

# MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ VOL. 74 No. 5

500 RN's flood June 18 Statehouse hearing

## 1 in 3 RNs attribute patient deaths to understaffing

A study of RNs in Massachusetts released last month establishes that poor RN-to-patient ratios are resulting in significant harm and even death for patients. According to the survey, 87 percent of nurses report having too many patients to care for, and the results are devastating to patients:

- Alarmingly, nearly one in three nurses (29 percent) report patient deaths directly attributable to having too many patients to care for
- 67 percent report an increase in medication errors due to understaffing
- 64 percent report an increase in complications due to understaffing
- 54 percent report readmission of patients due to understaffing
- 52 percent report injury and harm to patients do to understaffing
- 1 in 2 nurses report that poor staffing leads to longer stays for patients

"These shocking conditions exist right here in Massachusetts, a state that is known around the world as a medical mecca," said Karen Higgins, RN, president of the MNA and one of the spokespeople who released the survey results at MNA's State House press conference on June 18.

The survey, the first in nine years to examine Massachusetts nurses' views on the quality of patient care and nurse staffing in



Julie Pinkham, MNA's executive director, presents the findings from a survey of Massachusetts RNs to a packed room during the June 18 press conference.

area hospitals, follows three national studies that paint an equally dismal picture of the quality and safety of patient care, spelling out in detail the conditions in Massachusetts that endanger patients and that have caused

and continue to exacerbate the current nursing shortage.

It was commissioned by the MNA and

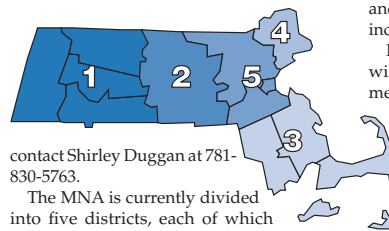
See Rally, Page 5

## MNA Board recommends revamp of district structure

At its meeting in May, the MNA Board of Directors passed a motion that will put forward a series of bylaw changes drafted at a special District Leaders Summit that call for a major restructuring of the MNA's districts—the regional entities that provide members with opportunities for participation and action on the local and regional level.

The summit was mandated by a vote of the MNA membership at last year's convention. The motion called for the leaders of the MNA districts to come together to explore ways for the MNA regional structure to be more responsive to the local membership. The group, with representation and participation by four of the five districts, held a series of meetings throughout the winter and spring and presented its recommended bylaw changes to local boards and to the MNA board in May.

With its vote, the Board of Directors gives the MNA Bylaws Committee the approval to prepare the changes for presentation to the entire membership body at the MNA Annual Business Meeting, which will be held on Oct. 16 at Mechanics Hall in Worcester. The full text of the bylaws will appear in the August issue of the *Massachusetts Nurse*, and will also be available on line at [www.massnurses.org](http://www.massnurses.org). To obtain a hard copy of the bylaws by mail,



contact Shirley Duggan at 781-830-5763.

The MNA is currently divided into five districts, each of which covers a different region of the state. District 1 of MNA, for example, encompasses nurses who live in western Massachusetts - from Hampden County to the New York border. A portion of MNA membership dues go to the district to which a nurse belongs. The districts serve as a localized structure within MNA to help nurses in those regions pursue initiatives specific to them.

The district structure has existed since 1930, and little or no change has been made to it during that 70-year period. Under the existing structure, members in different districts pay a different level of dues. Each district has its own set of bylaws and holds its own election of officers. In addition, the mission and purpose of each district differs from district to district. Under the existing structure there was a lack of a strong link between the district

and the collective bargaining units that are included in the district.

In creating a new structure, the districts will be renamed "regional councils," with membership in the councils based on where each MNA member lives versus where he/she works. This change was made in order to foster local community and political involvement by nurses in different regions of the state. Each council will have the same mission and purpose, will be required to comply with the MNA bylaws and also will work in concert with the goals and mission of the statewide organization. To make the councils more inclusive of union members, each local bargaining unit within the boundaries of the council will have a seat on the board of directors, with elections held for seven other seats.

In addition, regional council dues will be made uniform across all five councils at \$30 per member. This was done to provide equity across the regions. To ensure that each region has a similar level of service to meet member needs, a certain percentage of regional dues will be pooled into a common fund, with those funds allocated to establish offices in each region and to allow for the hiring of a community organizer to assist in mobilizing support for local activities. ■

June/July 2003

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### MNA Convention 2003

Save the date for the annual MNA convention: October 15, 16 & 17 in Worcester. Featured speakers include Anita Hill, former *Boston Globe* reporter Larry Tye and labor union specialist Paul McCarthy. For more convention information and registration details, see Pages 6&7 or call the MNA Department of Nursing at 800-882-2056, x727.

For the latest  
developments  
impacting nurses,  
visit the  
MNA Web site,  
[www.massnurses.org](http://www.massnurses.org)

## Nurses' Guide to Single-Payer Reform

### Single payer agenda advances in New England

By Cissy White

New England residents worried about health costs and coverage have state legislatures reviewing single-payer system options. Outlined below is a state-by-state breakdown.

#### Maine

The consultants who performed the "Feasibility Study of a Single-Payer Health Plan Model for the State of Maine" concluded that the model could provide all Maine residents with coverage and reduce health care spending by 2008.

"It's a very positive finding," said Maine State Nurses Association's (MSNA) Executive Director Pat Philbrook, RN. "My initial reaction was, 'That's doable.' My second reaction was, 'Why didn't they find us savings until 2008?'"

Philbrook believes savings will be larger than what the consultants projected because they did not factor in savings incurred over several years when residents have access to preventative medicine. Hypothetically, she explains, someone can have bronchitis and not seek treatment because they don't have insurance. "They end up in the ER with pneumonia, which is more costly," she said. "When you start to put money into prevention—that's where long-lasting savings are."

According to the consultants, Mathematica Policy Research, Inc., a single-payer system will increase jobs, appeal to small businesses that can't afford to provide health care coverage, and protect residents who are uninsured or underinsured and are going broke trying to pay for health care.

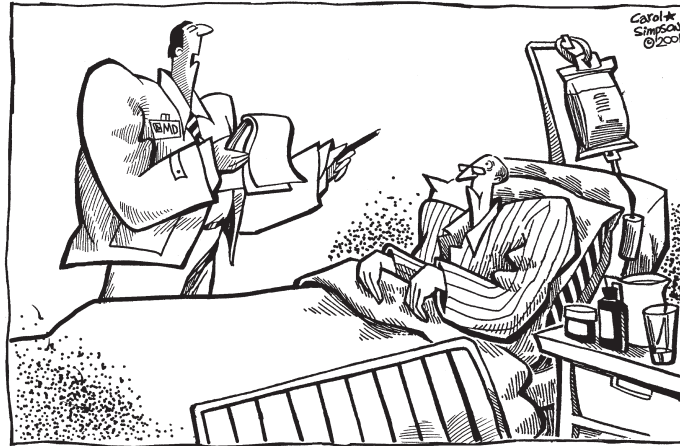
Philbrook serves on the Health Security Board, established by the legislature to study the feasibility of a single-payer plan. The board will make a report to the legislature this month and introduce a bill to keep the committee together until 2004 so it can work on a transition plan. "My guess is that we'll have all details worked out by 2004, implemented by 2005 and, by 2006, a plan that will cover everyone," Philbrook said.

"We're the only industrialized nation in the world that doesn't cover everyone," she said. "Ethically, nurses are patients' advocates. We're not doing our job if people are not getting care."

#### Massachusetts

The Massachusetts Legislature appropriated \$250,000 to study "Feasibility of Consolidated Health Care Financing and Streamlined Health Care Delivery in Massachusetts." The report, recently released by LECG consultants, has some advocates of universal health care questioning the report's value.

"It was very clear that they were to provide the legislature with a roadmap for universal health care and consolidated financing," said Peggy O'Malley, RN, chairperson for MASS-CARE, the Massachusetts Campaign for Single-Payer Health Care, a coalition of 80 organizations, including the Massachusetts Nurses Association (MNA). "They spent too much of their time and our money creating three models. Two don't meet the mandate and one isn't really single-payer. Naturally, we're very disappointed."



"You're insurance company is in Chapter 11... we're going to need that liver back."

"It's a total capitulation to insurance agencies," said RN Judith Shindul-Rothschild, Ph.D., who represented MNA on the legislative advisory committee. "The final report pushed for incremental reform, which would maintain administrative structures. They set it up to keep insurance companies, which led to ridiculously low administrative savings."

O'Malley says LECG researchers failed to capture those savings because of insurance companies' overhead. The report states that, in Massachusetts, almost 40 cents of every dollar spent on health care goes to administrative costs. "In every other industrialized nation of the world, 90 to 95 percent of every health care dollar goes to health care," said O'Malley. "In Massachusetts, it's 40 percent overhead and 60 percent going to health care."

While the report notes that health care costs are becoming "prohibitive," it fails to detail the human and financial costs exacted on residents if the health care system is not reformed.

"The single-payer coalition calls on the legislature to look at the shocking administrative cost and growing numbers of uninsured, then authorize the [health advisory] board to reconvene and do work [LECG] should have done" says O'Malley. "MASS-CARE will share several other reports with the state legislature showing how a true single-payer plan works and pushing for legislation."

"No system will ever be perfect," she says. "But I know that is so far superior to any other system. The baby boomers are about to hit with a huge demand for care. From moral, fiscal and professional perspective, this is something we absolutely have to do."

#### Rhode Island

"Overall, I think what comes out is affected by what goes in. You don't see a lot of savings if you don't look for them," says Debra Socolar, M.P.H., who directs the Health Reform Program with Alan Sager, Ph.D., at the Boston University School of Public Health.

Socolar and Sager, known nationally for their work on health care access and afford-

ability just finished work on an economic feasibility study of universal health care in Rhode Island commissioned by the General Assembly. The report determined that health care coverage could be provided to all residents and the state could save 3.6 percent on health spending. Two universal health care plans were presented. In each, private insurance and out-of-pocket payments were eliminated. And each was able to provide coverage to the underinsured and the uninsured.

The findings suggested that reform is not only necessary, feasible and cost-effective, but

that a lack of it is dangerous and costly to residents and the Legislature, which will face a health care crisis that will only get worse if the system is unchanged. The report said, "All people concerned about health care in Rhode Island will increasingly have to choose among three things—greater human suffering, soaring spending, and reform."

"As for Massachusetts and Maine," Socolar says, "one of the positive things coming out of the studies is the recognition of how huge the waste is in the current administration of health care."

Copies of the full reports may be viewed at:  
Maine: [www.state.me.us/legis/opla/hsboard.htm](http://www.state.me.us/legis/opla/hsboard.htm)  
Mass: [www.state.ma.us/healthcareaccess](http://www.state.ma.us/healthcareaccess)  
Rhode Island: [www.healthreformprogram.org](http://www.healthreformprogram.org)  
Under C: Health Care for all section

**OCTOBER**

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18

**Mark your calendar**

Public hearing on single payer bill,  
S.686: Mass. Health Care Trust Fund  
**Wednesday, Oct. 8**  
Mass. Statehouse

### Top 10 reasons why Massachusetts should pass single payer legislation

1. All piecemeal attempts to improve the health care system, while keeping it market-based, ultimately fail.
2. Repeated studies have shown that only a single payer system can ever assure truly universal coverage.
3. Single payer reform at the state level is the most likely path to universal coverage.
4. Single payer is politically feasible. 80 percent of doctors, nurses, employers, hospital managers, health plan managers, and the general public believe either that fundamental change is necessary or we need to completely rebuild the system.
5. Single payer provides a level playing field for all businesses and employers, and between businesses of the U.S. and other nations. It also allows workers to leave a job without losing their health insurance.
6. We'd pay for health care only once, in the simplest fashion possible. Currently, we pay for health care many times over: from our paychecks, premiums, price of goods and services, taxes, auto insurance, workers' compensation, and out-of-pocket expenses.
7. It's good for society. Universal health care has a positive impact on individuals' ability to learn and work.
8. The quality of health care will be improved through provision of primary care to everyone, attention to public health, comprehensive planning, return of decision-making to health professionals and patients, and public participation in health policy-making, including the protection of essential community hospitals.
9. We can afford it. When 95-99 percent of current health care spending goes to care, we can cover everyone, provide a wider range of benefits than most people now receive, reduce drug prices, greatly expand access to home care and long-term care, and eliminate deductibles, co-payments and most out-of-pocket expenditures.
10. It's the right thing to do. It is intolerable that thousands go without care while we waste billions on unproductive private insurance and paper pushing. Single payer provides a world class health care system that affirms the worth and dignity of every human life.

Created by MASS-CARE, the Massachusetts Campaign for Single Payer Health Care ■

*President's column*

## Making the case for safe staffing to the Health Care Committee

By Karen Higgins

*Taken from testimony before the Joint Committee on Health Care on June 18.*

I am here today as the president of the Massachusetts Nurses Association, an organization that represents more than 22,000 registered nurses and health professionals working in nearly every health care setting in the commonwealth.

I am also here as a practicing staff nurse who has spent the last 25 of my 28 years working in the ICU at Boston Medical Center.

I am here, joined by all these nurses, consumers, doctors and advocates to testify in favor of House Bill 1282—a bill that we believe is crucial to protecting patients from cost-cutting measures and ensuring the safety of patients in our hospitals, as well as for addressing and ending the shortage of hospital bedside nurses in the commonwealth. We are here because every day a patient in Massachusetts places his or her life in jeopardy as he or she is forced to share their nurse with too many other patients.

It is my hope to provide the context for this discussion by describing the role and function of the registered nurse in the care of hospitalized patients.

It is important to remember that the main reason patients are recovering in a hospital today is to receive around-the-clock care from a registered nurse and that it is the registered nurse who spends the most time and has the greatest impact on the quality of patient care.

Because of managed care, patients in our hospitals are sicker than ever, and they stay for a much shorter time. This means that the needs of patients are much greater, which means patients are in need of more nursing care than ever before.

Registered nurses are skilled professionals whose educated minds, eyes and ears are a vital link for the physician. Registered nurses monitor and evaluate a patient's condition before, during and after high tech medical procedures. It is the registered nurse who adjusts medications, manages pain and side



**MNA president Karen Higgins testifies at the Joint Committee on Health Care's public hearing on H.1282.**

effects of treatments, acts instantly to intervene if there are life-threatening changes in a patient's condition, or alerts physicians so that they can act to protect their patients.

Registered nurses are highly specialized, just like physicians. There are nurses who specialize, as I do, in intensive care, or those who specialize in emergency care, maternity care, oncology, pediatrics and psychiatric nursing. Each area of practice deals with different conditions, different types of patients, different medications, treatments and medical specialties.

Registered nurses are constantly using their knowledge of physical and social sciences to monitor, assess and protect their patients. For example, I was recently taking care of a patient who was brought into my intensive care unit with a serious infection who was suffering from a condition referred to as Acute Respiratory Distress Syndrome. In this situation, I'm assessing the function of

every system in his body. The patient is placed on a respirator and may have at least four to eight intravenous medication and fluid drips designed to maintain his blood pressure to prevent organ failure. These require my constant monitoring and assessment and I'll need to assess respiratory status continuously. At the same time, I will be monitoring the electrolytes in his blood every few hours, as a slight change can signal a life threatening complication. In this case, because of kidney failure caused by the infection, I will be performing continuous dialysis on the patient. All the time I will be monitoring his heart rate for any changes that may signal a heart attack due to his other organs being affected. I'm prepared to intervene with emergency equipment if necessary. While all this is going on, I'll have multiple conversations with physicians about the changes in the patient's condition and will adjust treatments and medications as required.

I, and all nurses, am both legally and ethically responsible for the medications and treatments I administer. If a medication is ordered, I must know its proper dosage and side effects and I am legally obligated to raise a question if I believe it is the wrong drug or the wrong dose or if the medication is contraindicated, because, owing to side effects or other concerns, the drug is not appropriate. In this sense, nurses are the patient's last line of defense in a system that is supposed to protect them from potentially harmful or lethal human errors.

A patient's condition can change in an instant. A subtle change observed and acted upon can prevent a more serious downturn in the patient's condition. Every nurse in this room could tell you a story of how, while caring for a patient, they noticed something wasn't right; it could be in the patient's skin color, the tone or timber of their voice, the size of their pupils, a slight variance in a lab value that made the nurse look deeper, something that made them take action, an action that ended up preventing a catastrophe. Conversely, because we may have too many other patients occupying our time, we may not be there to observe that change; we could miss that cue, which could trigger more serious complications. A four-day stay could turn into a two-week stay, or in the worst case, the patient may never leave the hospital alive. This process of failing to

pick up on vital changes in a patient's condition could lead to "failure to rescue," and a number of prominent studies have made a clear link between poor RN staffing and this unfortunate outcome.

You also need to know that nurses are the teachers of patients and families in the health care system. We are trained to communicate with patients so that they understand what is happening and what they will need to do to support their own recovery. We are trained to be a compassionate sounding board for the inevitable fears patients and their families will experience. This is not fluff and this is not a luxury. If a nurse doesn't have the time to properly teach the patient how to clean and protect their wound, or to manage their new



medications, that patient is going to suffer an infection or a reaction that will land them right back in the hospital.

Given this understanding of the role of registered nurses, I'm sure you can begin to understand that the most important component of nursing is time—time that a nurse has to use his or her educated mind, trained eyes and disciplined ears to monitor their patients. When you're a patient, anything that diminishes the time your nurse has to spend in your care, the more likely something bad will happen to you. It's that simple. And the most important determinant of how much time your nurse will have to devote to your care is the number of patients he or she is assigned.

It has been said that if you don't listen to nurses, you will never hear the patient. I am here, we are here, screaming at the top of our lungs on behalf of those who suffer in silence—help us. Pass House Bill 1282. Safe staffing saves lives. Thank you for your time and attentiveness. ■



**Whidden Hospital nurse and MNA member Joanne Bartoszewicz explains the importance of the safe staffing bill to a Channel 7 reporter.**



**Sen. Richard Moore, Rep. Peter Koutoujian, Health Care Committee Staff Director Charlene Deloache, Rep. Christine Canavan, and Sen. Bruce Tarr listen to testimony from MNA members.**



**Nurses pack the room where the June 18 press conference was held.**

## MNA on Beacon Hill



### Legislative update

## MNA fights to protect health care safety net

By Charles Stefanini  
MNA Legislative Director

Faced with a growing budget crisis expected to reach \$3 billion for the 2004 fiscal year that begins July 1, the Legislature has undertaken an unprecedented effort to draft and write the next fiscal year's state budget. This effort included a lengthy series of statewide public hearings held by the House of Representatives and Joint House and Senate Ways and Means Committee. The hearings provided a forum for review of Governor Romney's budget proposal and a dialogue of ideas and alternatives to meet the fiscal crisis.

During this process the MNA worked hard to protect the health care safety net. Much of the public dialogue over the past several months regarding the budget has centered on maintaining "core and essential services." The MNA has strongly stated that health care is not only a core service; it is a safety net—a matter of life and death for vulnerable children and seniors, as well as for mentally ill and mentally retarded citizens. We must work towards maintaining programs that foster prevention of illness and basic care to our citizenry. If not, this will only result in people suffering more serious complications that require more costly care.

As advocates for patients and quality health care, the MNA has been working on the following budget issues:

### Public health programs

The MNA has long advocated for public policy initiatives that promote education, prevention and access in health care. An ounce of prevention is truly worth a pound of cure. To that end, we have worked in coalitions towards supporting adequate funding of important public health programs, including:

- AIDS
- Breast cancer
- Colorectal cancer
- Hepatitis C
- Rape crisis centers
- Tobacco control

In addition, the MNA has supported the Sexual Assault Nurse Examiner (SANE) Program—a program that creates the coordinated, expert forensic care necessary to increase prosecution of sexual offenders and to deliver the highest level of care to sexual assault victims who access hospital emergency departments. The SANE Program is providing services in each region of Massachusetts, and the MNA worked in a coalition to level fund the program and include language in the Senate's version of the budget to codify the program into law.

### School nursing, Prescription Advantage program

Romney eliminated the funding for school nurses in his budget proposal. School nurses are a critical component of our front-line health care delivery system—in many cases serving as a child's primary health care provider and handling sensitive and complex health issues. The House of Representatives and

the State Senate earmarked \$12 million for school nursing services. In addition, the Senate included an outside section to the budget providing a Medicaid reimbursement program for school nursing.

The House and the Senate included versions of maintaining the Prescription Advantage program for 80,000 Massachusetts seniors. The MNA urged the Legislature to maintain this successful program. Nurses on the front-line see first hand the ill effects of seniors who cannot afford prescriptions. Implementing and maintaining Prescription Advantage is the right choice for our seniors and our health care system.

### MassHealth/Medicaid

MassHealth/Medicaid faces greater cuts and this is after 50,000 residents were eliminated from the program on April 1. MassHealth provides health coverage to approximately one in six adults, and one in four children in the commonwealth. This includes health coverage for low-income children and adults, prenatal care, prescription drugs, some dental care, and nursing home care.

- MassHealth is the key to maintaining a stable health care system
- MassHealth brings the state billions of federal dollars that we can't afford to lose
- MassHealth ensures that almost all children in Massachusetts have quality health care
- MassHealth improves the health of families and communities across the commonwealth

If we lose these services, we are guaranteed to see an increase in emergency room visits and we are guaranteed to see an increase in health care costs as people end up needing more expensive care because they lacked appropriate primary and preventive care. And yes—we will see people die. The Senate included language in its budget to provide coverage to this population.

### Uncompensated care pool

The MNA served on a recent special commission created by the Legislature to examine the uncompensated care pool. The governor, House and Senate all have proposed various efforts to stabilize the pool.

The House of Representatives:

- Reduces by \$57.5 million the assessments Romney's budget would have required hospitals to pay to fund the free care pool.
- Under the House budget, hospitals and health insurers would each pay \$157.5 million with the state contributing \$30 million to achieve a \$345



Charles Stefanini

million total for the pool.

- The House then offered hospitals an additional form of relief by endorsing a one-time infusion of \$118 million to improve Medicaid reimbursements. By offering these new funds through Medicaid, the House expected to attract federal matching funds, which House leaders would use to preserve a prescription benefit for seniors.

The Senate:

- Increases available funding for providers to \$560 million by maximizing previously unused federal dollars
- Creates a limited insurance program for the long-term unemployed who now lack coverage due to recent Medicaid cuts, reducing the current burden on the pool
- Fully funds free care payments for community health centers at \$28 million
- Implements a "prospective payment" allocation method, which will provide hospitals with the advantage of knowing their liability to or from the Pool at the beginning of each fiscal year
- Protects the "safety net hospitals" by ensuring that they receive payment through alternative funding mechanisms, where available
- Maximizes federal revenue by bringing in an additional \$180 million in funds
- Implements responsible management reform initiatives, creating a more efficient method of determining pool eligibility

### Clara Barton Nursing Excellence

The Senate budget includes the creation of the Clara Barton Nursing Excellence and Scholarship Program.

### Worcester State Hospital

Earlier this year, Romney proposed the closure of Worcester State Hospital. Worcester State Hospital is a critical facility in our mental health service structure. After the governor's announcement, a "Coalition to Save Worcester State Hospital" was formed and the MNA worked to gain public support to protect the hospital from closure. The House budget includes language protecting Worcester State Hospital from closure. The Senate includes a variation of the language.

### The Fernald Center

Governor Romney has proposed the closure of The Fernald Center in Waltham. The MNA opposes the proposal and has joined with parent groups to fight the closure. Both the House and Senate budget include language towards protecting Fernald from closure.

As the budget moves towards final passage, the MNA will be working to ensure that the public health safety net is maintained and that health care is treated as a 'core and essential' service. ■

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**Production Manager:** Erin M. Servaes  
**Photographer:** Rosemary Smith

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**MNA**  
MASSACHUSETTS NURSES ASSOCIATION



## An interview with state Rep. Vincent Pedone

The *Massachusetts Nurse* recently sat down with state Rep. Vincent Pedone from the 15th Worcester district. Pedone is currently serving his sixth term in the House of Representatives. He is a lifelong resident of Worcester, an alumnus of St. John's High School in Shrewsbury and graduate, with honors, from Salem State College. In addition to serving in the 101st Airborne Division of the U.S. Army, Pedone worked as a social worker for the Massachusetts Society for the Prevention of Cruelty to Children before taking office.

Pedone's priorities include health care, job creation, education reform and funding for affordable housing. Pedone serves in the Ways and Means Committee, and was recently appointed the vice chairman of the Committee on Science and Technology.

Pedone has been instrumental in an effort to stop Governor Romney's proposal to close Worcester State Hospital. His leadership on and commitment to this issue led to important language being included in the House budget to keep the hospital from closing.

**MassNURSE:** Congratulations on your recent work to stop Romney's plans to close Worcester State Hospital.

**Pedone:** Thank you very much. The closing of Worcester State Hospital is a shortsighted proposal by the administration that would jeopardize the well being of its patients and undermine the hard work of its dedicated staff. I was fortunate to be working on the issue with a great group of people, including MNA representatives and nurses from Worcester State Hospital.

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

**Pedone:** Given the difficult fiscal climate right now, I think most key legislation will center on budget issues. The Legislature needs to ensure that core services are pro-

tected and our resources are maximized. In times like these, we also need to be diligent about providing the highest level of public safety and economic opportunity for our citizens.

**MassNURSE:** How does your background help prepare you to be an effective state legislator?

**Pedone:** I have been a legislator since I was 25, so I have been immersed in the job for most of my adult life. My background is in social work, which I think equips me with the skills and sensitivities to be an effective public official. The issues and problems I deal with as a legislator are the same ones I would confront as a social worker, only on a different



scale. My mother and father both worked in the public sector, so I grew up realizing the immense value of being a public servant.

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

**Pedone:** As I said earlier, I am most concerned with protecting my constituents and the citizens of the commonwealth during these trying fiscal times. I want to promote economic development, stimulate employment opportunities and ensure that workers' rights are protected. I want to safeguard core services, so that our most vulnerable populations are not put at risk.

**MassNURSE:** How does your position on the Ways and Means Committee assist you

in your work as a legislator?

**Pedone:** My position on the Ways and Means Committee allows me greater access to the information, people and issues that are so central to my job as a legislator. This committee is considered the most powerful committee in the legislature, giving me greater leverage when I am fighting for issues that are important to me and to those I represent.

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

**Pedone:** Building a strong relationship with your state legislator is not only good for you, but good for him/her as well. The importance of maintaining this relationship is critical to address any issues that may arise in your neighborhood, your workplace, or with legislation that may affect you. Your legislator's assistance is only a phone call away. I can say personally that it is very rewarding to know the people behind an organization and to have a strong relationship with them.

**MassNURSE:** What do you enjoy most about your work as a state legislator?

**Pedone:** I would have to say the people I work for and with in the Legislature is what makes my work as a state representative rewarding. For the most part, I work with an incredibly talented group of colleagues who are dedicated advocates and civic-minded people. Our goals are all similar; we want to



Vincent Pedone

make our community a better place to live. I have had the pleasure of learning from great civic leaders, which has helped me be able to serve my community better. I stay in this profession because I love the people that elect me and that I work for in Boston. I represent a hardworking blue-collar district that I have lived in my whole life. I am honored that they have sent me back to represent them for six terms.

**MassNURSE:** What is your proudest success as a state legislator?

**Pedone:** I don't have one particular success of which I am most proud. It has been an honor to serve my district and the commonwealth for over 10 years. Some of the highlights over my tenure have been securing funding for the restoration of Union Station, the building of the Worcester Convention Center, and legislation clearing the way to build our new vocational high school. Over the last decade, I have worked to ensure funding for the Math and Science Academy and School of Excellence at WPI and the University of Massachusetts Medical School; funding for our biotech companies; and the legislation authorizing and funding the building of Worcester's new courthouse. I have been involved in the restoration of Lake Park, East Park and Green Hill Park. I enjoyed my battles with Governor Paul Cellucci over bringing increased commuter rail service to Worcester. I was successful in securing rail service to our city and I am continuing to fight for increased service. Of course, I am very proud of the work that I did in 1995 and 1996 when then-Governor William Weld tried to close the Worcester State Hospital. We were able to beat back Weld's attempts then, and I am confident that we will be able to do the same with Romney's attempt to close the hospital this year. ■

## ...Rally

From Page 1

conducted between May 30 and June 8 by Opinion Dynamics Corporation, Inc., an independent research firm headquartered in Cambridge. Survey respondents were randomly selected from the complete file of the 92,000 nurses registered with the Massachusetts Board of Registration in Nursing. Fully 68 percent of the respondents have no affiliation with MNA—the state's largest association of RNs, with 22,000 members. According to the research firm, the survey results can be assumed to be representative of the 92,000 nurses to within  $\pm 4$  percent at a 95 percent confidence interval.

The release of the survey coincided with the Joint Committee on Health Care's public hearing on H.1282, the bill that would establish RN-to-patient ratios in Massachusetts hospitals. More than 500 nurses joined leaders from 60 health care and consumer advocacy groups that have endorsed the legislation to show their support for the measure. The study complements Opinion Dynamics' findings earlier this year that 82 percent of registered voters support legislation to regulate RN-to-patient ratios and that 75 percent are willing to pay more for their health care in order to guarantee their safety as patients.

"The MNA has long advocated for safe RN-to-patient ratios. Research conducted by the country's most prestigious medical pub-

lications—the *Journal of the American Medical Association* and *The New England Journal of Medicine*—and by the Joint Commission on Hospital Accreditation supports our position," Higgins said. "The survey results we released are in line with these national studies. They underscore that RNs in Massachusetts are forced to care for too many patients at the same time and that the safety of all patients is seriously compromised as a result.

"These findings should be a wake-up call to hospital administrators, a warning to patients who seek care in our hospitals, and a call to action for legislators, who have in their hands today the means to protect the public from the serious risks posed by current hospital conditions," Higgins concluded.

In addition to the dangers of inadequate RN staffing, the study found that other vital aspects of patient care are also suffering. Nine out of 10 nurses report not having enough time to comfort and assist patients and their families, 86 percent report not having enough time to educate patients, and 81 percent of nurses report that, because they have too many patients to care for, their patients have to wait for medications or treatments.

"A medication delay can result not only in unnecessary pain and suffering, it can lead to a downturn in a patient's condition that causes complications or lengthens that patient's stay," noted Julie Pinkham, execu-

tive director of the MNA. "When nurses—all of whom are educators in our health care system—don't have enough time to teach diabetic patients how to manage their conditions, there is a greater likelihood that those patients will end up being readmitted for complications resulting from the fact that they were not taught how to administer their insulin. Because we are all concerned with costs, let me point out that poor patient outcomes like this cost the health care system billions of dollars."

The survey found that 66 percent of RNs believe that hospital finances are not properly spent on patient care; 55 percent believe that the overall quality of health care in Massachusetts has gotten worse over the last five years; and 61 percent believe that in the next five years the overall quality of health care in the state will become even more desperate.

The survey not only underscores the danger posed by chronic understaffing in hospitals, but also provides solid and compelling evidence that poor staffing conditions created and continue to exacerbate the shortage of nurses in the state.

While national surveys of nurses show that one in five nurses plan to leave the profession in the next five years, fully 55 percent of nurses providing hospital care in Massachusetts have considered leaving direct patient care at the bedside because

of the poor staffing conditions. According to nurses who have already left the hospital bedside, the number one reason given was that they had too many patients to care for. However, 65 percent of those who have left the hospital bedside say they would be likely or extremely likely to return if safe staffing legislation was enacted.

Of the 600 nurses polled:

- An astounding 93 percent report being burned out by excessive patient loads
- 65 percent agree that working conditions in hospitals are "brutal" for nurses
- 75 percent report that their managers schedule too few nurses for their shifts
- 70 percent of nurses report being "floated" to assignments in other areas of the hospital for which they lack the proper orientation or training
- 60 percent report that hospital administrators assign mandatory overtime instead of staffing properly
- 58 percent report that hospital managers assign nursing duties to non-nurses instead of hiring RNs
- An overwhelming 86 percent support legislation to regulate RN-to-patient ratios in hospitals ■

# MNA Convention 2003

## 100 Years of Caring for the Commonwealth



**October 15, 16 & 17, 2003**

Mechanics Hall

321 Main Street, Worcester, Mass.

### Convention schedule

All events are being held at Mechanics Hall in Worcester except where noted.

#### Wednesday, October 15

- 6:00–7:00 p.m. Cash Bar for Awards Banquet, Crowne Plaza Worcester  
7:00 p.m. MNA Awards Banquet

#### Thursday, October 16

- 7:30 a.m. Registration and Continental Breakfast; Exhibits/Silent Auction open  
8:30–9:30 a.m. A Primer for Nurses: "Worcester County's Role in the Advancement of Women and Nursing"  
9:30–10:30 a.m. Keynote Address: "Speaking Truth to Power: Social Change and Workplace Realities," featuring Anita Hill  
10:30–10:45 a.m. Coffee Break  
10:45–12:00 p.m. Plenary Session: "Capturing Power in the Health Care Arena," featuring Paul McCarthy  
12:00–2:00 p.m. MNA District 5 Annual Meeting Luncheon held at Crowne Plaza Worcester  
12:00–2:00 p.m. Luncheon for MNA convention attendees; Exhibits/Silent Auction open  
12:30–2:00 p.m. Unit 7 Business Meeting  
2:00 p.m. Exhibits/Silent Auction close  
2:00–6:00 p.m. MNA Business Meeting  
7:30 p.m. Improv Boston Dinner Theater held at Crowne Plaza Worcester. A very limited number of tickets will be sold at the door on a first-come, first-serve basis. We encourage purchasing advanced tickets. See registration form for details. Tickets \$55 in advance; \$65 at the door. Proceeds will benefit NursePLAN

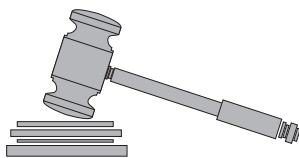
#### Friday, October 17

- 7:30 a.m. Registration; Silent Auction  
8:00–9:30 a.m. MNA NursePLAN full breakfast and meeting for all MNA members  
9:30–10:30 a.m. MNA 100th Birthday Celebration, MNA District 2  
10:30–10:45 a.m. Coffee Break  
10:45–2:00 p.m. Plenary Session: "The Ten Commandments of Dealing with the Ungodly Press," featuring Larry Tye  
12:00–2:00 p.m. Luncheon with live auction  
2:00–3:30 p.m. Plenary Session: speaker to be announced

### MNA Business Meeting

October 16, 2 p.m.

The MNA business meeting is open and free to all MNA members, regardless of whether you register for Convention.



### Featured speakers

Anita Hill, Attorney

"Speaking Truth to Power: Social Change and Workplace Realities"  
Thursday • 9:30–10:30 a.m.

Anita Hill is an attorney, legal professor and human rights activist. Anita reflects on the events before, during and after the Clarence Thomas hearings and states, "I did not choose the issue of sexual harassment, it chose me." Hill, who has conducted research examining recent social and legal gains in today's workplace, will share processes that can not only reduce conflict but that can enhance the workplace.

Paul McCarthy, President, Collective Bargaining Associates  
"Capturing Power in the Health Care Arena"  
Thursday • 10:45 a.m.–Noon

Paul McCarthy is a labor union specialist who works closely with union officials to solve organizational problems and build union power and effectiveness. His motivational presentation will address both the capability and responsibility of organized nurses to create, apply and capture power in the health care arena. The focus will be on the long overdue "coming of age" of nurses' unions and their becoming influential and active players in the development of health care policy in the U.S.

Larry Tye, Author and former Boston Globe reporter  
"The Ten Commandments of Dealing with the Ungodly Press"  
Friday • 10:45 a.m.–Noon

Larry Tye is a former *Boston Globe* medical reporter and currently directs the Health Coverage Fellowship, which provides education and intensive training to 10 medical journalists from a variety of media. He has won a series of national reporting awards, is the author of "The Father of Spin" and is currently completing a new book. His topic will focus on how to get your message to the public and dealing with a persistent press.



Anita Hill



Paul McCarthy



Larry Tye

#### Hotel Information

The MNA Convention 2003 is being hosted at The Crowne Plaza Worcester. The Crowne Plaza is offering a special convention room rate of \$99/night for single, double or triple occupancy. (12.45% MA occupancy tax additional.) For reservations call The Crowne Plaza at 1-800-628-4240. Rooms at this rate available until 9/24/03.

#### Refund Policy

Requests for refunds will be accepted in writing until October 3, 2003. A \$25 administration fee will be deducted from each registration refund. No refunds will be granted after October 3, 2003. On-site registration is contingent upon space.

#### Chemical Sensitivity

Attendees are requested to avoid wearing scented personal products when attending this program/meeting. Scents may trigger responses in those with chemical sensitivity.

#### Contact Hours

Continuing nursing education contact hours will be awarded by the Massachusetts Nurses Association which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

#### Questions

Call MNA's department of nursing at 1-800-882-2056, x 727.

# MNA Convention 2003

## Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_

Evening \_\_\_\_\_

I am a(n):  MNA Member

\*Full-time Student/Unemployed/Retired

Non-Member

*\* (Includes full time students [minimum 12 credits], unemployed, retired and student nurse association members.)*

Check here if you require vegetarian meals

Check here if you require special assistance during convention and please call the MNA at 800-882-2056, x727

### 3 Convention Packages: Thursday & Friday, October 16 & 17

#### Full Two-Day Convention Package — Thursday and Friday:

*Includes ALL events on Thursday (excluding Improv Boston) and Friday.*

MNA Members \$75	All Others \$100	Reduced Members* \$70	\$
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*Please register below if you plan to attend these Thursday events:*

Unit 7 Business Meeting • 8:30 am n/c

District 5 Annual Meeting/Luncheon • 12:30 pm n/c

#### Thursday-Only Package:

*Includes ALL events on Thursday: keynote, plenary session, all meals, exhibits, auction (excluding Improv Boston Dinner Theater).*

MNA Members \$35	All Others \$45	Reduced Members* \$30	\$
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#### Friday-Only Package:

*Includes ALL events on Friday: keynote, two plenary sessions, NursePLAN Breakfast, all meals, exhibits, auction.*

MNA Members \$40	All Others \$50	Reduced Members* \$35	\$
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### Optional Ticketed Events

<b>Awards Banquet</b>	• Wednesday, October 15, 7:00pm • \$40	\$
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<b>Improv Boston Dinner Theater</b>	• Thursday, October 16, 7:30pm • \$55	\$
	<i>Advance tickets (All proceeds from this event benefit NursePLAN)</i>	

### Total Convention Fees

\$

#### Payment

Please mail this completed form with check made payable to MNA to: Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021. Tel. 800-882-2056, x727. Registration forms postmarked prior to October 3, 2003 will be entered in a drawing to win a free convention registration.

Payment may also be made by VISA or MasterCard.

Account # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

*Fax credit card registrations to: 781-821-4445.*

#### For Office Use Only:

Charge Code: \_\_\_\_\_ Amt: \_\_\_\_\_ Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Ck. Date: \_\_\_\_\_ Init: \_\_\_\_\_ V/MC: \_\_\_\_\_

# Safe Staffing Saves Lives

## Pass H.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 higher 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 a growing list of organizations that support H.1282

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Ad Hoc Committee to Defend Health Care</li> <li>AIDS Action Committee of Massachusetts</li> <li style="padding-left: 20px;">AIDS Care Project</li> <li>Alzheimer's Association, Mass. Chapter</li> <li>American Cancer Society</li> <li>American Diabetes Association of Greater Boston</li> <li>American Heart Association</li> <li>American Lung Association of Greater Norfolk County</li> <li>American Lung Association of Mass.</li> <li>American Psychiatric Nurses Association—New England Chapter</li> <li>Amyotrophic Lateral Sclerosis Association</li> <li style="padding-left: 20px;">Arise for Social Justice</li> <li>Boston AIDS Consortium</li> <li>Boston Health Care for the Homeless Program</li> <li>Boston Women's Commission</li> <li>Cambridge Women's Commission</li> <li>Cape Organization for Rights of the Disabled</li> <li>Family Economic Initiative</li> <li>Gay and Lesbian Advocates and Defenders</li> <li>Greater Boston Diabetes Society</li> <li style="padding-left: 20px;">Health Care for All</li> <li>Independent Living Center of North Shore and Cape Ann, Inc.</li> <li style="padding-left: 20px;">Jobs with Justice</li> <li>Jonathan M. Cole Mental Health Consumer Resource Center</li> <li>Latin American Health Institute</li> <li>League of Women Voters of Massachusetts</li> <li style="padding-left: 20px;">Lynn Health Task Force</li> <li>Mass. Asian AIDS Prevention Project</li> <li>Mass. Association of Nurse Anesthetists</li> </ul> | <ul style="list-style-type: none"> <li>Mass. Association of Older Americans</li> <li>Mass. Association of Public Health Nurses</li> <li style="padding-left: 20px;">Mass. Brain Injury Association</li> <li style="padding-left: 20px;">Mass. Breast Cancer Coalition</li> <li>Mass. Coalition of Nurse Practitioners</li> <li style="padding-left: 20px;">Mass. Federation of Teachers</li> <li style="padding-left: 20px;">Mass. Human Services Coalition</li> <li>Mass. Immigrant and Refugee Advocacy Coalition</li> <li>Massachusetts Nurses Association</li> <li>Mass. School Nurse Organization</li> <li style="padding-left: 20px;">Mass. Senior Action Council</li> <li>Mass. Society of Eye Physicians and Surgeons</li> <li style="padding-left: 20px;">Sister Rosellen Gallogly of Market Ministries, Inc.</li> <li>Mass NOW (National Organization for Women)</li> <li>Massachusetts Spina Bifida Association</li> <li style="padding-left: 20px;">MASSPIRG</li> <li style="padding-left: 20px;">Mental Health Association, Inc.</li> <li style="padding-left: 20px;">MetroWest AIDS Program</li> <li style="padding-left: 20px;">MetroWest Latin American Center</li> <li>National Association of Social Workers - Massachusetts Chapter</li> <li>National Kidney Foundation of Mass., RI, NH, Vermont, Inc.</li> <li style="padding-left: 20px;">Neighbor-to-Neighbor</li> <li style="padding-left: 20px;">New England Coalition for Cancer Survivorship</li> <li>New England Patients Rights Group, Inc.</li> <li style="padding-left: 20px;">Search For A Cure</li> <li style="padding-left: 20px;">The Abortion Access Project</li> <li style="padding-left: 20px;">The Consortium for Psychotherapy</li> <li>The Episcopal Diocese of Western Mass.</li> <li style="padding-left: 20px;">Victory Programs, Boston</li> <li>Vineyard Health Care Access Program</li> </ul> |
|--|--|

## So you think it's safe at work? Notes from the Congress on Health and Safety

### Severe Acute Respiratory Syndrome (SARS): a guide for nurses

By Betty Sparks, RN

Task Force on Emergency Preparedness and  
David A. Denneno, RN, MSN  
Health & Safety Congress, Workplace Violence  
Taskforce

Severe Acute Respiratory Syndrome (SARS) is a disease caused by a corona virus that presents with symptoms similar to the common cold. The incubation period is two to ten days from the time of exposure. Suspected cases could present with:

- Measured body temperature greater than 100.4° F
- Headache, body aches
- Clinical findings of respiratory illness (e.g. cough, shortness of breath, difficulty breathing, hypoxia or radiological findings of pneumonia or acute respiratory distress syndrome)
- Rales and rhonchi can be heard, oxygen saturation less than 95 percent on room air

and

- Travel within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS including Singapore, Hong Kong, China, Vietnam, Thailand, Slovenia, Indonesia, Philippines and Toronto, Canada

or

- Close contact within 10 days of onset of symptoms with either a person with a respiratory illness who traveled to a SARS area or a person known to be a suspect SARS case

#### Suspect a SARS patient?

What should nurses do if a suspected SARS patient presents to triage or the office? Follow these 10 steps to help you limit exposure to

yourself and others.

1. Suspected SARS patients presenting to healthcare facilities and doctors' offices who require assessment for SARS should be diverted by triage or staff to a separate area to minimize transmission to others. These patients should immediately be given a surgical mask and should be instructed to wear a surgical mask at all times.
2. The medical personnel should apply the surgical mask to the patient, preferably one that filters expired air. All healthcare personnel should wear N-95 respirators that have been properly fit tested in advance. If N-95 respirators are not available, surgical masks should be worn by personnel.
3. Patients presenting with probable SARS should be moved and accommodated in:
  - A negative pressure room with the door closed
  - A single room with their own bathroom
  - A private exam room (turn off air conditioning and open window if independent air supply is unfeasible)
4. Contact your facility's infection-control personnel and initiate SARS policies and procedures as written by your healthcare facility. Unprotected exposures should be reported immediately and proper documentation completed.
5. A member of the staff must be identified as the primary care provider, preferably the staff member that initiated contact with the patient upon their arrival to the facility. The designated staff member will use

standard precautions (e.g., hand washing), contact precautions (e.g., use of gown and gloves) and airborne precautions (e.g., N-95 respirator and eye protection). Removal of protective equipment should be done by taking off gloves first, then mask, goggles and gown. Immediately wash hands with soap and water or use an alcohol based hand washing solution.

6. Limit the number of staff members who are in contact with the patient. All non-essential staff, including students, should not be allowed in the unit.
7. Staff should stay a minimum of 6½-feet away from the patient whenever possible, and avoid exposure to droplets if close to the patient. Note: the virus has been found in stool, urine and sputum for as long as 21 days after onset of symptoms.
8. Tympanic temperature probes should be used where possible and, if not pos-

sible, adult patients should take their own oral electronic temperature and report it to the nurse.

9. Disinfectants such as fresh bleach solution (1/100) or hospital recommended cleaning agents should be widely available. Stethoscopes, scissors and other equipment have the potential to spread infection and must be properly disinfected. Linen should be rolled up and not shaken. Place used linen in a biohazard bag before sending to the laundry.
10. Visitors, if allowed by the healthcare facility, should be kept to a minimum. They should be provided with personal protective equipment and supervised.

*Excerpted in part from U.S. Department of Health and Human Services, Centers for Disease Control and Prevention—SARS Guidelines, World Health Organization SARS Guidelines and the Ontario SARS Guidelines. ■*

### Occupational Safety and Health Department welcomes new member

As the MNA continues to be a leader in the areas of safe-staffing legislation and universal health care, the organization's health and safety program in the department of nursing had its own leadership announcement to make recently: thanks to the hard work and foresight of MNA members, Massachusetts



**Christine Pontus**

is now the only state in the country to have two certified occupational health nurse specialists (COHN-S) working on behalf of its nurse members. The milestone was marked by the arrival of Christine Pontus, RN and COHN-S, to the MNA's nursing department. Pontus, who brings with her more than 25 years of nursing experience, joins the organization as an associate director and will be working with members to help them find solutions to their health and safety questions/concerns. Pontus will also assist in organizing and leading the MNA's numerous education and prevention programs. She will work with Evie Bain, associate director/coordinator of health and safety; the Congress on Health and Safety; the Workplace Violence Task Force and the Emergency Preparedness Task Force.

"Christine comes to the MNA with a tremendous background and incredible

expertise," said Dorothy McCabe, director of the department of nursing and career services. "She'll be an invaluable resource to our members, our staff and state's healthcare community."

Prior to joining the MNA, Pontus served as a loss-prevention consultant for Beacon Mutual Insurance Company in Warwick, R.I. While there, she developed and implemented health and safety initiatives for municipalities, financial institutions, manufacturing facilities and hospitals, as well as identified hazards and recommended control measures. She also worked as the occupational health nurse manager for the Rhode Island-based B.A. Ballou Company, Inc. where she was responsible for assessing and treating occupational and non-occupational illnesses/injuries, as well as creating health promotion, risk reduction and wellness programs. Other areas of her expertise include OSHA regulations, workers' compensation, claims and case management involving employee negotiations, insurance policy reviews and financial feasibility studies.

In addition to her efforts in the occupational health field, Pontus has worked as supervisor and staff nurse through Medical Personnel Pool in Providence and as a charge nurse at Waterman Heights Nursing Home in Smithfield, RI. She holds both a B.S.N. and an M.S. in health service administration from Salve Regina University and is certified at the master's level as a health care safety professional. ■



Members of the Congress on Health and Safety and the Workplace Violence Task Force held a joint meeting on April 9 at MNA headquarters. Of interest to both groups was the MNA position statement on workplace violence being drafted by the task force and the issues of SARS and smallpox being addressed by the congress. Members who attended the meeting are pictured above with a visiting nurse scholar from Japan, Saeko Uno, who attended the meeting and provided input on workplace violence issues for nurses in her country. From left: Janice Homer, Rosemary O'Brien, Marcia Robertson, Uno Saeko, Kate Opanasets, Susan Vickory, Janet Butler, Noreen Hogan, MNA staff member Evie Bain, Mary Bellistri, Kathy McDonald, Liz O'Connor and Harumi Mihara.

#### Participants needed for study on multiple chemical sensitivities

Dr. Pam Gibson of James Madison University is looking for people who have multiple chemical sensitivities and who have worked outside of the home to participate in a study on work accommodation and community integration. The results will be delivered at the 2003 Chemical Injury Conference, and it is hoped that the research will contribute to an understanding of access problems for people with multiple chemical sensitivities.

If you are willing to participate, please contact Dr. Pam Gibson at 540-568-6195 or via e-mail at [gibsonpr@jmu.edu](mailto:gibsonpr@jmu.edu). Both hard copies and electronic copies of the survey are available, so please specify how you would prefer to receive your version. ■

## Chemical sensitivity program held at The Fernald Center

In celebration of National Nurses Week, The Fernald Center in Waltham hosted an educational program for nurses dedicated to the topic of multiple chemical sensitivities. The program was also used as a platform to announce that Gov. Mitt Romney had signed a document proclaiming May 11 through 17 as MCS Awareness Week in Massachusetts.

The educational program, which was held on May 8, was led by Jean Lemieux, president of the Massachusetts Association of the Chemically Injured, and Evie Bain, MNA health and safety specialist.

During the program, Lemieux described and explained the steps in the progression of the disorder, including those of induction and triggering.

Induction is the continual exposure to a known sensitizer such as phenol, glutaraldehyde or natural rubber latex, or other unknown chemicals. Sensitization can also occur after a single large exposure from a spill/release of a chemical or from exposure to the aerosolizing of construction materials. Respiratory, gastrointestinal and/

or neurological symptoms develop in those individuals who are susceptible, and these events may lead to a prolonged illness.

Triggering—another step in the progression of multiple chemical sensitivities—occurs when those who are sensitized are exposed to smaller and smaller doses of the same or chemically-related substances. Once sensitization occurs symptoms appear quickly, or often instantly, and can have consequences ranging from skin rashes to wheezing and/or anaphylaxis (shock that can lead to death).

In the second portion of the program, Bain helped to identify the products and substances in a health care worker's environment that can cause multiple chemical sensitivities. Many chemicals such as formaldehyde (used in the OR), glutaraldehyde (found where instruments are left to soak, in phenol compounds and in many disinfectants), quaternary ammonium (found in environmental cleaning chemicals), and natural rubber latex have all been linked to the development of multiple chemical sensitivities.

Bain also outlined steps that can be taken to

prevent people from developing multiple chemical sensitivities, as well as how to best accommodate those who have already developed this life-altering disorder. The steps include: elimination of toxic environmental cleaning and disinfecting chemicals; replacing those products with safer versions; and adherence to the required containment of construction projects in occupied buildings.

Eliminating natural rubber latex gloves and substituting non-latex synthetic gloves was also discussed as a way to provide a safer work environment.

For more information on the MNA's mul-



Participants from the MCS educational program at The Fernald Center hold the proclamation that declares May 11 through 17 to be MCS Awareness Week. From left, Marie Breneos, Sosamma Thampi, Lizzy Abraham, Judith Manning, Noreen Eagan, Evie Bain and Jean Lemieux, president of the Massachusetts Association of the Chemically Injured.

tipple chemical sensitivities program or to arrange for a presentation of this program at your facility, contact Evie Bain at 781-830-5776 or via e-mail at ebain@mnarn.org. ■

## Unit 7 and District 2 participate in Applying OSHA to Health Care Settings

Several MNA members from Unit 7 and District 2 recently attended sessions on Applying OSHA to Health Care Settings. Participants learned about OSHA resources, requirements for a safe and healthy workplace, and how to address concerns about unsafe working conditions with employers.

### Unit 7

In addition to attending its state council meeting on April 9 at Indian Meadows in Westboro, Unit 7 members also participated in the OSHA-focused program. Rosemary O'Brien, chairperson of the MNA Workplace Violence Task Force, presented the module on OSHA Guidelines for Preventing Violence in

Healthcare and Social Service Settings.

Unit 7 members who participated include Steve Robins, Neville Francis, Pat O'Neill, Sandra Brown, Jean Cook, Marilyn Crawford, Mike D'Intinosanto, William Fyfe, and Cecil Pryce. Maxine Garbo with the Massachusetts Department of Occupational Safety and members of the MNA staff also attended.

### District 2

The Best Western Hotel and Conference Center in Marlboro was the setting for District 2's May 14 session of Applying OSHA to Health Care Settings. Participants included: Cheryl Brosnihan, Lynda Colaianni, Mary Ellen Stott, Maureen Clark, Barbara Dziejma,

Judith Kosnoski, Carol Krumsiek, Rosemarie Erlichman, Elizabeth George, Donna Kelly-Williams, Douglas Koziol, Elsie Marangoly, Amminikutty Mathew, Ann Molinari, and Diane Pollier.

This free program is supported by a grant from the Massachusetts Department of Industrial Accidents. ■



District 2 participants in Applying OSHA in Health Care Settings.

## Health & Safety Notes

### New program seeks to reduce hospital injuries

OSHA has initiated a pilot ergonomics initiative which combines the benefits of using establishment-specific illness/injury data for the OSHA Data Initiative with the flexibility and knowledge of local industry hazards and illness/injury experience. Specifically, the New England regional office of OSHA implemented a local emphasis program for hospitals, including general medical, surgical and psychiatric hospitals.

The initial local program began March 13 and included an audience of more than 100 people. Participants learned that OSHA will use a four-pronged approach in its efforts, including the use of industry and task-specific guidelines (for injury prevention), enforcement, outreach and assistance (employers may ask for assistance to implement change), and advancing research. The main focus of OSHA's local program will be on reducing injuries to patients/professionals during equipment handling, as well as injuries related to sharps and hollow-bore needles.

Initiatives and designs that are already being utilized in other industries to prevent injuries to workers will soon be adapted for use in health care settings under the local program. For example: You can't lift 180 pounds at UPS anymore and, soon, you won't be expected to lift 180 pounds in the healthcare industry either.



Similarly, gone are the days when the needle-stick injury would be attributed to "carelessness, inattention or poor technique" or the when back injury would be blamed on "poor body mechanics or not waiting for help." The practice of "behavioral safety," which often leads to blaming the victim for the injuries, is being replaced. Now, equipment specifically designed to reduce physical stress on the worker is being introduced into hospitals and nursing homes across the country.

### MRSA is a recordable occupational illness

The Occupational Safety and Health Administration recently stated that Methicillin Resistant Staphylococcus Aureus is a recordable occupational illness. Nurses and other health care workers who test positive for MRSA in infection-control investigations should be sure that the facility records the illness on the OSHA 300 log of injuries and illnesses.

In a recent discussion with an OSHA compliance officer, it was confirmed that a positive culture of MRSA in a health care worker requiring medical treatment is, in fact, a work-related illness and should be recorded in the facility's OSHA log. Affirmative MRSA tests should also be reported to the employer's workers' compensation insurance carrier.

Most nurses and health care workers who test positive for MRSA do not experience symptoms, yet they are treated with antibiotics because they may be a vehicle for transmission of the bacteria to susceptible patients. If left untreated though, MRSA could also pose problems for healthcare workers at some time in the future.

The requirement for identifying an occupational illness is

that the condition must arise during the course of employment and require treatment beyond first aid. Each of these factors is met in the diagnosis and treatment of MRSA among healthcare workers.

### New online resource for occupational safety

Health Care Without Harm—an organization that educates health care workers about occupational and environmental health and safety risks—is working to provide medical professionals with constructive ways to minimize these dangers.

HCWH recently added a new section to its Web site that provides visitors with important health and safety resources. To access HCWH's resources, visit [www.noharm.org/tools/workersafety#chem](http://www.noharm.org/tools/workersafety#chem)

In addition, HCWH holds monthly conference calls to discuss health and safety issues affecting nurses. To participate in these calls, contact Tiffany Skogstrom at 617-524-8778 or via e-mail at [skogstrom@earthlink.net](mailto:skogstrom@earthlink.net).

### Members should participate in internal activities

OSHA compliance inspectors who visit your hospital will be asking to speak to employees or employee representatives. As an MNA member you should not be afraid to speak with an OSHA inspector. In fact, you should be encouraged to do so. A direct conversation with employees assists OSHA compliance inspectors in identifying working conditions which contribute to employee illness and injury.

MNA members are entitled to participate in the opening conference, the inspection tour and the closing conference. Employees in non-union facilities also have this right. ■

## Two MNA bargaining units named best nursing team of '03 by *Advance for Nurses* magazine

MNA nurses at Merrimack Valley Hospital and school nurses working for the Pittsfield Public Health Department had special reason to celebrate during National Nurses' Week in May. *Advance for Nurses* magazine, the leading professional publication for the industry, named both the hospital emergency-room nurses and the Pittsfield school nurses as two of this year's best nursing teams.

In order to be considered for the award, teams had to have a proven track record of excelling in areas such as clinical outcomes, adaptability, teamwork, community outreach and knowledge.

### Merrimack Valley Hospital

Meeting all the aforementioned criteria, and earning the first-place title as result, was the nursing team in MVH's emergency department. The achievement was recognized and hailed as a great honor for the entire nursing staff—particularly given the fact that the acute care facility, formerly Hale Hospital, was slated for closure just 2½ years ago.

"The nurses really pulled together when it was announced that Hale would close its doors," said Jeanine Hickey, chairperson of the hospital's bargaining unit. "Nurses from all departments, as well as physicians, clinicians and other employees, worked together to keep the hospital open—and we protected nurses' rights while doing so. Our MNA nurses were nothing short of courageous and dedicated when they faced that challenge, and they were able to win the fight as a result. That is just one of the many reasons



why *Advance* magazine honored our emergency department."

The nurse responsible for nominating the ER team, Carlos D. Flores, APRN, BC, CEN and an MNA member, shared the same sentiments as Hickey when he submitted the award application. According to *Advance* magazine, Flores said that the nursing team became a rock throughout its transition, and during its purchase by Essent Healthcare—which allowed the hospital to remain open under the new Merrimack Valley Hospital name—the nursing team maintained an impressively low rate of turnover. "Collaboration is key in nursing," Flores told *Advance*, "and the spirit of sharing among the ED team is a constant source of strength."

### Pittsfield school nurses

Nurses with the Pittsfield Public Health Department earned fourth place in the magazine's search for the best nursing teams of 2003, and the award was seen as a particular success by MNA members given the

state's current financial crisis and Governor Romney's proposed cuts to school nursing programs.

"This 14-nurse team cares for more than 8,000 Pittsfield students on a daily basis," said Katie Wiater, RN, CSN, who submitted the application that earned the team its recognition. "We do everything: from administering psychotropic drugs and teaching proper inhaler use, to responding to emergencies in the gymnasium and administering first aid. The school nurse is the bottom line in healthcare."

"This group of nurses goes above and beyond the call of duty because they genuinely love what they do," Wiater said. "It was the team's unselfish desire to serve and protect the physical and emotional health

of students that earned it this wonderful award."

School nurses provide a valuable social and health care safety net, particularly during tough economic times, and they are often the primary health care resource for poor or uninsured children. School nurses are also required to conduct annual postural, hearing and vision-screening tests on all students and monitor compliance with school immunization regulations. In addition, they often provide health education to students by teaching them about healthy lifestyles and illness management.

*Advance for Nurses* magazine is distributed to 107,000 nurses throughout New England and it received more than 300 applicants for this year's awards. ■

## Private sector bargaining unit at UMass/Memorial – University Campus ratifies agreement

RNs in the private sector bargaining unit at UMass/Memorial – University Campus ratified a two-year agreement on April 30. The agreement is for the period April 2, 2002 to March 30, 2004, and it makes the RNs the highest paid in the Worcester area. The agreement grants the RNs three across-the-board increases and two new steps for a total increase of 19.6 percent over two years. The wage scale that takes effect in the last year of the contract will range from \$21.95 to \$43.47.

The agreement also allows for the creation of a staffing board, which will comprise three members of management and three bargaining-unit members. The staffing board will be responsible for reviewing current staffing, as well as making staffing recommendations for each unit. These recommendations will be posted in units so that all RNs can confirm that staffing is in line with recommendations. The agreement also ensures that RNs will have the right to grieve any failure to provide appropriate resources, including supplies and equipment. ■

## Notice to members and non-members regarding MNA agency fee status

This notice contains important information relating to your membership or agency fee status. Please read it carefully.

Section 7 of the National Labor Relations Act gives employees these rights:

- To organize
- To form, join or assist any union
- To bargain collectively through representatives of their choice
- To act together for their mutual aid or protection
- To choose not to engage in any of these protected activities

You have the right under Section 7 to decide for yourself whether to be a member of MNA. If you choose not to be a member, you may still be required to pay an agency fee to cover the cost of MNA's efforts on your behalf. If you choose to pay an agency fee rather than membership dues, you are not entitled to attend union meetings; you cannot vote on ratification of contracts or other agreements between the employer and the union; you will not have a voice in union elections or other internal affairs of the union and you will not enjoy "members only" benefits.

Section 8(a)(3) of the National Labor Relations Act provides, in pertinent part:

It shall be an unfair labor practice for an employer –

- (3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other statute of the United States, shall preclude an employer from making

an agreement with a labor organization ... to require as a condition of employment membership therein on or after the thirtieth day following the beginning of such employment or the effective date of such agreement, whichever is the later. If such labor organization is the representative of the employees as provided in Section 9(a), in the appropriate collective bargaining unit covered by such agreement when made...

Under Section 8(a)(3), payment of membership dues or an agency fee can lawfully be made a condition of your employment under a "union security" clause. If you fail to make such payment, MNA may lawfully require your employer to terminate you.

This year, the agency fee payable by non-members is 97 percent of the regular MNA membership dues for chargeable expenditures. Non-members are not charged for expenses, if any, which are paid from dues which support or contribute to political organizations or candidates; voter registration or get-out-the-vote campaigns; support for ideological causes not germane to the collective bargaining work of the union; and certain lobbying efforts. MNA has established the following procedure for non-members who wish to exercise their right to object to the accounting of chargeable expenditures:

### 1. When to object

Employees covered by an MNA union security clause will receive this notice of their rights annually in the *Mass Nurse*. If an employee wishes to object to MNA's designation of chargeable expenses, he or

she must do so within thirty days of receipt of this notice. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Employees who newly become subject to a contractual union security clause after September 1, or who otherwise do not receive this notice, must file any objection within thirty days after receipt of notice of their rights.

MNA members are responsible for full membership dues and may not object under this procedure. MNA members who resign their membership after September 1 must object, if at all, within 30 days of the post-mark or receipt by MNA of their individual resignation, whichever is earlier.

Objections must be renewed each year by filing an objection during the appropriate period. The same procedure applies to initial objections and to renewed objections.

### 2. How to object

Objections must be received at the following address within the thirty-day period set forth above:

Massachusetts Nurses Association  
Fee Objections  
340 Turnpike Street  
Canton, MA 02021

Objections not sent or delivered to the above address are void.

To be valid, objections must contain the following information:

- The objector's name
- The objector's address
- The name of the objector's employer
- The non-member's employee identification number

ification number

- Objections must also be signed by the objector

Objections will be processed as they are received. All non-members who file a valid objection shall receive a detailed report containing an accounting and explanation of the agency fee. Depending on available information, the accounting and explanation may use the previous year's information.

### 3. How to challenge MNA's accounting

If a non-member is not satisfied that the agency fee is solely for chargeable activities, he or she may file a challenge to MNA's accounting. Such a challenge must be filed within thirty days of receipt of MNA's accounting. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Challenges must be specific, and must be made in writing. Challenges must be received by MNA at the same address listed above in section 2 within the 30-day period to be valid. Challenges not sent or delivered to that address are void.

Valid challenges, if any, will be submitted jointly to an impartial arbitrator appointed by the American Arbitration Association. MNA will bear the cost of such a consolidated arbitration; challengers are responsible for their other costs, such as their travel expenses, lost time, and legal expenses, if any. Specifically challenged portions of the agency fee may be placed in escrow during the resolution of a challenge. MNA may, at its option, waive an objector's agency fee rather than provide an accounting or process a challenge. ■

## Newton public health nurses demonstrate the power of effective organizing

The city of Newton has long been regarded as one of the state's most prestigious communities, and in many circles it is considered the ideal place to live, work and raise a family. Its stellar reputation is founded on truth, and that message is driven home by Newton's mayor, David B. Cohen, on the suburb's Web page: "We are a leader among communities, with an excellent school system and nationally acclaimed library; and we are recognized as one of the top-five safest cities in the nation."

But just a few months ago, Newton found itself at the edge of a dangerous precipice—one that could have ruined the safety and security of the city's school children. The city's school nurses, all of who are employed as part of Newton's public health department and all of who are MNA members, were facing dramatic cuts in funding.

The results could have been disastrous if it had not been for the dedication, work and hard-core organizing efforts of the nurses in Newton's public health department.

### Nursing in Newton's schools

In the spring of 2002, school nurses Michelle Jacobs and Karen Creedon had officially settled into their new positions as co-chairs of their MNA bargaining unit—the Newton public health department. Their unit, from the beginning, was facing some challenges.

"Newton is kind of unique," said Jacobs, the nurse responsible for administering care to the 275 students in the city's Lincoln-Eliot School. "It's one of the state's few remaining municipalities that funds its school nurses

with public health dollars instead of school department dollars—even though 85 percent of those working for public health *actually work in schools.*"

But the challenges didn't end there: "When the city divides its budget annually," said Creedon, the nurse for the Angier Elementary School's 275 students, "70 percent of the dollars go to schools while only 30 percent of the dollars go to public health and other city departments. That means school health programs *always* have considerably less funding."

With 21 schools and more than 11,200 students, those dollar amounts make the nurses' jobs exceptionally challenging. "We don't merely identify the sick kids and then send them home," said Jacobs. "Our job is to keep them healthy, no matter what the ailment may be, so that they can stay in school and learn."

And those ailments can be varied and serious: cancer, cerebral palsy, cardiac conditions, asthma, hepatitis, catheterizations and developmental disorders to name a few. Add to this the fact that all of Newton's public health nurses are required to be first responders in the case of a community-wide health crisis.

"There was no doubt," said Creedon. "We were not meeting the standard set by the Special Commission on School Nursing Services that stated the nurse-to-student ratio should be no more than one to 500. We didn't even have a nurse in every school."

Things started to improve though when the public health department briefly became the benefactor of a sort of financial windfall.

"The state received money from a tobacco settlement," explained Jacobs, "and we were awarded an Enhanced School Health Grant as a result." With its new financing the public health department hired a total of six new nurses, five of who were placed directly in Newton schools. "For the first time, Newton had a nurse in every school," she said, "although we were still far from meeting the ratio of one nurse to every 500 students."

The benefits of the grant were seen immediately however. Creedon explained: "During the first academic year when we had a nurse in every school, there were over 112,000 visits to the nurse's office, with over 46,000 doses of medication administered, and almost 3,000 blood-testing procedures completed. Given all of these visits, only 3,000 students were sent home early. That's groundbreaking."

### Changing tides

By the end of the summer of '02, however, both the windfall and the nurse-in-every-school benchmark seemed to be dissolving due to the state's failing economy. In addition, there was talk about an override of Proposition 2 ½.

"We briefly hoped that an override would mean addi-



School nurse Michelle Jacobs poses with just a few of the students she cares for at the Lincoln-Eliot School in Newton.

tional funding for us, but the talk in town implied otherwise," remembered Jacobs. "Karen and I started to understand that any override was probably only going to benefit the school budget, and our bargaining unit was, unfortunately, part of the public health budget."

Added to this was the fact that the future of the grant money looked uncertain. "Without the grant and without the benefits of a Proposition 2 ½ override the future of our bargaining unit and the services we provide students were in serious jeopardy," Jacobs and Creedon immediately started working with other members of the bargaining unit, as well as MNA staffers Joe-anne Fergus and Jason Silva, to develop a defensive strategy.

As their strategizing began to unfold, the Newton nurses were hit with a one-two punch: the override was approved—with most associated revenue slated to go to the school budget—and the grant would be eliminated. "Our bargaining unit's expectations and fears came true," said Creedon, "and we decided as a team that we weren't going down without a fight."

### Strategic organizing at its best

So together, as a bargaining unit that was only 25 members strong, Newton's public health nurses began to fight the good fight. At meeting after meeting, they crafted key messages, devised community outreach plans and put timelines in place for meeting with the school system's key opinion leaders. They also learned how to tell their story in a way that influenced change: they drove home the fact that without a nurse in each of Newton's schools, children would be at risk.

Jacobs and Creedon knew that these potential risks would not sit well with a community that strove for excellence. "When you're a role-model community, as Mayor Cohen had often said we were, you couldn't expect that a shrinking school-health program would go over well with parents, teachers and opinion leaders," said Jacobs.

She was right. As members from the

bargaining unit began to network with the community's parent-teacher organizations (PTOs), there was clearly a growing sense of urgency about keeping a nurse in every school. "It took some time," Jacobs continued, "but our messages were clear and true: school nurses are *the key* to keeping kids safe and in class, and healthy children are *always* better students. Keeping a nurse in every school was the only way to make this happen."

As the bargaining unit continued its outreach efforts, a supportive, but subtle, coalition began to grow that included parents, teachers and community leaders—and soon the issue was on the agenda of the city's leaders. "We were able to hold a labor management meeting with Newton officials and part of what we talked about was whether or not to let the general community know about what was happening," said Creedon. "But no one wanted to have to go there."

As it turned out, they didn't have to: the bargaining unit had gained the support of two important people, Linda Walsh, the city's director of clinical service, and Mayor Cohen, as well as almost everyone associated with the city's PTOs. "That's when we started to think that maybe the tides could turn in our favor," remembered Creedon.

The tides did in fact turn in favor of the bargaining unit. In late winter of 2003, it was announced by Cohen that he would include the nursing positions that had been funded by the grant in the city's own budget. "The future looks bright for students in Newton's public school," said Jacobs. "They'll have a nurse in every school again, although we're still excited by the prospect of taking on the one to 500 ratio!"

According to Joe-ann Fergus, the labor relations director who worked directly with the team in Newton, their work represents how successful unions can be. "This 25-member unit organized a seamless campaign to keep Newton's school children safe and healthy, and it did so in the midst of two enormous, looming budget cuts. That is the power of organizing." ■



Karen Creedon sits with three students from the Angier Elementary School: (left to right) Dara White, Isabel Meltzer and Emily Meltzer.

## MNF announces August 1 deadline for 2003 nursing scholarships

The Massachusetts Nurses Foundation is a non-profit organization whose mission is to support scholarship and research in nursing. The primary goal of the MNF is to advance the profession of nursing by supporting the education of nurses, and it provides scholarships and grants to nurses and nursing students in an effort to meet this goal.

This year's MNF scholarships include:

### Carol Flyzik Scholarship

This new \$1,000 scholarship was established by the Hale Hospital Professional Nurses Unit in memory of Carol Flyzik, RN, former Hale Hospital Emergency Room Nurse and MNA member, who was a victim of the tragic events of September 11.

The \$1,000 scholarship will be awarded to a student—entry level or practicing RN—who is pursuing an associate's degree or bachelor's degree in nursing. Preference will be given first to students living or working in the Merrimack Valley\* area, and then to other areas of MNA's District 4. If the applicant is a practicing RN who is pursuing a bachelor's degree, she/he must be an MNA member. In the event that no applicants meet the geographic criteria listed above, the scholarship will be awarded to a deserving candidate who meets all other criteria as determined by the MNF scholarship committee.

\*The Merrimack Valley consists of Lawrence, Haverhill, Bradford, Georgetown, Groveland, Methuen, Merrimac, Andover and North Andover.

### Janet Dunphy Scholarship

Funded by a scholarship established by District 5, this scholarship is given annually to an MNA member who is active in District 5 and who is pursuing a B.S., M.S. or doctoral degree. Awards include:

- One \$2,000 scholarship for an active member in District 5 pursuing a B.S. in nursing
- One \$1,500 scholarship for an active member in District 5 pursuing a M.S. in nursing

- One \$1,500 scholarship for an active member in District 5 pursuing a doctoral degree

### District 5 Scholarship

Funded by District 5, this new scholarship will be given to an MNA member active in District 5. Awards include:

- Two \$1,000 scholarships for students who are pursuing nursing degrees and who are also sons or daughters of District 5 members
- One \$1,000 scholarship for a District 5 members' significant other/spouse who is pursuing a nursing degree
- Two \$1,000 scholarships for students who are pursuing a higher education degree and who are also sons or daughters of a District 5 member

### District 4 Scholarship

Funded by District 4, this \$500 scholarship is given to an active, District 4 MNA member to assist with his/her studies for a bachelor's, master's or doctoral degree in nursing.

### District 3 Scholarship

Funded by District 3, \$10,000 in scholarships is being offered to an MNA member active in District 3. Awards include:

- Two \$2,500 scholarships to District 3 members pursuing B.S.N.s
- One \$1,500 scholarship to a District 3 member pursuing an M.S.N. or doctoral degree
- One \$2,500 scholarship to a student pursuing a B.S.N. and who is the son or daughter of a District 3 member
- One \$1,000 scholarship to a student pursuing an associate's degree in nursing and who is the son or daughter of a District 3 member

### District 2 Scholarship

Funded by District 2, one \$1,000 scholarship is being offered to a family member of an active MNA member in District 2 who is attending nursing school.

### Labor Relations Scholarship

Two \$1,000 scholarships are funded annually by a grant established by the MNA Cabinet for Labor Relations. This scholarship is for an RN or health care professional who is also an MNA member. Applicants must also be enrolled in a bachelor's or master's degree program in nursing, labor relations or related field.

### Worcester City Hospital Aid Society Scholarship

Funded by a sustaining scholarship endowed by the Worcester City Hospital Aid Society, this \$1,000 scholarship is awarded annually to a Worcester-area high school senior who will attend a B.S.N. program.

### Faulkner Hospital School of Nursing Alumni Association Scholarship

Funded by a sustaining scholarship endowed by the Faulkner Hospital School of Nurses Alumni Association, the following awards are given annually:

- A generic award is given to a student attending an entry level RN program. Priority will be given to descendants of Faulkner alumni.
- The Connie Moore Award is given to an RN who is pursuing a B.S.N. or M.S.N. degree. Priority will be given to Faulkner alumni.

### Scholarship details and deadlines

For more information or to request a scholarship application, call the MNF at 781-830-5745. Please be sure to mention which scholarship for which you are applying.

Scholarship applications must be postmarked by August 1 and should be sent to: Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021. All scholarships, unless otherwise noted, will be awarded at the MNA's annual awards banquet in October. ■

## Donations needed for MNF Annual Auction!

*We Need Your Help*

The Massachusetts Nurses Foundation is preparing for its 20<sup>th</sup> Annual Silent & Live Auction to be held at the MNA Convention in October. Donations are needed to make this fundraising event a big success! Your tax-deductible donation helps the foundation raise funds to support nursing scholarships & research.

Your support is appreciated:

Jeanine Williams, *MNF President*

Patricia Healey, *MNF Secretary*

Liz Joubert, *MNF Treasurer*

- ✓ Valuable Personal Items
  - ✓ Gift Certificates
  - ✓ Works of Art
  - ✓ Craft Items
  - ✓ Memorabilia & Collectibles
  - ✓ Vacation Packages
- ✓ All donations will be appreciated!

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to the Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021.



► *Scholarship*

► *Research*

► *Education*

**Massachusetts Nurses Foundation, Inc.**

*Benefits Corner*

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### MNA offers new money-saving benefits

MNA is proud to offer its members two new benefits that provide savings on eye care and healthcare apparel.

#### Sight Care Vision Savings Plan

Get substantial discounts on annual eye examinations, eyeglass frames, lenses and contact lenses at the 27 Cambridge Eye Doctors or Vision World locations across Massachusetts, New Hampshire and Rhode Island. Some of the discounts available through this savings plan include 20 percent off all contact lenses; eyeglass frames at a significant discounted price; single vision lenses only \$40 (compared to \$90); bifocals \$60 (compared to \$140) with free scratch resistant coating. Contact the

MNA membership department to receive your Sight Care ID card including a complete list of all discounts available.

#### Work 'n Gear discount

Work 'n Gear features a huge selection of the top brands in healthcare apparel, shoes and accessories. Get your gear at a store that specializes in quality healthcare apparel. You'll save 15 percent off all regularly priced merchandise, everyday, just for being a member of MNA. Stop by your favorite Massachusetts Work 'n Gear store and present your valid MNA membership card to pick up your MNA/Work 'n Gear discount card. Call 1-800-WORKNGEAR for a store near you. ■

**C**ongratulations to all MNA members who attended the June 18 press conference & legislative hearing on H.1282, An Act Ensuring Quality Patient Care and Safe RN Staffing Legislation!

With your support, this event allowed us to give legislators and reporters detailed information and history on RN understaffing, the state of nursing in Massachusetts—and the bill that can end both problems: MNA's H.1282!

*Help us keep the issue of safe staffing on the legislature's agenda!*

Contact your state senators and representatives today

- Provide your legislator with some insight into your job as a front-line nurse
- Tell them why you support safe staffing legislation
- Share a personal story with them
- Ask them to contact their colleagues on the Health Care Committee and urge them to support MNA's safe staffing legislation!

*Call you senator & representative now.  
Personal contact helps bills become laws!*

Senate switchboard: 617-722-1455 • House switchboard: 617-722-2000

## Stand Up For Safe Staffing

### Get Political—Give to NursePLAN!

#### Limited Edition, 100<sup>th</sup> Anniversary MNA Jackets!



High-quality, American-made wind-breakers with MNA emblazoned on the back and the MNA 100<sup>th</sup> Anniversary logo on the front.

Front zipper close, full hood, royal blue/black accents with white printing. Perfect for the picket line, union gatherings, and MNA events.

**Brought to you by NursePLAN, the political action committee of the MNA.**

Your purchase helps support the political activities of nurses across the state. Only \$85 if you sign up for a Union Direct monthly contribution of \$5 or more, or if you are a current Union Direct donor to NursePLAN (\$100 for all others).

For more info or to order, call 781.821.4625 x725 or e-mail [kanderson@marn.org](mailto:kanderson@marn.org).

#### NursePLAN Contribution Form

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Employer\*: \_\_\_\_\_ Occupation\*: \_\_\_\_\_  
\*state law requires that contributors of \$200 or more per year provide this information  
 Please circle jacket size (men's sizes) S M L XL XXL XXXL XXXXL  
 Please check one:  
 Donation of \$100 or more. Please make check payable to NursePLAN. Amount enclosed \_\_\_\_\_  
 Donation of \$85 and:  
 I already donate at least \$5/month to NursePLAN via Union Direct.  
 Sign me up to become a monthly NursePLAN donor via Union Direct.  
 I would like to contribute the additional amount of (PLEASE CIRCLE ONE)  
 \$5/month \$10/month \$20/month OTHER \$\_\_\_\_/month  
 to be deducted from my account that I have designated for my monthly MNA dues.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
Some sizes are special order and will take up to 8 weeks to be delivered.

NursePLAN is the voluntary, non-profit, political action committee for the MNA whose mission is to further the political education of all nurses, and to raise funds/make contributions to political candidates who support related issues.

### DEP provides daily air quality updates

With the arrival of smog season, the Department of Environmental Protection (DEP) has resumed daily air-quality forecasting. In addition to warm-weather regional forecasts for ground-level ozone, the DEP has started to issue year-round forecasts for fine particle pollution in the state's largest cities.

These particles, which are made up of dust, dirt, soot, smoke and liquid droplets, can penetrate deep into the respiratory system when inhaled and can increase the likelihood of respiratory infections, as well as aggravate asthma and chronic bronchitis. Children, the elderly and people with existing heart or lung disease are most at risk for suffering from particle-related health problems.

For current information on your community's air quality, including ozone and particle updates, call 800-882-1497 or visit [www.mass.gov/ozone/](http://www.mass.gov/ozone/). ■

### MNA baseball cap returns in time for summer



Available for \$10, these 100 percent cotton hats have a navy blue rim and a beige cap. The MNA logo is silk screened in navy blue on the front. To order, contact Rosemary Smith in the MNA's membership department, 781-830-5741 or send checks directly to: MNA Membership Dept., 340 Turnpike Street, Canton, MA 02021.

### Join the MNA in welcoming the Mercy Ships to Boston

Mercy Ships is a global charity that provides medical care, relief aid, and long-term sustainable change to developing nations. Health professionals and skilled workers from dozens of nations (all of whom share a common vision of helping the world's poor) donate their services onboard the ships or at land-based offices.



On July 2 and 9, the ship Caribbean Mercy will host receptions for healthcare providers while in port in Boston. For more information, contact the Mercy Ships advance office at 781-934-2704. ■

Reserve early—Space is limited to 48 people!

## Tour Italy with MNA



**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.

\*Price listed is per person, double occupancy based on check or cash purchase. Applicable departure taxes are not included.

To receive more information and a flyer on these European vacations, please contact Carol Mallia, RN, MSN, 781-830-5755 or e-mail at [cmallia@marn.org](mailto:cmallia@marn.org)

## MNA Elections: Ballot & Candidate Information

### 2003 voting instructions and details

A draft of the final ballot for the 2003 MNA Elections is printed below. Final ballots will be mailed Sept. 1 to all members in good standing at the address on record.

Ballots must be returned no later than September 20, 2003 in the envelope that will be provided.

Please be sure to save the biographies that are printed in this edition of the *Massachusetts Nurse* as this is the only copy members will receive. Bios also are posted on the MNA Web site. Biographies will not be mailed with the ballots in September.

Following are ballot and voting instructions:

- A. The ballot must be received by 5 p.m., Sept. 20, 2003.
- B. Complete area (as per instructions on form) next to the name of your choice. You may vote for any candidate from any district.
- C. Do not mark the ballot outside of the identified area.
- D. Write-in votes shall not be considered valid and will not be counted.
- E. Enclose the correct and completed voting ballot in an envelope (marked Ballot Return Envelope), which does not identify the voter in any way, in order to assure secret ballot voting.

All mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed in

order to assure that a ballot can in no way be identified with an individual voter.

If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to MNA Secretary, c/o Contracted Election Administrator at their address. In the upper left-hand corner of this envelope you must:

- A. Block print your name
- B. Sign your name (signature required)
- C. Write your address and zip code

If this information is not on the mailing envelope, the secret ballot inside is invalid. For more information, please contact the MNA membership department at (781) 830-5741. ■

### MNA 2003 elections final ballot

#### President, General (1 for 2 years)

Karen Higgins, RN (District 5)

#### Secretary, General (1 for 2 years)

Sandy Eaton, RN (District 5)

#### District Director, Labor, (5 for 2 years)

##### District 1 (1 for 2 years)

Irene Patch, RN (District 1)

##### District 2 (1 for 2 years)

Mary Marengo, RN (District 2)

Patricia Mayo, RN (District 2)

##### District 3 (1 for 2 years)

Tina Russell, RN (District 3)

##### District 4 (1 for 2 years)

No candidate

##### District 5 (1 for 2 years)

Marlene Demers, RNC (District 5)

Connie Hunter RNC (District 5)

#### At-large Director, General (3 for 2 years)

Richard Lambos, RN (District 3)

Jeannine Williams, RN (District 2)

James Moura, RN, BSN (District 5)

#### At-large Director, Labor (4 for 2 years)

Barbara "Cookie" Cooke, RN (District 3)

Donna Kelly-Williams, RN, CPN (District 5)

Barbara Norton RN (District 5)

Beth Piknick (District 3)

Sharon McCollum, RN, BSN (District 5)

Betty Sparks, RN (District 5)

Joanne Bartoszewicz, RN, BSN, CGRN (District 5)

#### Labor Program Member (1 for 2 years)

Beth Gray-Nix, OTR/L (District 5)

#### Nominations & Elections Committee

##### District 1 (1 for 2 years)

No Candidate

##### District 2 (1 for 2 years)

No Candidate

##### District 3 (1 for 2 years)

No Candidate

##### District 4 (1 for 2 years)

No Candidate

##### District 5 (1 for 2 years)

No Candidate

#### Bylaws Committee (5 for 2 years) (1 per district)

Sandra E. LeBlanc, RN, CNOR (District 5)

#### Congress on Nursing Practice (6 for 2 years)

No Candidate

#### Congress on Health Policy & Legislation (6 for 2 years)

Jennifer E. Hilt, RN, BSN (District 2)

#### Congress on Health & Safety (6 for 2 years)

Janet K. Reeves, RN, C (District 3)

Kathryn A. McGinn-Cutler, RN (District 5)

Janice Homer (District 5)

Mary Bellistri (District 5)

David A. Denneno, RN, MSN, MEd, CEN (District 5)

Rosemary Anne O'Brien, RN (District 5)

Gail Lenehan, RN, EdD, FAAN (District 3)

Mary Anne Dillon RN, BSN (District 5)

Michael D'Intinosanto, RN (District 2)

Elizabeth A. O'Connor, RN, BSN (District 5)

Victoria Brownstone (District 5)

#### Center for Nursing Ethics (2 for 2 years)

No Candidate

#### President, General

##### Karen Higgins, RN

Weymouth, Mass.

**Employment:** Staff nurse, Boston Medical Center.

**Education:** Quincy City Hospital School of Nursing, Diploma, 1975; Quincy Junior College, Associates Degree, 1975.

**Present Office:** MNA President.

**Past offices:** Secretary, Cabinet for Labor Relations; Vice Chair, Cabinet for Labor Relations; Chair, Cabinet for Labor Relations.

In seeking re-election to the office of MNA President, my motivation is to work with the MNA membership and Board of Directors to protect and enhance the practice of front-line staff nurses.

I bring more than 28 years experience as a front-line ICU nurse at Boston Medical Center, 18 years experience as a leader within the organization, including 4 years as chair of the MNA's Cabinet for Labor Relations and the last 2 years as President.

I have been a co-chair of the MNA's Statewide Campaign for Safe Care, the chair of the MNA's Nursing Shortage Task Force, and a founding member of the Task Force on Workplace Violence.

I believe that as a working staff nurse I can be a voice for all those working today and am able to express the needs and concerns we have on professional issues as well as workplace issues for all members of MNA. I am very clear of the vital role all nurses and Health Care Professionals play in health care at all levels. I see us as advocates assuring that patients are cared for safely but I am also clear that we as nurses need the ability to practice safely as well. One cannot happen without the other. I will continue to fight for nursing's place in the health care arena and make sure that MNA continues to be a strong and vocal voice for nurses, Health Care Professionals and patients. I will continue to aggressively address any issue that affects nurses or our patients with the goal of SAFETY for both you and your patients. I am asking for your vote to reelect me as President of MNA for a second term and promise I will continue with the same commitment I have given in the past. Thank you.

#### Secretary, General

##### Sandy Eaton, RN

Quincy, Mass.

**Employment:** Staff nurse, Quincy Medical Center

**Education:** Massasoit Community College, ADN, 1981; Boston College, AB, 1992.

**Present offices:** Secretary, Board of Directors; Diversity Committee; AARN Representative; Steering Committee, Statewide Campaign for Safe Care; District 5 First Vice President.

**Past offices:** Board of Directors—At-Large; District 5 Acting President; District 5 Board of Directors At-Large.

If re-elected, I will continue to advocate that MNA:

- Win enactment of safe staffing and fundamental health-care reform by any means necessary.
- Perfect our nursing revolution by transforming obsolete districts into meaningful regional bodies.
- Promote AARN's principles:
  - Establishment of a progressive national nurses'

### Candidate Information

voice

- Protection and promotion of RN practice by requiring safe staffing, opposing intrusions on RN scope of practice and deskilling, and defending occupational health and workplace safety
- Preservation of autonomy and independence of individual member organizations
- Establishment of single-payer universal national health care
- Unionization of any U.S. RN's desiring representation
- Solidarity with international nurses' organizations that share similar goals and values
- Defeat the Bush/Romney agenda (tax cuts and loopholes for the rich and their corporations; cutbacks for everyone else; privatization, union-busting, repression here; endless military adventures abroad) through uniting with all who fight for just health care in a just society, while exposing the corporations' bipartisan enablers.

#### District Director, Labor

##### District 1

##### Irene Patch, RN

Belchertown, Mass.

**Employment:** Staff nurse, Holyoke Soldier's Home

**Education:** Springfield Tech Community College, AD Nursing, 1978; UMass Amherst, BS Public Health, 1976.

**Present offices:** NursePlan Board of Directors; union representative at Holyoke Soldier's Home; Board of Directors District 1.

##### District 2

##### Mary Marengo, RN

Douglas, Mass.

**Employment:** Staff nurse, St. Vincent Hospital/Worcester Medical Center.

**Education:** Quinsigamond Community College, ADN, 1978; Fitchburg State College, BSN, 1992.

**Present offices:** Board of Directors; Finance Committee; District 2 Board of Directors, secretary.

**Past offices:** President, Unit 7; Co-Chair Westboro State Hospital.

As a recently "privatized" state employee, working now as a staff nurse in a for-profit organization, I bring a multifaceted perspective along with a renewed respect and commitment to the necessity of achieving our safe staffing legislation for which I have already been an ardent supporter as a member of the MNA Board of Directors. Also, as a member and secretary of District 2, I am excited that the centennial convention will be held where "the heart of the nursing revolution" began with our historic "independence" vote at Mechanics Hall in Worcester. It is fitting that one of the topics this year as we march toward meeting those stated goals, is the reorganizing of the districts in order to promote at a grass roots level increasing bargaining unit and staff nurse development in crucial public relations, legislative, labor and organizing venues. It is my belief that due to my past and present involvement in many aspects of my bargaining units, MNA and the district, I provide insight and a beneficial representative voice, hope you

*More candidate profiles, next page*

## Candidate Info

agree and look forward to contributing to the work ahead.

### Patricia Mayo, RN

Fiskdale, Mass.

**Employment:** RN, St. Vincent's Hospital

**Education:** Worcester City Hospital, Diploma, 1965.

**Present offices:** St. Vincent's Hospital Co-Chair, 2001-Present; MNA Awards Committee, 2002-Present; District 2 Board of Director, 2001-Present.

**Past offices:** St. Vincent's Hospital Secretary.

Having served as co-chair of the St. Vincent nurses bargaining unit and a member of the District 2 Board of Directors, I am eager to expand my leadership to serve on the MNA Board of Directors. As a nurse at the bedside, I experience firsthand the hardships facing the nursing profession. I feel that I possess the leadership and outreach skills necessary to continue to enhance the hard work done by the "new MNA" to help pass Safe Staffing Legislation and to do all that we need to, in order to bring new nurses into the profession and retain those who consider leaving. Thank you for your consideration.

### District 3

#### Tina Russell, RN

East Bridgewater, Mass.

**Employment:** Staff nurse, Brockton Hospital

**Education:** Brockton Hospital School of Nursing, Diploma, 1962.

**Present offices:** MNA Board of Directors; MNA Finance Committee; Negotiating Committee Brockton Hospital.

**Past offices:** Cabinet for Labor Relations; Board of Directors; President District III; Co-Chair Bargaining Unit Brockton Hospital.

This is a time of great change at MNA, in nursing, and in health care.

I have had the privilege of working with wonderful nurses and staff at MNA, both on the Cabinet for Labor Relations and the Board of Directors.

Since the Cabinet and the Board merged, there has been an increased effort to pass our Safe Staffing Bill. We have become very politically active. I would like to continue to be involved in this activity.

There is still so much to be done to improve the working conditions for all nurses in our state and to insure that all our patients have the safest and best quality care possible.

We need our Safe Staffing Bill. We need Single Payer Health Care. We need safe working environment for ALL nurses and health care providers.

There is SO much to be done and I would like very much to remain a part of this by remaining a member of the MNA Board of Directors. Thank you.

### District 4

No candidate

### District 5

#### Marlene Demers, RNC

Pelham, N.H.

**Employment:** Health Care Facility Inspector I; DPH—Health Care Quality.

**Education:** NH Technical Institute, ADN, 1978; New Hampshire College, BS, Health Care Administration, 1983; Springfield College, MS Psychology, 1990.

I have been a health care facility inspector for the Department of Public Health for the past 11 years. It has been a role that has evolved as the health care industry changes. However, the issues of quality of care and patient and staff safety remain a constant focus of the oversight of health care providers.

My worldview of nursing has also evolved over the 25 years I have practiced nursing. We are in desperate need to recruit nursing students to begin to address the nursing shortage as well as to care for nurses who are providing care in settings where staffing continues to be problematic. We must be vocal, as we become aware of negative patient outcomes. Nurses can be the voice of reason as we advocate for quality nursing services for those who are entrusted to our care.

I believe that my years of experience in nursing administration, program development (quality assurance) and ongoing regulatory oversight of health care facilities will prove to be assets for the position that I seek on the Board of Directors.

#### Connie Hunter, RNC

East Walpole, Mass.

**Employment:** Staff nurse, Newton Wellesley Hospital.

**Education:** Newton Junior College, ADN, 1976

**Present offices:** Congress on Health Policy & Legislation, 2003; Co-Chair Newton Wellesley Bargaining Unit, 2002, 2003; District 5 Board of Directors, 2003.

**Past offices:** Congress on Health Policy & Legislation, 2001; Nurses' Committee, Newton Wellesley Hospital Bargaining Unit, 1993-Present; District 5 Board of Directors 2002.

### Director At-Large General

#### Richard Lambos, RN

Edgartown, Mass.

**Employment:** Staff nurse ER, Martha's Vineyard Hospital

**Education:** Newton Junior College, AD, 1972.

**Present offices:** Director At-Large General; Unit chairman, Martha's Vineyard Hospital.

**Past offices:** MNA Finance Committee.

Presently I am a member of the MNA Board of Directors and hope to continue serving the nurses of Massachusetts in that capacity. Each and every nurse in Massachusetts, and every patient, will be impacted by what "we," as an organization, are trying to accomplish through MNA's Safe Staffing Campaign. I stress the word "we" because only through collective, united, and organized action can we win this battle. I feel safe staffing is the most important issue for nurses in this state and nationally. Let me continue to help you attain that goal.

#### Jeanine Williams, RN

Manchaug, Mass.

**Employment:** Retired

**Education:** Charlotte County Memorial, RN, 1958.

**Present offices:** President, Mass. Nurses Foundation; MNA Board of Directors; Convention Planning Committee; Safe Care; President, District 2.

I have a strong belief in union rights and the importance of organizing in order for RN's and health professionals to have a voice and protection in the workplace. It is this belief that has guided me in my leadership roles as a member of the MNA Board of Directors and as District II President. Though currently retired, I also served as secretary of Unit 7 and Chair at Westboro State Hospital for many years. My history with the MNA provides the necessary experience and a valuable perspective as our organization moves forward. I am eager to participate in our exciting future which must include passage of our safe staffing legislation and organizing efforts. I seek your support of another two-year term on the MNA Board of Directors.

#### James Moura, RN, BSN

Dorchester, Mass.

**Employment:** Staff nurse, PACU, West Roxbury VA Medical Center.

**Education:** University of Rhode Island, BSN, 1974.

**Present offices:** MNA Director at Large, General; MNA Board Policy Committee; District 5 Board of Directors.

**Past offices:** Cabinet for Labor Relations; ANA delegate; Congress on Health & Safety.

My vision for our association is one of labor activism, social justice and member empowerment. I oppose the Bush and Romney agenda. Their proposals weaken and destroy our collective bargaining rights and dismantle core public health services and support for Medicare, Social Security and Medicaid programs which protect the most vulnerable of our nation's and state's population. I will work for the following:

- The passage of safe staffing legislation, which will establish professional conditions for nursing practice and safe patient care in the commonwealth.
- The passage of Universal Health Care access in the Commonwealth to promote better patient health outcomes.
- Expanding funding and resources to support effective internal and external union organizing support for our union members and the education of their union leadership through the MNA Labor Institute.
- The building of coalitions with like-minded health care professional, nursing and community organizations to promote nursing's agenda in the Commonwealth.

### Director At-Large Labor

#### Barbara "Cookie" Cooke, RN

Taunton, Mass.

**Employment:** RN medical/surgical, Brockton Hospital.

**Education:** Brockton Hospital School of Nursing, diploma, 1984; Bridgewater State College, BS Education, 1979.

**Present office:** Co-chair, Brockton Hospital Bargaining Unit

I have been a front line nurse for 20 years working on a medical surgical unit for my entire nursing career. I have seen the changes and have been active in MNA but have no experience in an elected position. I have been a nursing leader at Brockton Hospital and presently serve as the co-chair of the bargaining unit. I choose to run now because I see the "Evolution of the Revolution" as my time to offer my experience. I will commit to serve with an energy that I believe will produce positive changes for all RN's. I promise to work in my elected position to make it better for our patients and our profession. It is time to do so. Thank you for your consideration.

#### Donna Kelly-Williams, RN, CPN

Arlington, Mass.

**Employment:** Pediatric Clinical Nurse III, Cambridge Hospital.

**Education:** Laselle College, AD, 1978; Labor Guild.

**Present offices:** Cambridge Hospital MNA President; Congress on Health Policy; Nurse Plan; District 5 Board of Directors.

**Past offices:** MNA 100th Anniversary Celebration; Cambridge Hospital Negotiation Team.

I have been an MNA Nurse specializing in Maternal-Child Health, currently in General Inpatient Pediatrics for over 25 years. Although many aspects of healthcare have changed during my practice years, the one thing that remains the same is the need for the Registered Nurse to take care and coordinate the care of all patients. In order for us to take our profession away from its endangered species status, we need to engage current and future nurses to become more involved politically. As an elected member of the MNA Board of Directors, I would add diversity, as a member of both a hospital and clinical specialty not currently represented, and would strive to bring more nurses to become pro-active in representing our profession in the healthcare political arena.

#### Barbara Norton, RN

Portsmouth, Rhode Island

**Employment:** Staff nurse, Brigham & Women's Hospital.

**Education:** Laboure College, AD

**Present offices:** MNA Board of Directors; Chairperson, Brigham & Women's Bargaining Unit.

#### Beth Piknick

Hyannis, Mass.

**Employment:** Staff nurse, Cape Cod Hospital

**Education:** Faulkner Hospital School of Nursing, Diploma, 1971; Lesley College, BS, 1999.

**Present offices:** Liaison Cape Cod Hospital Bargaining Unit; District 3 president; MNA Board of Directors, Director At-Large; Districts Summit Committee; AARN representative from Massachusetts.

**Past offices:** District 3, vice president; MNA Board of Directors, Director At-Large; Cape Cod Hospital Local Bargaining Unit.

This fall, I would ask you to consider voting for me in the position of MNA, Director At-Large, Labor position. The change within the association continues. It has been an honor to be part of this ongoing change and growth.

I have been involved in the MNA since 1975. It has been an immense joy to observe the Association become powerful and credible in so many areas. I hope to continue my involvement with MNA. So, please allow me to do this by voting for me.

More important than voting for me is that you vote. Please take a few minutes to review the candidates and participate in YOUR Association by voting.

#### Sharon McCollum, RN, BSN

Dorchester, Mass.

**Employment:** Nursing Supervisor, Department of Mental Health.

**Education:** University of Vermont, BSN, 1974.

**Present offices:** Board of Directors, Director at Large; Board Executive Committee; Co-Chairperson Diversity Committee.

**Past offices:** Nominations Committee; 2000 Leader Fellow; Diversity Task Force; District 5 Nominations Committee.

#### Betty Sparks, RN

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Norwood, Mass.

**Employment:** Staff nurse ED, Newton Wellesley Hospital.  
**Education:** Massasoit Community College, AD, 1991.

**Present offices:** Director At Large, Labor; NursePlan; Board Policy Committee.

This is a challenging time for our profession, regardless if we are general or labor relations members. On a daily basis we deal with increased patient activity, increasing patient assignments, hospital reorganization, and large hospital conglomerates along with our governor attempting to control, gut or eliminate collective bargaining agreements.

Though the work is difficult and exhausting, we need to join together, presenting a united front, to protect our patients, our families and ourselves by working to pass our safe staffing legislation.

As we move into MNA's second century of being the voice of our profession in Massachusetts, we need to reflect on the 300 women who saw a need and formed MNA 100 years ago. They knew that by speaking with one voice, there were many things they could accomplish.

We, as the nurses of the second century, need to work to advance the practice and profession of nursing, by setting new standards for the nurses who will follow us.

Thank you for allowing me to work for us. I ask that you continue to give me this privilege by voting for me.

**Joanne Bartoszewicz, RN, BSN, CCRN**  
Melrose, Mass.

**Employment:** Staff nurse, Whidden Memorial Hospital/  
Cambridge Health Alliance.

**Education:** Whidden Memorial Hospital School of Nursing,  
Diploma 1979; Salem State College, BSN 2001.

**Present offices:** Chairperson, Whidden Memorial Hospital bargaining unit; vice-chairperson, Congress on Health Policy & Legislation; executive committee, NursePlan; Safe Staffing Committee and District 5 Financial Committee.

With the current trends in health care, staff Registered Nurses will need to advocate not only for patients, but advocate even more confidently for ourselves. It is with this confidence and authority that we will make the changes in health care that are necessary. As a staff nurse at a community hospital, I will bring over 24 years of experience to the Board of Directors. I will also bring confidence I have developed from my experience as a chairperson from a strong, supportive bargaining unit with a history of embracing change. I look forward to contributing to the challenges the Board of Directors will face in dealing with the current trends in health care.

### Labor Program Member

**Beth Gray-Nix, OTR/L**  
Sudbury, Mass.

**Employment:** Director of Occupational Therapy; The Fernald Center.

**Education:** Utica College Syracuse University, BS, 1978.

**Present offices:** Board of Directors, Labor Program Member; Unit 7 Executive Committee OT Rep.; Membership, Finance & Legislative Committee for Unit 7.

**Past offices:** Unit 7 State Employee Occupational Therapy Representative.

I have been a strong supporter of MNA since 1981 when I first joined as the occupational therapy representative on the Unit 7 State Employee Executive Board. I want to continue to represent the health care professionals on the board of directors because we are an important part of the overall push for quality care. As a member of the board of directors, I have been able to influence and change bylaws and policy at MNA to be inclusive of our professions. Please help me continue to work for you by giving me your vote.

### Nominations & Elections Committee

No candidates.

### Bylaws Committee

**Sandra E. LeBlanc, RN, CNOR**  
Waban, Mass.

**Employment:** Pod Coordinator, Newton Wellesley Hospital.

**Education:** Newton Wellesley Hospital School of Nursing,

Diploma.

**Present offices:** Bylaws Committee; Congress on Health & Safety; Unit Treasurer 1983-present.

### Congress on Nursing Practice

No candidates.

### Congress on Health Policy & Legislation

**Jennifer E. Hilt, RN, BSN**

Worcester, Mass.

**Employment:** Maternal Child Health Nurse Per Diem, U-Mass Memorial Home Health.

**Education:** University of Rochester, BSN, 1993; UMass Medical Center Nurse Practitioner Program, MSN (in progress).

As a practicing community health nurse, I believe public health impacts everyone.

From closing mental health facilities to concerns over recent infectious diseases, healthcare has moved beyond the traditional boundaries. Since nursing is the profession dedicated to improving patient quality of life, we must be as dynamic as the environment we practice in. As both consumers and employees in health care, we know a safe nursing work environment is vital to providing patient care in a hospital, clinic or home.

As a member of the Congress on Health Policy and Legislation, I would inform and rally our MNA membership about the nursing oriented issues in the legislature.

### Congress on Health and Safety

**Janet K. Reeves, RN, C**

Norwell, Mass.

**Employment:** Staff RN, Newton Wellesley Hospital.

**Education:** Cape Cod Community College, AD, 1974.

**Kathryn A. McGinn-Cutler, RN**

Westwood, Mass.

**Employment:** Staff nurse, disabled.

**Education:** Northeastern University, BSN, 1986.

**Present offices:** Congress on Health & Safety.

**Janice Homer**

Brockton, Mass.

**Employment:** Staff nurse NICU; Tufts New England Medical Center.

**Education:** Brockton Hospital School of Nursing, Diploma RN; University of Green Bay Wisconsin, presently pursuing BSN.

**Present offices:** Congress on Health & Safety.

Janice is a RN with 22 years experience in hospital nursing. Presently a NICU nurse at Tufts New England Medical Center, Boston, Mass. Since 2000, she has lead a task force in Massachusetts Nurses Association Congress on Health & Safety investigating chemical injuries and the high rate of occupational asthma in nurses. Janice has been involved in reviewing and analyzing data from various medical and technical literatures on the effects of indoor chemical exposure. She has lectured on toxic chemical use in the healthcare industry and assisted with air quality investigations within healthcare institutions. She is presently an active member in Health Care Without Harm, Health Care Without Harm Work Groups for Nurses; Mass Department of Public Health Asthma Coordination Project; MNA Congress on Health & Safety and Tufts New England Medical Center's Safety Committee.

**Mary Bellistri**

Norwell, Mass.

**Employment:** RN-Staff, Boston Medical Center.

**Education:** Boston City Hospital School of Nursing,  
Diploma, 1973; Suffolk University, BS, 1981.

**Present offices:** Member, Work Place Violence Task Force; Boston Medical Center Negotiating Committee.

**Past offices:** Congress on Health & Safety.

**David A. Denneno, RN, MSN, MEd, CEN**

Stoughton, Mass.

**Employment:** Staff RN, Caritas Norwood Hospital

**Education:** Regis College, BSN, 2002; MSN, 2003; Eastern Nazarene College, BA-Biology, 1981; MEd, 1984.

**Present offices:** Workplace Violence Task Force; Health & Safety Congress.

**Rosemary Anne O'Brien, RN**

South Harwich, Mass.

**Employment:** RN II Nurse Consultant, Commonwealth of Massachusetts, Department of Mental Retardation.

**Education:** Catherine Laboure School of Nursing, RN, 1960; Boston College, 1961-1965; U-Mass Boston, 1990-1993.

**Present offices:** Union Rep, 1995 – present; Workplace Violence Task Force, 1999-present; Congress on Health & Safety, 2001 – present; Convention Committee 2001, 2002, 2003; BORN Task Force 2002 – 2003.

**Gail Lenehan RN, EdD, FAAN**

Hingham, Mass.

**Employment:** Editor, Journal of Emergency Nurses, Emergency Nurses Association.

**Education:** St. Francis Hospital School of Nursing, RN Diploma, 1968; Boston College School of Nursing, BSN, 1972; Boston University, MS, 1973; Harvard, EdD, 1996.

**Past offices:** Congress on Health and Safety.

As the editor of the well respected *Journal of Emergency Nursing* for over 20 years, I have strongly advocated not only for the well being of patients, but emergency nurses as well. I have written numerous editorials and articles, in many journals, educating nurses on SARS, smallpox vaccinations, needlesticks, violence in hospitals, back injuries, latex allergy, hepatitis and chemical injuries, have helped to organize national conferences on the issues, and have lectured extensively.

I have worked closely now for seven years with Evie Bain, MNA's nurse expert on occupational safety, and the Congress on Health and Safety, an admirable group of nurses with a great esprit de corps. MNA's is the only Congress on Health and Safety in the entire country and an outstanding prototype. I respectfully ask for another term on the Congress. There is much more to do, to raise the consciousness of hospital administrations, to educate each other, and to stop blaming the victim. A T-shirt I saw recently said, "If someone saves one life, they are a hero; if they save a hundred lives, they are a nurse." Nurses need to save, not just the lives of patients, but our own lives as well.

**Mary Anne Dillon, RN, BSN**

Brookline, Mass.

**Employment:** Staff nurse, MICU, Brigham & Women's Hospital.

**Education:** U-Mass Boston, BSN, 2003; Fulton Montgomery Community College, ADN, 1977; Boston City Hospital, LPN, 1976.

The complexities of our health care system have the potential for long term effects on a nurse's health and safety. The continuous demand to manage these inadequacies while simultaneously providing care requires our profession to remain vigilant. Supporting safe staffing legislation keeping abreast with the national and regional debate on the smallpox vaccination program and its implications to the nurse would be a few examples. By continually addressing these ongoing issues and utilizing current research in this quest should create a safer environment for present and future nurses alike. I would like to be involved with this process as your representative.

I have spent 27 years as a front line provider which includes nearly three years as a head nurse at Boston City Hospital, with that in mind my concerns for the safety and health of our profession is foremost.

**Michael D'Intinosanto, RN**

Winchendon, Mass.

**Employment:** RN Supervisor, Templeton Developmental Center.

**Education:** Laboure Junior College, ADN 1984; Fitchburg State College, BSN, 1999.

**Present offices:** District 2 Nominating Committee; Vice President, Unit 7; Safe Care Steering Committee.

**Past offices:** Chair, Congress on Health Policy and Legislation (1999-2003); Vice President of District 2.

Having served on the Congress on Health Policy and Legislation for these past eight years, I know full well the importance of MNA's structural units. The elected leaders of the MNA structural units help to establish policy and position

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# MNA condemns Tenet-SEIU neutrality pact and supports California nurses

The MNA joined the California Nurses Association (CNA) in condemning a deal announced recently by Tenet Healthcare and the Service Employee International Union (SEIU) as an attempt to bribe Tenet employees, deny them a democratic choice on who should represent them and, in the end, create a "company union" that will deny nurses at California-based Tenet hospitals from having a real and powerful union voice on patient care issues.

The Tenet-SEIU agreement would allow SEIU to conduct organizing campaigns and hold union elections at 28 Tenet hospitals in California and two in Florida – with the blessing of Tenet's hospital management. In return, and in advance of any employees voting for the union, SEIU union locals at the Tenet hospitals are required to accept pre-negotiated wages in a four-year contract agreement and give up their federally legislated right to strike.

The announcement of the deal comes after months of bad press and scrutiny of Tenet Healthcare, including government probes into allegations of widespread Medicare fraud by the company, and is seen by many as a way to squelch true organizing efforts at Tenet facilities, as well as to buy the silence of long-time critics of the corporation. The MNA also believes Tenet has cut the deal to work with SEIU as opposed to the powerful California Nurses Association, which has negotiated much stronger agreements for nurses in the state.

"This kind of back-room dealing by a union with the country's most notorious anti-union and anti-patient corporation is nothing less than shameful and represents a major setback for the labor movement in California," said Julie Pinkham, RN and executive director of

the Massachusetts Nurses Association—an independent nurses union representing more than 22,000 RNs and health professionals in Massachusetts. "The point of collective bargaining is to organize a union to negotiate a contract that meets your needs. This deal forces nurses to accept a contract in order to have a union, and a union without the power to act like a union at all."

World renowned consumer advocate Ralph Nader has also joined CNA and the MNA in questioning the agreement and its impact on patients.

"Tenet is notorious for its commitment to profits regardless of the consequences for the public's well being," said Nader. "As has already occurred with other arrangements, SEIU's back-room deal degrades independent professional responsibility of nurses for patient care protection."

The Massachusetts Nurses Association represents two Tenet-owned hospitals in Massachusetts and is currently negotiating a new contract at Tenet-owned St. Vincent/Worcester Medical Center in Worcester. In 2000, the nurses at the facility led a highly publicized 49-day strike over the issues of unsafe staffing and mandatory overtime, ultimately winning landmark contract language to prohibit the practice at the facility.

"We believe employees should be free to form unions with a representative of their choosing, in an environment free from company coercion," Pinkham said.

Registered nurses at seven Tenet hospitals in Los Angeles and Orange County recently petitioned the federal labor board for a representation election. That process, which provides RNs at those hospitals with a genuine democratic choice and allows other unions to participate, supersedes the Tenet-

SEIU pact and will proceed.

"Free elections should be a model for Tenet RNs and all Tenet employees. In the United States, employees still get to choose their union and should not have the company choose it for them," said CNA executive director Rose Ann DeMoro.

"It's outrageous that non-union Tenet RNs and other employees, who are far behind the economic standards of other hospital workers, especially RNs represented by CNA in 150 facilities across California, would be compelled to join a union anointed by Tenet to qualify for pay increases," DeMoro said.

"Tenet should immediately provide the pay increases and any other improvements promised in this back-room deal to its deserving employees – without conditions, and without denying their democratic rights to freely select a union of their choice," DeMoro added.

Instead, Tenet employees would be locked into a long-term agreement with the main terms decided in advance in closed door meetings with top management from both Tenet and SEIU.

Further, there are no indications that Tenet RNs, in particular, will be permitted to continue to exercise their patient advocacy obligations and be able to freely protect their patients. In the Kaiser Permanente deal with SEIU and AFSCME, which SEIU cites as a model in its press release, it was agreed that silence would be maintained on

hospital closures or any business decisions that compromise patient care. SEIU also co-wrote harmful programs such as bonuses for telephone advice clerks who limit patient referrals to physicians.

CNA said that it will file charges with the National Labor Relations Board and is considering other legal actions against the pact. Several provisions of the deal are illegal including:

- Forcing employees to join SEIU as a condition for receiving pay and benefit increases
- Bribing employees with the promise of increased pay solely based on joining SEIU
- Selecting for employees what union they have to join and granting exclusive favors to that union

For Tenet, said DeMoro, "This appears to be a short-term public relations strategy designed to drive up their stock prices with the supposed promise of 'labor peace.' Perhaps they are guided by illusions of hefty profit taking for top executives who have seen their stock portfolios plummet in recent months due to numerous federal and state investigations into Tenet's billing practices and patient care conditions."

"But it will be a failed strategy," DeMoro continued. "If Tenet is doing this for investor security, investors should feel anything but secure." ■

## Candidate Info

statements, educational resources, and provide valuable information to the MNA board of directors as they decide the goals and missions of the MNA.

The Congress on Health and Safety has done great work to make our work environment safer for us and our patients. I want to share in that important work.

I want to continue to serve you as a member of the Congress on Health and Safety. I would very much appreciate your vote.

**Elizabeth A. O'Connor, RN, BSN**  
Milton, Mass.

**Employment:** Staff nurse, Brigham & Women's Hospital.  
**Education:** Fitchburg State College, BSN, 1976.

**Past offices:** Congress on Health & Safety; District 5 Board of Directors.

- Staff nurse 26 years; all Brigham & Women's Hospital
- Health & safety has always been a main interest of mine
- Have been a committee member of various hospital committees including: Air Quality Committee & Needle Safety Advisory Committee
- Currently Patient Care Safety Services Committee. Also a member of the DPH Needle-stick Advisory Committee
- Regularly attend conferences related to health & safety sponsored by the following organizations: Health Care Without Harm; Toxics Action; Brigham & Women's Annual Conference on Occupational & Environmental Health; Alliance for Healthy Tomorrow; MASSCOSH; OSHA; MNA

I hope to continue my work with the Congress on Health & Safety

**Victoria Brownstone**  
Cambridge, Mass.

**Employment:** Staff nurse, Newton Wellesley Hospital.  
**Education:** University of Florida, BSN, 1967.

**Present offices:** Newton Wellesley Hospital Bargaining Unit Negotiating Committee, 1995 to present.

### Center for Nursing Ethics & Human Rights

No candidates.

**When we fight for our rights ... they call us 'troublemakers.'**

**Labour Notes 2003 Conference • September 12-14, Detroit**  
**Troublemaking in Troubled Times: Organizing To Win**

**Topics to include:**

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- Alternative organizing: workers centers, non-majority unions and alliances
- Building social movement unionism here and abroad

Sessions will be translated into Spanish.



**I'll Be There!**  
"Some unions organize immigrant workers and say, 'Now you have a voice.' But it is important for the workers to keep organizing. We need education on how to enforce our rights and contract. Yes, we do have a voice. I'm going to the conference to learn how to make them hear us!"  
**Mariela Garcia**  
SENCOSH, Detroit, Mich.



**Speakers to include:**

Charley Richardson, workplace technology expert, Military Families Against the War; Bill Fletcher, TransAfrica Forum; Monica Santana, Latino Workers Center; Kate Bronfenbrenner, Labor Education Research, Cornell University; Ammu Dillahunt, APWU, Black Workers for Justice; Rick Kitchen, CAW Local 127, NAWIRA; Maria Martinez, IBT Local 556; Rand Wilson, SEIU Local 285; Stephanie Luce, co-author, *The Living Wage*; Ken Riley, International Longshoremen's Association, Local 1422; Lucas Benitez, Coalition of Immokalee Workers; Taco Bell Truth Tour; Mike Parker, co-author, *Democracy Is Power*; Julie McCall, Labor Heritage Foundation; Tedfio Reyes, Transnational Information Exchange; Dan La Botz, author of *A Troublemaker's Handbook*; Sara Mersha, DARE; Peter Olney, Institute for Labor and Employment; Baldemar Velasquez, FLOC; Sam Smucker, AFL-CIO Organizing Institute; Jeff Crosby, IUE-CWA Local 201, GE; Evert Hoogers, Canadian Union of Postal Workers; and others from Europe, Asia, Mexico, and Latin America... Join these activists and hundreds more in Detroit!

**Conference Information**

**Early Registration Discount**—by May 31!  
**Place:** Hyatt Regency Hotel, Dearborn, Michigan (union hotel, near Detroit Metro Airport)  
**Phone:** 313/593-1234, fax: 313/593-3366, Email: [www.detroitlabornotes.org](http://www.detroitlabornotes.org)  
**Room Rates:**\* Single/Double \$99, Triple \$124, Quad \$149  
\*You must mention "Labor Notes Conference" to receive these rates.  
**Registration:** \$100 (\$150 Canadian), \$10 OFF if registered by May 31. Includes Saturday Banquet. Some scholarships available.  
**Airline Discount:** Available on Northwest/KLM Continental code share flights. Phone 800-328-1111 and mention Labor Notes Worldfile #RBAKX.  
**Conference Schedule:** Friday, Sept. 12, 1:00 p.m. – Sunday, Sept. 14, 3:00 p.m.  
**Childcare** (ages over 1 year) will be available for a fee, if requested by Aug. 1.  
**For more information:** Labor Notes, 7435 Michigan Ave., Detroit, Michigan 48210. Phone 313/842-6262. Fax: 313/842-0227. Web: [www.labornotes.org](http://www.labornotes.org)

**I'll Be There!**  
"At the 2001 Labor Notes Conference I was able to tell everyone about the Charleston 5. It was the place to meet activists from across the country who would take the news about our struggle back home to their workplaces and communities. I look forward to coming back this September because Labor Notes is about fighting back and building solidarity."  
**Ken Riley**  
ILA Local 1422, Charleston, SC

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**Yes, I'll be there!** Enclosed is my registration fee of \$100 (\$150 Canadian). \$10 off for registration by May 31.

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**REGISTER ONLINE AT [WWW.LABORNOTES.ORG](http://WWW.LABORNOTES.ORG)**

# MNA CONTINUING EDUCATION COURSES

*Your source for career training and advancement*

## Mechanical Ventilation

**Description** This course will provide an overview of mechanical ventilation types, modes and therapies. Course will also discuss the nursing management of a patient on mechanical ventilation.

**Speakers** Carol Mallia, RN, MSN

**Date** August 19

**Time** 5:00-9:00pm

**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.

## 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** Thursday, Sept. 4

**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

## 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

**Date** Tuesday, Sept. 9

**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

## Basic Dysrhythmia Interpretation

**Description**  This course is designed for registered nurses in acute, sub acute and long-term care settings to learn cardiac monitoring and dysrhythmia interpretation. Implications and clinical management of cardiac dysrhythmias will also be discussed. Course will include a text book, calipers and require study between sessions one and two.

**Speaker** Carol Mallia, RN, MSN

**Dates** Tuesdays, Sept. 16 & 23

**Time** 5:00- 9:00 p.m.


**Place** MNA Headquarters, Canton

**Fee** MNA members, \$90; all others, \$125

**Contact hours\*** 9.0

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

## Peripheral I.V. Therapy Program

**Description**  This program introduces the RN to the theory of peripheral venipuncture. It includes anatomy and physiology of the peripheral circulatory system, fluid and electrolyte imbalance, 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  
Marilyn Bernard, RN, CRNI, Infusion Therapy Specialist

**Date** September 25

**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

## 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  
Capt. Lawrence P. Ferazani  
Evie Bain, RN, ME, COHN-S

**Dates** Wednesday, Sept. 10

**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

## 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 recertification course. Recertification candidates must present a copy of their current ACLS card at the time of registration.

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

**Dates** Wednesdays, Oct. 1 & 8

**Time** 9:00 – 5:00 p.m.


**Place** MNA Headquarters, Canton

**Fee** Certification: MNA members, \$155; all others, \$195  
Recertification: MNA members, \$125; all others, \$165

**Contact hours\*** 16 for certification program

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

## Anatomy of a Legal Nurse Consultant

**Description**  This program will introduce the nurse to the scope of practice of the legal nurse consultant. The history and evolution of this important role, its multifaceted components—including practice environments, litigation process, case evaluation for compliance with standards of nursing/healthcare practice, nurse expert witness role, risk management and other important considerations—will be described. Professional certification will also be addressed.

**Speakers** Barbara J. Levin, BSN, RN, ONC, LNCC; Tammy J. Murphy, RN, LNC; Kelly W. Shanley, RN, LNC; Jane Mihalich, BSN, RN, LNCC; Erin Weber, BSN, RN, CCRN; Elaine Noren, BS, RN, LNCC

**Dates** Thursday, Oct. 9

**Time** 5:30- 8:30 p.m.


**Place** MNA Headquarters, Canton

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

**Contact hours\*** 3.2


**MNA contact** Susan Clish, 781-830-5723 or 800-882-2056, x723v

## Oncology Series for Nurses

**Description**  A three-part series designed for nurses to increase their knowledge in oncology nursing. The content of session one of the series will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Session two will discuss chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies. Session three will include pain and symptom management, palliative care and an overview of hospice care.

**Speaker** Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner  
**Dates** Tuesdays Oct. 21, 28 & Nov. 4  
**Time** 5:30- 9:00 p.m.  
**Place** MNA Headquarters, Canton  
**Fee** Series: MNA members, \$175; all others, \$225  
 Each session: MNA members, \$65; all others, \$95  
**Contact hours\*** 3.6 per program. Total for series: 10.8  
**Special note** Completion of Session 1 is required for attendance at Session 2  
**MNA contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727


### Diabetes 2003: What Nurses Need to Know

**Description**  **Session 1:** This session 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 2:** This session is designed to provide the nurse with a comprehensive update on insulin therapy. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.

**Speaker** Ann Miller, MS, RN, CS, CDE  
**Dates** **Session 1:** Thursday, Oct. 23  
**Session 2:** Thursday, Oct. 30  
**Time** 5:30 – 9:00 p.m.  
**Place** MNA Headquarters, Canton  
**Fee** MNA members, \$65 all others, \$95 (Each session)  
**Contact hours\*** 3.6 per session  
**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, Nov. 13  
**Time** 5:30 – 8:30 p.m.  
**Place** MNA Headquarters, Canton  
**Fee** MNA members, \$65 all others, \$95  
**Contact hours\*** 3.0  
**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 advance dysrhythmias. The course will describe the EKG changes related to ischemia, injury, and infraction. 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 Mallia, RN, MSN  
**Dates** Tuesday, November 18  
**Time** 5:00- 9:00 p.m.  
**Place** MNA Headquarters, Canton  
**Fee** MNA members, \$45; all others, \$65  
**Contact hours\*** 3.2  
**MNA contact** Susan Clish, 781-830-5723 or 800-882-2056, x723

### Cardiac and Pulmonary Pharmacology

**Description**  This program will provide nurses, from all clinical practice settings, a better understanding of how cardiac and pulmonary medications work. The actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.


**Speaker** Carol Mallia, RN, MSN  
**Dates** Tuesday, Dec. 2  
**Time** 5:00- 9:00 p.m.  
**Place** MNA Headquarters, Canton  
**Fee** MNA members, \$45; all others, \$65  
**Contact hours\*** 4.2  
**MNA contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### 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  
 Capt. Lawrence P. Ferazani  
 Evie Bain, RN, MEd, COHN-S  
**Dates** Wednesday, Dec. 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

### 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 also be discussed.

**Speaker** Carol Mallia, RN, MSN, CWOCN  
**Date** Tuesday, Dec. 9  
**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

### 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" and "Anatomy of a Legal Nurse Consultant" by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for "Advanced Cardiac Life Support" and "Anatomy of a Legal Nurse Consultant" are provided by the Rhode Island State Nurses Association, which is accredited as an approver 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 and 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

# MNA Member Benefits Save You Money

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TURNERS FALLS  
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Save up to 18% for all household members. For a no obligation quote visit [www.nursesinsurance.com](http://www.nursesinsurance.com)

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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.

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Discount digital pager program.

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CINGULAR WIRELESS .....800-894-5500  
Lowest rate possible \$8.95/month plus \$.37/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](http://www.massbuy.com) (Password MBP)

### DISCOUNT ELECTRONICS & APPLIANCES

HOME ENTERTAINMENT DISTRIBUTORS ..... 800-232-0872 OR 781-828-4555  
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%.

### 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.

### SIGHT CARE VISION SAVINGS PLAN

MNA MEMBERSHIP DEPARTMENT .....(800) 882-2056, X726  
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

### HEALTH CARE APPAREL

WORK 'N GEAR DISCOUNT ..... (800) WORKNGEAR (FOR STORE LOCATIONS)  
Fifteen percent discount off all regularly priced merchandise. Simply present your valid MNA membership card to pick up your MNA/Work 'n Gear discount card at any Massachusetts Work 'n Gear store.

## Travel & Leisure

### HERTZ CAR RENTAL DISCOUNT

HERTZ .....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 & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

### SIX FLAGS NEW ENGLAND DISCOUNT PASSES

MNA MEMBERSHIP DEPARTMENT .....800-882-2056, x726  
Purchase discount admission tickets for Six Flags New England (\$22 per person).

### 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 #00801502. Membership in Guest Privileges Frequent Traveler Program.

### DISCOUNT TRAVEL PROGRAM TO FLORIDA, BAHAMAS & LAS VEGAS

EXECUTIVE TOUR & TRAVEL SERVICE .....800-272-4707 (RESERVATIONS)  
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4 day/3 night discount on "Getaway Vacations" to Florida, Bahamas & Las Vegas. Visit Web site at [www.exectourtravel.com](http://www.exectourtravel.com). Mention MNA group number 15187.

### CENTRAL FLORIDA AREA ATTRACTIONS

THE OFFICIAL TICKET CENTER .....877-406-4836  
Discount admission to Orlando area attractions.

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