaccination caused these events.
- Military vaccinations: The military has given thousands of troops the smallpox vaccine in recent months. A few cases of heart inflammation have been reported in members of the military receiving the vaccine for the first time. No such cases occurred in people who had been vaccinated before. According to the Department of Defense, none of the cases have been severe and all of the individuals have recovered.

CDC releases infection control information for SARS

Following an unexpected outbreak of a severe acute respiratory syndrome (SARS) in parts of Asia, the Centers for Disease Control and Prevention, along with the World Health Organization, recently released information on case findings and infection control. At the time of print, the cause of these illnesses was unknown but was being continually investigated.

Early manifestations in diagnosed SARS patients included influenza-like symptoms such as fever, myalgia, headache, sore throat, dry cough, shortness of breath or difficulty breathing. In some cases symptoms were followed by hypoxia, pneumonia, and occasionally acute respiratory distress requiring mechanical ventilation and death. Some close contacts, including healthcare workers, had developed similar illnesses. In response to these developments, the CDC initiated surveillance for cases of SARS among recent travelers or their close contacts.

For more information on SARS, please visit the CDC’s Web site at www.cdc.org, or the MNA’s Web site at www.massnurses.org.

Malpractice insurance for workplace violence

NSO malpractice insurance provides two benefits for nurses who are survivors (victims) of violence in the workplace.

- This benefit can be utilized for medical expenses or property damage if you are assaulted at work or during work related travel. This is in excess over any other available insurance covering such loss.
- If you are a policy holder and are in need of information or to utilize these benefits, contact the insurer at 800-247-1500.

With the increase in incidence of workplace violence, this is just one more reason nurses should never be without personal malpractice insurance.
So you think it’s safe at work?

Notes from the Congress on Health and Safety

skin rashes and eczema, or any of the autoimmune syndromes such as lupus, diabetes, rheumatoid arthritis or fibromyalgia.

Ironically, the very nurses and physicians who would be getting the vaccination would be the same one who would be in contact with high risk patients. Nurses is physical work and the chance of this flimsy dressing being disturbed is very likely. It is supposed to protect others from cross contamination but gives the public a false sense of security.

In the New England Journal of Medicine article “How Contagious is Vaccinia,” Dr. Kent Sepkowitz, states that, “relatively little is known about the spread risk of secondary transmission of this virus in the hospital setting.” He raises questions whether vaccinated workers remaining on the job could start a “self-inflicted epidemic - not of the smallpox, but of the infection with the live, potentially fatal virus, vaccinia.” (January 30, 2003)

No worker who is injured or loses days worked from getting vaccinated will be compensated for wages lost because it is a “volunteer” program, not work-related. Sen. Edward Kennedy is working on legislation to provide appropriate funding to those injured by the smallpox vaccine. The legal firm of Jackson/Lewis has specifically addressed legal liability in their report “National Smallpox Vaccination Plan: Workplace Law Implication for Health Care Facilities.”

Should a vaccinated nurse or healthcare worker inadvertently cross-infected another co-worker or worse yet, an immuno-compromised patient with the vaccinia causing adverse effects, that healthcare worker can be sued.

The Jackson Lewis report concludes that “good intentions and the need for patriotic support are not defenses to the type of claims that may pursue.” Legal activity is much higher today than it was 30 years ago. In those days, everyone got vaccinated so the chance of cross-inoculation was not possible.

MNA members and others learning that your safety and health is your job security

MNA members, staff and visiting Japanese nurses take a break from the training, Applying OSHA to Healthcare Settings on March 12 in Bourne.

Pictured at right are, front row, from left, Tina Russell, Brockton Hospital; Yoshiko Kobayashi, assistant professor, Nagano Ken Nursing College; Junko Kobayashi, charge nurse, Numazu Chuo Hospital; Sakura Kinoshita, staff nurse, Japanese Psychiatric Nursing Association; Mayumi Suzuki, nursing director, Numazu Chuo Hospital; Hiromi Ooya, nursing researcher, University of Shizuoka Ken; Evie Bain, MNA staff.

Middle row, from left, Beryl Daley and Debra Caruso, VNA of Cape Cod; Harumi Mihara, psychiatric RN, St. Elizabeth’s Medical Center, Ken Higgins, MNA president, Boston Medical Center; Gerald Tierney, VNA of Cape Cod. Back row, from left, Patty Vauld- ing, Quincy Mental Health; Janet Butler VNA of Southeastern Massachusetts; Kathy Sper-ranza, MNA member and program trainer; Kathleen McCarthy, Quincy Medical Center; Mary Bellisti, Boston Medical Center; Elaine Mauger, MNA staff.

The visiting Japanese nurses are guests of Harumi Mihara. Several times each year, Harumi brings nurse to this country to share their accomplishments and learn what we are doing. There is always a stop at the MNA to participate in our programs and get to enjoy each others company for a brief period of time. The nurses return to Japan with information and materials related to the work of the MNA on health and safety.

4 more training sessions

There are four more opportunities to attend Applying OSHA to Healthcare Settings. The training includes a four-hour program, followed by lunch and discussion and is supported by a grant from the Massachusetts Department of Industrial Accidents. There is no charge to attend this program.

Attendees at the “Applying OSHA to Healthcare Settings” training session in Bourne.

The issue of vaccine safety as originally outlined in the MNA’s position statement also was discussed at the organization’s March board meeting. As additional information about the vaccine strain has become available, there has been increased discussion about whether the version currently offered in the United States is less reactive than other strains. The task force will continue to monitor and evaluate these reports and adjust its position statement accordingly.

For additional updates and information regarding the proposed smallpox vaccination plan, please visit the news section of the MNA’s Web site at www.massnurses.org.

Any member interested in participating on the MNA’s Smallpox Vaccination Task Force should contact Evie Bain at 781-830-5776 or via email at ebain@mnna.org.
Celebrate nursing excellence

Honor your peers with a nomination for 2003 MNA awards

One of the greatest honors one can achieve is the recognition of one’s peers. In this fast-changing health care system in which nurses daily strive to carry out their duties to their patients, there is very little time for them to acknowledge their own professional accomplishments and those of their peers.

The MNA awards, established by the membership with the approval of the MNA Board of Directors, offer all members an opportunity to recognize nurses who by their commitment and outstanding achievements have honored us all. These are often ordinary nurses accomplishing extraordinary things. They are the nurses who challenge us all to achieve excellence.

For detailed information on selection criteria and to receive a nomination packet, call Susan Clish, MNA Department of Nursing, 781-830-5723 or toll free, 800-882-2056, x723.

Elaine Cooney Labor Relations Award: Recognizes a Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

Judith Shindul Rothschild Leadership Award: Recognizes a member and nurse leader who speaks with a strong voice for the nursing community.

MNA Advocate for Nursing Award: Recognizes the contributions of an individual, who is not a nurse, to nurses and the nursing profession.

MNA Human Needs Service Award: Recognizes a member who has performed services based on human needs with respect for dignity, unrestricted by consideration of nationality, race, creed, color or status.

MNA Image of the Professional Nurse Award: Recognizes a member who demonstrates outstanding leadership in enhancing the image of the professional nurse in the community.

MNA Nursing Education Award: Recognizes a nurse educator who has made significant contributions to professional nursing education, continuing education or staff development.

MNA Excellence in Nursing Practice Award: Recognizes a member who is a role model by contributing innovative, progressive ideas which serve to improve and enhance clinical nursing practice, including precepting students or new staff nurses.

MNA Research Award: Recognizes a member or group of members who has conducted research in their practice or who have provided exemplary leadership to assist others in nursing research.

Kathryn McGinn Cutler Advocate for Health & Safety Award: This MNA award recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

Frank M. Hynes Award: This award recognizes a deserving freshman state legislator or municipal official who has clearly demonstrated exceptional contributions to nursing and health care.

MNA Legislator of the Year Award: This award recognizes a senior state legislator who has clearly demonstrated exceptional contributions to nursing and health care.

The nomination deadline is May 16, 2003.

Senior Nursing Students

The Real Nursing World: Transition from Student to RN

Don’t miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration, labor relations and career counseling. Area hospitals and other health care facilities will be available before and after the program to discuss employment opportunities.

April 3, 2003 – 5:30 - 9:30 p.m.        April 8, 2003 – 5:30 - 9:30 p.m.
Holiday Inn, Worcester        Lombardo’s Function Facility, Randolph

April 9, 2003 – 5:30 - 9:30 p.m.
Springfield Marriott, Springfield

This program is free to all senior nursing students and space will fill fast! You must pre-register for the program.

For more information, contact Theresa Yannetty at the MNA, 800-882-2056, x727.

Return completed registration form to: Massachusetts Nurses Association, Attn: Nursing Department, 340 Turnpike Street, Canton, MA 02021

To email your registration, include the information requested above and send to: tyannetty@mnarn.org
Communications department adds 2 professionals

As the MNA continues to work with members, legislators, and the public in the fight for safe staffing, improved patient care, better union contracts and the creation of a single-payer health care system, there is an increasing need to improve our communication of important association/nursing news and positions. As part of an effort to meet this challenge, the MNA recently welcomed two new staff members to its public communications department: Amy Weston, associate director of Web site development, and Jennifer Johnson, associate director of media relations.

Weston, a graduate of both the University of Massachusetts at Amherst and Northeastern University, holds a bachelor’s degree in art and a master’s degree in information systems. Prior to joining the MNA team, she worked as a Web programmer at The Providence Journal, Rhode Island’s largest daily newspaper—and was integral in launching the paper’s first Web site. She also worked as a Web developer at the Providence-based advertising agency RDW Group where her client roster included Roger Williams Park Zoo, T.F. Green Airport and the YMCA of Greater Providence. Weston will spearhead the MNA’s Web development efforts, including strategic planning, creative design and information architecture.

Johnson, who brings more than eight years of communications experience to the MNA, holds a bachelor’s degree in English and a master’s degree in communication studies from Bridgewater State College. Her experience includes working as the public relations manager at Wide Horizon For Children, a nonprofit adoption agency, and managing numerous healthcare clients at the Boston office of MS&L Public Relations. Her client roster included Agilent Technologies, The Angiogenesis Foundation and the Massachusetts Department of Public Health. Johnson will serve as managing editor of Massachusetts Nurse and will assist David Schildmeier, director of public communications, with media relations activities, including media and public relations campaigns to support MNA bargaining units.

Consent to Serve for the Massachusetts Nurses Association 2003 Elections

I am interested in active participation in the Massachusetts Nurses Association

MNA General Election

☑ President, General* (1 for 2 years)
☑ Secretary, General* (1 for 2 years)
☑ District Director, Labor* (5 for two years) [1 per district]
☑ Director At-Large, General* (3 for 2 years)
☑ Director At-Large, Labor* (4 for 2 years)
☑ Labor Program Member* (1 for 2 years)
☑ Nominations Committee, (5 for 2 years) [1 per district]
☑ Bylaws Committee (5 for 2 years) [1 per district]
☑ Congress on Nursing Practice (6 for 2 years)
☑ Congress on Health Policy & Legislation (6 for 2 years)
☑ Congress on Health & Safety (6 for 2 years)
☑ Center for Nursing Ethics & Human Rights (2 for 2 years)

*General means an MNA member in good standing and does not have to be a member of the Labor Program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

Name & credentials ________________________________________________
(as you wish them to appear in candidate biography)

Work Title ___________________________ Employer _______________________

MNA Membership Number_______________ MNA District______________

Address ________________________________________________________________________________________________

Cty ___________________________ State ___________________ Zip ______________

Home Phone ________________________ Work Phone ____________________

Educational Preparation

School ________________________________________________________________________________________________

Degree ___________________________ Year ____________________________

Present Offices/Association Activities (Congress, Committee, Unit, etc.)

MNA ________________________________________________________________________________________________

District ________________________________________________________________________________________________

Past Offices/Association Activities (Congress, Committee, Unit, etc.) Past 5 years only.

MNA ________________________________________________________________________________________________

District ________________________________________________________________________________________________

Candidates may submit a typed statement not to exceed 250 words for president and vice president and 150 words for all other candidates. Briefly state your personal views on health care, nursing and current issues including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography which will be printed in the Mass Nurse. Statements, if used, must be submitted with this consent to serve form.

Signature of Member __________________________________________________________

Signature of Nominator (leave blank if self-nomination) ______________________________________

Postmarked Deadline: Preliminary Ballot: March 15, 2003
Final Ballot: June 15, 2003

Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by July 30 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org

MNA election dates

June 15 Deadline for consent to serve forms for final ballot
Sept. 1 Ballots to be mailed
Sept. 20 Deadline for ballot return
Oct. 1 Ballots to be counted

Jennifer Johnson

Amy Weston
MNA nominations & election policies & procedures

1. Nomination process and notification of nominees

A. All candidates for office, submitting papers to the Nominations & Elections Committee, shall be notified in writing upon receipt of materials by the MNA staff person assigned to the Nominations & Elections committee. The letter of notification will identify the office sought. All notifications will be sent by MNA no later than June 5 of each year. If no notification has been received by that date, it is the nominee’s responsibility to contact MNA regarding the status of their nomination.

B. All candidates must be an MNA member in good standing at the time of nomination and election.

C. A statement from each candidate, if provided, will be printed in the Massachusetts Nurse. Such statements should be limited to no more than 250 words for each office sought. All notifications will be mailed back (postmarked). All candidates may request time on structural unit or bargaining unit mailboxes is unrestricted.

2. Publication of ballot

A. Preliminary Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the Massachusetts Nurse. The order names are listed on the ballot is determined by random selection.

B. Final Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the Massachusetts Nurse.

The order names are listed on the ballot is determined by random selection.

C. Results will include the following:

• Number of total ballots cast for the candidate
• Number of ballots cast for the candidate
• The election status of the candidate
• Any MNA member may access these numbers by written request.

E. Election results will be posted at the Massachusetts Nurse, MNA headquarters. The Nominations & Elections Committee 5 working days prior to the day in question for space allocation purposes only.

C. The observer must provide current MNA membership identification to election officials and authorization from the candidate.

D. No observer shall be allowed to touch or handle any ballot or ballot envelope.

E. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.

F. All observers and candidates will keep election results confidential for 72 hours after the ballot procedure is completed and certified.

7. Candidate notification

A. Results of the MNA Election will be made available to candidates (or their designees) within 72 hours after completion of the ballot counting. Only the names of those elected will be posted on the MNA web site when all candidates have been notified after the ballot procedure is completed and certified. Hard copies of the election results shall be sent to each candidate.

B. Results of the MNA election will be kept confidential until all candidates are notified. Notification of all candidates will occur within 72 hours of certification of the election.

C. Results will include the following:

• Number of total ballots cast for the office in question
• Number of ballots cast for the candidate
• The election status of the candidate
• Any MNA member may access these numbers by written request.

E. Election results will be posted at the annual meeting.

8. Storage of election materials

A. All election materials are to be stored in a locked cabinet at MNA headquarters. The Nominations & Elections Committee and staff

See Election policies, Next Page
MNA membership dues deductibility 2002
Below is a table showing the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

<table>
<thead>
<tr>
<th>District</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 1</td>
<td>$15.33</td>
<td>4.5%</td>
</tr>
<tr>
<td>District 2/3</td>
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<tr>
<td>District 4</td>
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<td>4.5%</td>
</tr>
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<td>$15.33</td>
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</tr>
<tr>
<td>State Chapter</td>
<td>$18.01</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Peer assistant nurse training course
The MNA Addictions Nursing Council is pleased to announce it will be hosting a peer assistant nurse training course on Monday, May 12, from 5 - 7:30 p.m. at MNA headquarters in Canton. There is no fee for the program.

This program is designed as an orientation course to nurses who would like to become part of the MNA’s team of peer assistants. The peer assistant program provides confidential assistance to nurses with substance use and chemical dependence related problems. If you are a nurse who is knowledgeable in the area of addictions or a recovering nurse who is drug/alcohol free for a minimum of two years, we welcome you to attend the program. For more information on the peer assistant training course and/or the mna peer assistant program, please contact Carol Mallia RN, MSN at 781-830-5755 or cmallia@mnarn.org.

Contact hours and a light supper will be provided.

2003 MNF Golf Tournament
To Benefit Nursing Scholarships & Research
Join us for a festive time
Brookmeadow Country Club, Canton
Thursday, June 26
8 a.m. Shotgun Start

- Low Gross Prizes!
- Hole-in-One Contest!
- Putting Event!
- Raffle & Prizes!

Tournament Schedule:
Continental Breakfast 7 a.m.
Shotgun Start 8 a.m.
Lunch & Raffle Noon
Putting Event 3 p.m.

Yes, I want to join the fun at the MNF Golf Tournament!
Please reserve:
- Tickets at $99 each (greens fee, golf cart, breakfast & lunch)
- Tickets at $35 each (lunch only)
- I cannot attend, but please accept by donation of $________

Name______________________________

Daytime Phone _______________________
Address ______________________________
City ___________________ State _______ Zip ____________

- I am not in a foursome, please select partners for me.
- Here are the names of the other members of my foursome:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

Return this completed form with payment. Please make checks payable to MNF.
Send to Massachusetts Nurses Foundation, 340 Turnpike St., Canton, MA 02021
800.882.2056, x745

Reserve early – Space is limited to 48 people per trip!

MNA is sponsoring
2 exciting group trips to Europe in 2003

May 26 - June 4 – Germany and Austria $1,569*
This 10 day/8 night grand tour of the Tyrolean region will feature 6 nights in Austria and 2 nights in Germany. Trip includes tours of Innsbruck, Salzburg, Rothenberg, Munich, Rattenberg, Wattens and Vipitino. Air, transfers, hotel, breakfast and dinner daily as well as full sightseeing tours are included. Don’t miss this grand tour of the picturesque Tyrolean Region.

October 21 - 29 – Montecatini Spa located in Tuscany Province, Italy $1469*
This all-inclusive trip to the Tuscany region of Italy includes tours to Florence, Venice, Pisa, Sienna, San Gimignano while staying in the world famous spa city of Montecatini. Air, transfers, hotel, all meals as well as full sightseeing tours are included. Offered as an all-inclusive trip, this package is a great value.

*Prices listed are per person, double occupancy based on check or cash purchase. Applicable departure taxes are not included in the listed prices above.

To receive more information and a flyer on these European vacations, please contact Carol Mallia, RN, MSN, 781-830-5755 or email at cmallia@mnarn.org

...Election policies
From Page 16

to the committee shall have sole access to the cabinet and its contents.

B. Post Election: All election materials including ballots (used, unused and challenged), envelopes used to return marked ballots, and voter eligibility lists shall be stored in a locked cabinet at MNA headquarters for one year. The Nominations & Elections Committee Chairperson and staff to the committee shall have sole access to the cabinet and its contents.

9. Post Election Press Release
The Department of Public Communications shall check the information on file/CV data for accuracy/currency with the elected candidate prior to issuing a press release.
## MNA Continuing Education Courses

**Your source for career training and advancement**

### The Real Nursing World: Transition from Student to RN

**Description**
Don’t miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration, labor relations and career counseling. Area hospitals and other healthcare facilities will be available before and after the program to discuss employment opportunities.

**Speakers**
Carol Mattia RN, MSN, facilitator

**Dates & Places**
- May 21, MNA Headquarters, Canton
- June 18, District 1, District 1 Office, Northampton
- Marlboro

**Time**
- Tuesday, April 9, Springfield Marriott Hotel, Springfield
- Tuesday, April 3, Holiday Inn, Worcester
- Tuesday, April 8, Lombardo’s Function Facility, Randolph
- Wednesday, April 9, Springfield Marriott Hotel, Springfield

**Fee**
Free to senior nursing students and faculty

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Applying OSHA to Healthcare Settings

**Description**
Provided by a grant from the Massachusetts Department of Industrial Accidents, this program teaches OSHA standards and the protections they provide for the health and safety of workers in “general industry,” which also apply to protect workers, including nurses, in healthcare settings. The goal of the grant is to train one or more members from each MNA local bargaining unit as a “Worksite Health and Safety Representative.”

**Speakers**
MNA staff members Evie Bain and B. Elaine Mauger. Trainers Catherine Dicker, Joanne Whynot-Butler, Rosemary Connors, Patty Healey, Marcia Robertson, Janice Homer, Kathleen Opanaets, Rosemary O’Brien, Nancy Mucciaroco, Elizabeth O’Connor, Nancy Adrian and Kathleen Sperazza.

**Time**
- Tuesday, April 8, Lombardo’s Function Facility, Randolph
- May 14, District 2, Best Western Hotel (Royal Plaza Hotel & Trade Center), Marlboro
- May 21, MNA Headquarters, Canton
- June 18, District 1, District 1 Office, Northampton

**MNA contact**
Susan Clish, 781-830-5723 or 800-882-2056, x723

### Diabetes 2003: What Nurses Need to Know

**Description**
This program will discuss the pathophysiology and classification of Diabetes Type 1 and 2. The nursing implications of blood glucose monitoring will be discussed. Non-pharmacological interventions such as exercise and meal planning will be explained. The program will conclude with a discussion of oral pharmacological agents.

**Session 1:**
- **Speaker:** Anthony Fucaloro, EMT
- **Dates:** Thursday, April 3
- **Time:** 5:30 – 9:00 p.m.
- **Place:** MNA Headquarters, Canton
- **Fee:** MNA members, $65 all others, $95 (Each session)
- **Contact hours:** 3.6 each session
- **MNA contact:** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

**Session 2:**
- **Speaker:** Robert Sperrazza.
- **Dates:** Thursday, April 10
- **Time:** 5:30 – 9:00 p.m.
- **Place:** MNA Headquarters, Canton
- **Fee:** MNA members, $65 all others, $95 (Each session)
- **Contact hours:** 3.6 each session
- **MNA contact:** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Verbal Self Defense for Nurses

**Description**
This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies are discussed. The program will conclude with an interactive discussion of case scenarios related to conflict management.

**Speaker**
Joe-Ann Fergus RN, BSN

**Date**
Tuesday, April 15

**Time**
6:00 – 9:00 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $45; all others, $65

**Contact hours**
3.3

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Nursing Management of Central Lines

**Description**
This program describes the multiple venous access devices used in central line therapy. Indications for tunneled vs. non-tunneled lines and potential complications will be discussed. The nursing management and legal aspects in managing the care of these devices will be described in detail.

**Speakers**
Mary Walsh RN, BS, CRNI, Infusion Therapy Specialist
Marilyn Bernard RN, CRNI, Infusion Therapy Specialist

**Date**
Thursday, April 24

**Time**
5:30 – 8:30 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $65 all others, $95

**Contact hours**
3.0

**Special notes**
Program limited to 20 participants.

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Advanced Cardiac Life Support

**Description**
This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day certification and one day re-certification course. Recertification candidates must present a copy of their current ACLS card at the time of registration.

**Speakers**
Carol Mattia, RN, MSN, and other instructors for the clinical sessions

**Dates**
- Tuesday, April 29 & May 6 (certification)
- May 6 (recertification)

**Contact hours**
16 for certification program. None for recertification.

**Special notes**
Light lunch provided. Enrollment limited to 48 participants.

**MNA contact**
Susan Clish, 781-830-5723 or 800-882-2056, x723

### Emergency Medical Response to Hazardous Materials and Acts of Terrorism

**Description**
The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, the decontamination procedures and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers and nursing interventions for patient care will be identified.

**Speakers**
Anthony Fucaloro, EMT
Evie Bain, RN, MED, COHN-S

**Dates**
- Wednesday, May 7
- 9:00 a.m. – 5:00 p.m.
- Place: MNA Headquarters, Canton

**Fee**
MNA members, $45; all others, $65

**Contact hours**
6.9

**Special notes**
Lunch provided. Class limited to 25.

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Advanced Dysrhythmia Interpretation

**Description**
This course is designed for nurses who have had a basic course in monitoring patients for cardiac rhythm disturbances and wish to enhance that knowledge base with more complex monitoring of advanced dysrhythmias. The course will describe the EKG changes related to ischemia, injury, and infarct. The EKG abnormalities associated with toxic drug levels and electrolyte imbalances will also be described. The course will conclude with an overview of pacemakers and common pacemaker rhythm disturbances.

**Speaker**
Carol Mattia RN, MSN

**Dates**
Tuesday, May 13

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727
**Perioperative IV Therapy Program**

**Description**
This program introduces the RN to the theory of peripheral venipuncture. It includes anatomy and physiology of the peripheral circulation system, fluid and electrolyte balance, infection control and legal issues of the practice of venipuncture. Classroom instruction will include procedural demonstration and return demonstration on I.V. arms. Clinical experience will not be provided.

**Speakers**
Mary Walsh RN, BS, CRNI, Infusion Therapy Specialist
Evie Bain, RN, MEI, COHN-S

**Dates**
Tuesday, May 15

**Time**
5:00 – 8:30 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $65; all others, $65

**Special notes**
Certificate of attendance will be awarded

**MNA contact**
Susan Clish, 781-830-5723 or 800-882-2056, x723

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**Acute Care Nursing: 3-Program Series**

**Wound Care — Dressing for Success**

**Description**
This program will provide a comprehensive overview of the factors affecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. New dimensions of wound care, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closure devices will be discussed.

**Speaker**
Carol Mallia RN, MSN, CWOCN

**Dates**
Thursday, June 5

**Time**
5:00 – 9:00 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $45; all others, $65

**Contact hours**
4.5

**MNA contact**
Susan Clish, 781-830-5723 or 800-882-2056, x723

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**Managing Cardiac & Respiratory Emergencies**

**Description**
This course is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation, ABG interpretation and clinical management of respiratory distress will also be discussed.

**Speaker**
Carol Mallia RN, MSN

**Dates**
Tuesday, June 10

**Time**
5:00 – 9:00 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $45; all others, $65

**Contact hours**
4.0

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

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**Interpreting Laboratory Values**

**Description**
This program will enhance the nurse’s ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.

**Speaker**
Carol Mallia RN, MSN

**Dates**
Monday, June 16

**Time**
5:00 – 9:00 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $45; all others, $65

**Contact hours**
4.1

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

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**Acute Care Nursing: 3-Program Series**

**Register for all three and save $20.**

**Managing Cardiac & Respiratory Emergencies**

**Description**
This program introduces the RN to the theory of peripheral venipuncture. It includes anatomy and physiology of the peripheral circulation system, fluid and electrolyte balance, infection control and legal issues of the practice of venipuncture. Classroom instruction will include procedural demonstration and return demonstration on I.V. arms. Clinical experience will not be provided.

**Speakers**
Mary Walsh RN, BS, CRNI, Infusion Therapy Specialist
Evie Bain, RN, MEI, COHN-S

**Dates**
Tuesday, May 15

**Time**
5:00 – 8:30 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $65; all others, $95

**Special notes**
Certificate of attendance will be awarded

**MNA contact**
Susan Clish, 781-830-5723 or 800-882-2056, x723

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**Emergency Medical Response to Hazardous Materials and Acts of Terrorism**

**Description**
The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, the decontamination procedures and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers and nursing interventions for patient care will be identified.

**Speakers**
Anthony Fucalo, EMT
Capt. Lawrence P. Ferarzani
Evie Bain, RN, MEI, COHN-S

**Dates**
Tuesday, June 3

**Time**
9:00 a.m. – 5:00 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $45; all others, $65

**Contact hours**
6.9

**Special notes**
Lunch provided. Class limited to 25.

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

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**Important Information for all courses**

**Registration**
Registration will be processed on a space available basis. Enrollment is limited for all courses.

**Payment**
Payment may be made with MasterCard or Visa by calling MNA or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021

**Refunds**
Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.

**Program Cancellation**
MNA reserves the right to cancel programs when registration is insufficient.

**Contact Hours**
Continuing Education Contact Hours are provided for all programs except Advanced Cardiac Life Support by the Massachusetts Nurses Association, which is accredited as a provider of continuing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for Advanced Cardiac Life Support is provided by the Rhode Island State Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**To successfully complete a program and receive contact hours, you must:**
1. Sign in.
2. Be present for the entire time period of the session.
3. Complete the evaluation.

**Chemical Sensitivity**
Scents may trigger responses in those with chemical sensitivity. Please avoid wearing scented personal products and refrain from smoking when you attend MNA continuing education programs.
MNA Member Benefits Save You Money

MNA's premier group benefits programs from affordable insurance to convenient credit help you get more out of your membership & your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. Savings are just a telephone call away.

**Personal & Financial Services**

**PORTABLE HEALTH INSURANCE**
Ellen Kaplan, Group Health Specialists .......... (800) 604-3303 or (508) 875-3288
Managed care & comprehensive indemnity plans through Blue Cross/Blue Shield as well as other carriers.

**PROFESSIONAL LIABILITY INSURANCE**
Nurses Service Organization ................. (800) 247-1500 (8:00 AM to 6:00 PM)
Loading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

**CREDIT CARD PROGRAM**
MBNA America................................................. (800) 847-7737
Exceptional credit card at a competitive rate includes $300,000 worth of HIV insurance protection.

**TERM LIFE INSURANCE**
Lead Brokerage Group ................................ (800) 842-0804
Term life insurance offered at special cost discounts.

**LONG TERM CARE INSURANCE**
William Clifford ............................................. 800-878-9921, Ext. 110
Flexible and comprehensive long-term care insurance at discount rates.

**SHORT TERM DISABILITY INSURANCE**
Lister L. Burdick, Inc .................................... (978) 683-3400
Six-month disability protection program for non-occupational illnesses & accidents.

**LONG TERM DISABILITY INSURANCE**
Lead Brokerage Group ................................ (800) 842-0804
Provides income when you are unable to work due to an illness or injury.

**Retirement Program**
American General Financial Group/VALIC ................ (800) 448-2542
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

**Products & Services**

**AUTO/HOMEOWNERS INSURANCE**
Mansfield
Colonial Insurance Services ....................... (978) 571-7773 or (508) 339-3047
West Springfield
 Bates Fullam Insurance Agency ......................... (413) 737-3539
Boston
Robert S. Clark Insurance Agency ............... (800) 660-0168
Lowell
James L. Conney Insurance Agency .............. (978) 459-0505
Woburn
Lennon Insurance Agency ......................... (781) 937-0050
 partridge Zchau Insurance Agency ................. (413) 863-4331
Save up to 18% for all household members. For a no obligation quote visit www.nursesinsurance.com

**DISCOUNT DENTAL & EYEWEAR PROGRAM**
Kenneth Franklin or Dave Fraser .................... (800) 697-4371
45% to 50% on dental services when utilizing network dentists. 10% to 60% discount on eyewear through nationwide vision providers. Only $7.95/month individual or $8.95 family for MNA members.

**DIGITAL PAGERS**
Internet Paging ............................................. (800) 977-1997
Discount digital pager program.

**LONG DISTANCE TELEPHONE SERVICE**
Alliance Services ........................................... (888) 922-SAVE
4.9 cents/minute for long distance calls & 5% discount (vs. Verizon) on local service – 7 days a week, 24 hours a day! Prepaid discount international calling cards also available.

**CELLULAR TELEPHONE SERVICE**
Cingular Wireless ............................................ (800) 894-4590
Lowest rate possible $8.95/month plus $3.75/minute off peak with free nights (7:00 PM to 6:59 AM – an MNA exclusive) & free weekends.

**JIFFY LUBE DISCOUNT**
MNA Membership Department .............................. (800) 882-2056, x726
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

**CONSUMER REFERRAL SERVICE**
Mass Buying Power ........................................ (781) 829-4900
A consumer referral service offering super savings on products & services. Visit their Web site at www.massbuy.com (Password MBP)

**DISCOUNT ELECTRONICS & APPLIANCES**
Home Entertainment Distributors .................. (800) 232-0872 or (781) 824-4555
Home electronics & appliances available at discount prices for MNA members.

**OIL NETWORK DISCOUNT**
Comfort Crafted Oil Buying Network ............. (800) 649-7473
Lower your home heating oil costs by 10 – 15%.

**DISCOUNT TAX PREPARATION SERVICE**
TaxMan Inc. .................................................. (800) 7TAXMAN
20% discount on tax preparation services.

**WRENTHAM VILLAGE PREMIUM OUTLETS**
Simply present your valid MNA membership card at the Information Desk at the Wrentham Village Premium Outlets to receive a VIP Coupon Book offering hundreds of dollars in savings.

**Travel & Leisure**

**HEITZ CAR RENTAL DISCOUNT**
Heitz ........................................................ (800) 654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

**DISCOUNT MOVIE PASSES**
MNA Membership Department .............................. (800) 882-2056, x726
Purchase discount movie passes for Showcase/National Amusements, Hogs & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

**DISCOUNT HOTEL & TRAVEL PRIVILEGES**
Choice Hotels International (SOS Program) ........ (800) 258-2847
20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway 
MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #0081502. Membership in Guest Privileges Frequent Traveler Program.

**DISCOUNT TRAVEL PROGRAM TO FLORIDA, BAHAMAS & LAS VEGAS**
Executive Tour & Travel Service .................. (800) 272-4707 (RESERVATIONS)

**CENTRAL FLORIDA AREA ATTRACTIONS**
The Official Ticket Center ................................ (877) 406-4836 (attraction tickets)
Discount admission to Orlando area attractions including Walt Disney World, Universal Studios, Sea World; Kennedy Space Center & others.

**UNIVERSAL STUDIOS THEME PARK Fan Club**
MNA Membership Department .............................. (800) 882-2056, x726
Fan Club membership entitles you to discounts at Universal Studios Theme Parks, discounts on merchandise and on-site hotels

Your participation in these programs increases the Association’s purchasing power allowing the MNA to add and improve benefit programs. For information on any of our discount programs, contact the specific representative listed or call Chris Stetkiewicz in the MNA membership department, (800) 882-2056, x726.

For more information, call the Massachusetts Nurses Association at 1-800-882-2056, x726.