

MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ VOL. 76 No. 5

North Adams RNs sue to enforce legal ruling on staffing

The registered nurses of North Adams Regional Hospital (NARH) represented by the MNA have filed a lawsuit in federal court seeking judicial enforcement of a recent arbitration order prohibiting the hospital from admitting "more patients than nurses can safely care for."

The lawsuit, which was filed in Federal District Court in Springfield on June 21, claims the hospital continues to violate union contract language and a ruling issued in March by an independent arbitrator to "cease and desist" unsafe staffing practices at the hospital. The registered nurses' complaint is based on numerous instances over the last three months where the hospital ignored their objections and continued to inappropriately assign patients when the nurses felt it was unsafe based on their professional standards of practices. In other cases, the hospital assigned patients to nurses who were not properly oriented to deliver the care the patients required.

"It is a shame that we have to go to court to ensure that the hospital honors its legal commitment to provide appropriate patient care,"

said Mary McConnell, RN and chairperson of the nurses' local bargaining unit at NARH. "While our administrators stated publicly in the press that they were committed to abiding by our contract and the arbitrator's decision, they continue to inappropriately admit patients to specific units, thus jeopardizing the health of those patients."

The arbitrator's ruling drew national attention and was the first of its kind to deal with the issue of RN staffing and a hospital's obligation to assign patients based on registered nurses' ability to meet their professional practice standards.

In his 30-page decision, arbitrator Michael Stutz ruled that the hospital violated the nurses' rights because "unsafe staffing was allowed by the hospital to occur without cropping admissions or transferring patients and without adding another nurse. Individual nurses were injured by having to work under unsafe conditions."

"We believe this ruling should have been a positive step towards making our hospital a model for patient safety," said Robin Simonetti, co-chair of the nurses' local bargaining

unit. "We are taking this action to ensure that it is. No patient deserves to be cared for in an environment where their nurse can't deliver care safely."

The complaint is based on a number of specific breaches to the arbitrator's "cease and desist order" in the form of official unsafe staffing reports filed between March 2 and June 1, 2005, which occurred in the emergency department, the same-day surgery unit, the radiology department and the medical/surgical unit. The medical/surgical unit was the floor that was at the center of the original arbitration decision.

"Nurses file these reports only if they believe the patient assignment jeopardizes the safety of their patients," Simonetti explained. "In one instance, a nurse was transferred to another unit to monitor a patient undergoing a very specialized procedure for which she had no orientation, no experience, and with no hospital policy to provide her with any guidance."

According to the NARH nurses, the key

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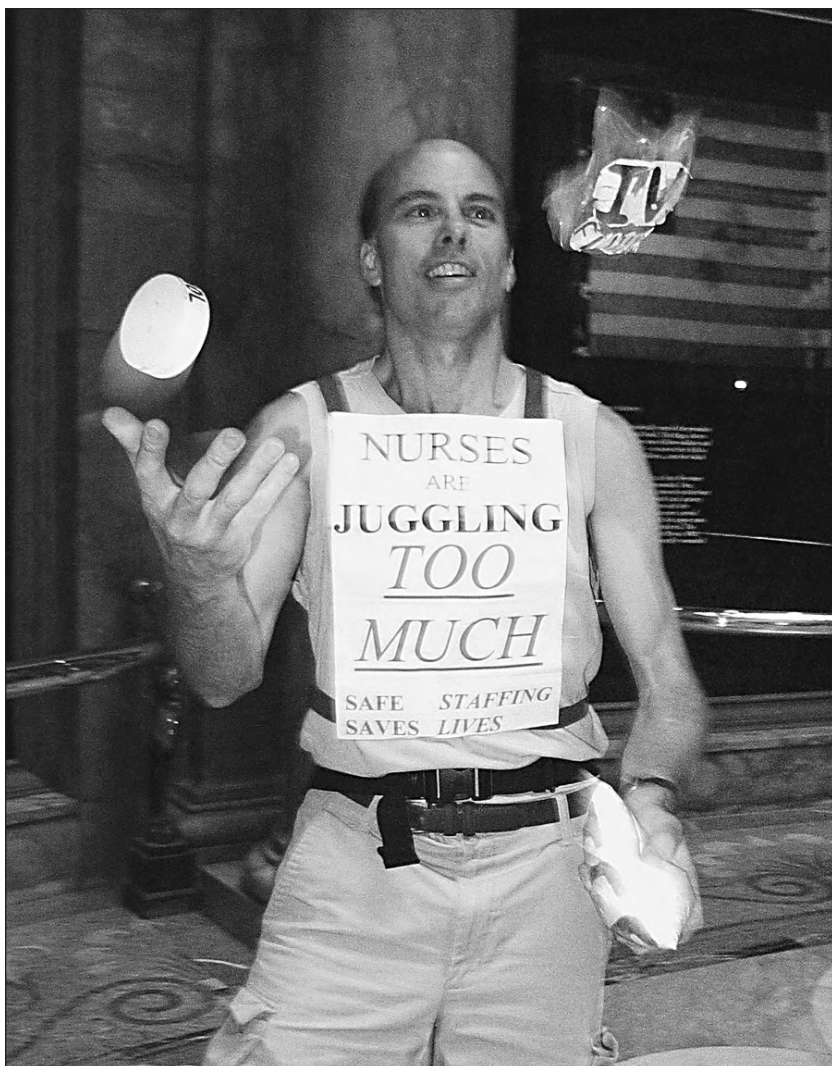
Providing health care in the Dominican Republic

By May Ling, RN and Laila Auvinen, RN

Most people go to the Caribbean for a vacation and fun in the sun. Eleven nurses, an occupational therapist, a former Spanish teacher and a civil engineer from Massachusetts arrived there in mid-May for a different reason. They spent a week in the Dominican Republic as part of a health development team initiated by the Diversity Committee of the MNA.

Each volunteer had to raise \$1,292 to cover the cost of airfare and room and board for the week. They also raised funds for medicine and supplies for the clinics. A week before departure, the team met at the MNA headquarters in Canton to pack medications and medical supplies, plus donations of over-the-counter medications, vitamins, soap, reading glasses, toothbrushes and school supplies into 14 heavy-duty tote bags. Carol Mallia and Shirley Duggan of the MNA organized the "packing party" and prepared a detailed inventory for declaration with the Dominican Republic's customs department.

The trip was sponsored by Mercy Ships, a global charity, which, since 1978, has operated a growing fleet of hospital ships that visit developing nations to bring hope and healing to the poor and to mobilize people and resources worldwide. Mercy Ships periodically organizes volunteers



Too many things up in the air: an MNA supporter gets his point across before the start of the July 13 rally for safe ratios. *More photos, Page 3.*

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BEHIND YOUR
PRACTICE

MNA CONVENTION
2005

September 28-30, 2005
Ocean Edge Resort, Brewster

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For the latest
developments
impacting nurses,
visit the
MNA Web site,
www.massnurses.org

Nurses’ guide to single-payer reform

MASS-CARE’s single-payer bill is the only one meeting IOM criteria

By Sandy Eaton, RN

The healthcare debate has heated up again on the national and state levels. As patient advocates, MNA members have been supporting passage of legislation to create a Massachusetts Health Care Trust—the means to establishing single-payer universal health financing in Massachusetts in order to lay the basis for a just healthcare system.

In the current legislative session the single-payer bill is S.755, with lead sponsors Sen. Steve Tolman and Rep. Frank Hynes. Three other proposals have now joined in, seeking to expand health insurance coverage in the commonwealth. Last year the Institute of Medicine, a private, nonprofit group set up under the National Institutes of Health to advise Congress and

the public on key healthcare questions, published five criteria for expanding coverage. MASS-CARE, the Massachusetts Campaign for Single-Payer Health Care, has produced a chart comparing and contrasting these four proposals using the five IOM criteria, which is reprinted here. Only S.755 meets these criteria. Information about this bill may be obtained by calling MASS-CARE

at 800-383-1973 or by sending an email to info@masscare.org.

Congressman John Conyers of Michigan has introduced legislation to create a national health insurance program, and will be conducting a hearing on the health care crisis in Boston’s Faneuil Hall on Sept. 1. Please save the date, and watch for more details. ■

Senator Tolman/Representative Hynes (Single payer S.755)	S.738	S. 2042/S.2043	Governor Romney
1. Health coverage should be universal.			
Will cover all Massachusetts residents.	Will not cover everyone. Has employer mandate to provide health insurance to employees.	Will not cover everyone. Hopes to cover half of the uninsured in two years. No employer mandate. Will fund a study on the feasibility of a mandate for all individuals to buy health insurance.	Will not cover everyone. No employer mandate.
2. Health care should be continuous.			
Yes, it is continuous.	Not continuous. Insurance policies from commercial insurance companies are mostly job dependent and thus any loss or change in job may cause loss or change in health coverage.	Not continuous. Insurance policies from commercial insurance companies are mostly job dependent and thus any loss or change in job may cause loss or change in health coverage.	Not continuous. Insurance policies from commercial insurance companies are mostly job dependent and thus any loss or change in job may cause loss or change in health coverage. Gov. Romney’s plan does allow for subsidies for low-cost insurance policies for six months while the unemployed look for jobs and during the waiting period before insurance at a new job kicks in.
3. Health care coverage should be affordable to individuals and families.			
Yes, health care coverage is affordable because it is paid by: <ul style="list-style-type: none">a. income premiums (taxes) that would be less expensive for most people than the out-of-pocket medical expenses that would no longer exist,b. federal and state monies from existing programs such as Medicare and Medicaid,c. employers’ contributions. There are no co-pays, deductibles, health insurance premiums, or significant out-of-pocket expenses that would be barriers to health care access. There are no means tests and all residents of Massachusetts are eligible.	No, health care coverage may not be affordable because Senator Moore’s plan relies on the commercial insurance industry and people will still have to pay insurance premiums, copays and deductibles that make policies unaffordable. Even though under Senator Moore’s plan the state will subsidize part of the cost of the health premiums for low wage earners, health insurance will still be too costly for many families to afford and the costs are likely to rise faster than the health premium subsidies. This plan also expands Medicaid.	No, health care coverage may not be affordable because Senator Travaglini’s plan relies on the commercial insurance companies to provide “affordable” health insurance policies. People will still have to pay insurance premiums, co-pays and deductibles that often make policies unaffordable. Senator Travaglini’s plan will offer a tax deduction for health savings accounts but this won’t help the low-income, working poor. He also will expand Medicaid to cover all the people who are currently eligible and will require insurance companies to cover young adults up to age 25.	No, health care coverage may not be affordable because Gov. Romney’s plan relies on the commercial insurance companies to provide “affordable” health insurance. The insurance industry will not be able to make a profit on low cost insurance unless the benefits are limited and the deductibles and co-pays are high (bare bones policies). High deductibles and co-pays often are barriers to low income people seeking preventative and maintenance care. Gov. Romney plans to expand Medicaid to cover all the people who are currently eligible.
4. The health insurance strategy should be affordable and sustainable for society.			
Single payer SAVES money—costs less than our present system. It is sustainable for the long term because it eliminates huge administrative waste inherent in the commercial insurance industry, controls costs with a budget, uses bulk purchasing power for prescription drugs, plans for efficient use of health resource needs, and initiates public health programs to promote a healthy Massachusetts. Most importantly it is accountable to the citizens of Massachusetts and will be flexible enough to change as the health care needs of the commonwealth change over time.	This plan will add more costs to our system and will not cover everyone. The plan calls for more money for expanding MassHealth, paying for health insurance subsidies for low income workers, a reinsurance program, increased payments for providers, and increasing the Insurance Partnership program. Moreover, the plan has large administrative costs due to means testing, eligibility requirements and the complex system. The plan relies on the commercial insurance industry to provide health insurance coverage. High administrative costs and market-driven costs make the commercial insurance system much more expensive than a single-payer system, (30% vs. 10%). The plan has no significant cost control capabilities other than using public health programs to keep Massachusetts citizens healthy.	This plan will add more costs to the system and will not cover everyone. Some of the costs include: reform the Insurance Partnership, a tax deduction for Health Savings Accounts, boost of Medicaid rates for hospitals, doctors, and health centers, and expansion of Medicaid enrollment. Moreover, the plan has large administrative costs due to means testing, eligibility requirements, and the complex system. The plan relies on the commercial insurance industry to provide “affordable” health insurance coverage. High administrative costs and market-driven costs make the commercial insurance system much more expensive than a single-payer system (30% vs. 10%). The plan controls costs by promoting public health programs and reform of long term care.	Gov. Romney states that no new money will be needed to fund his system, but his plans include items that require more money. He plans to enroll 106,000 eligible people into Medicaid. He plans to use the free-care pool to pay for care for the chronically unemployed and the working poor in a network of clinics and community health centers. His plan facilitates the pre-tax payment of health premiums with his Commonwealth Exchange. The plan relies on the commercial insurance industry to provide bare bones health insurance policies. High administrative costs and market-driven costs make the commercial insurance system much more expensive than a single-payer system (30% vs. 10%). The plan controls costs by regulating expenditures for the poor more tightly.
5. Health insurance should enhance health and well-being by promoting access to high quality care that is effective, efficient, safe, timely, patient-centered and equitable.			
Single Payer will provide unlimited choice of provider, simplified efficient administration, a Quality Council to improve safety, and direct input from patients into making the system user-friendly. What really sets single-payer apart is that it is the fairest and most equitable plan because every resident of Massachusetts will have the same comprehensive policy which is not based on ability to pay, but on need of care.	Choice of provider will remain limited by the insurance plan offered by employer or by the patient’s income category. The plan is complex and difficult for patients to understand, not patient-centered or equitable because the plan is based on ability to pay and not on medical need. The Massachusetts Health Quality and Cost Council will oversee safety issues.	Choice of provider will remain limited by the insurance plan offered by the employer or by the patient’s income category. The plan is complex and difficult for patients to understand, not patient-centered or equitable because the plan is based on ability to pay and not on medical need. A consumer Health Care Quality and Costs Information Board will be established which will provide quality information about hospitals and doctors for patients through an internet Web site.	Choice of provider will remain limited by the insurance plan offered by employer or by the patient’s income category. The Safety Net Care plan will restrict patients’ choice to designated health care centers or clinics potentially causing patients to lose their usual health care providers. The plan is complex and difficult for patients to understand, not patient-centered or equitable because the plan is based on ability to pay and not on medical need. Quality control limited to certifying the “bare bones” policies put out by the insurance companies.

*President's column***The MNA flexes its muscles as the power behind your practice**

As we enter the summer months, it is fitting to take a look at the recent strides the MNA has made to protect your nursing practice and bring the collective power of this proud organization to the defense of your profession.

On July 13, and in the weeks preceeding, the MNA's voice and power concerning the need for safe RN-to-patient ratios was omnipresent, with the placement of a powerful radio advertising and print advertising campaign. Literally millions of citizens heard our message and our call for pass age of H. 2663, the safe RN staffing bill, culminating with lobby day at the Statehouse where hundreds of our members, clad in MNA's royal blue t-shirts, paraded through the halls to support our bill and to combat the hospital industry's campaign to maintain the dangerous status quo.

This showing was supplemented by thousands of postcards and emails generated by the membership to make our legislators understand a central message coming out of our recent vote to adopt a five-year plan—"MNA is THE voice of health care on Beacon Hill."

Prior to the hearings, the MNA generated significant publicity for our safe staffing cause with the development and release of key results from powerful opinion polls of voters, past patients, physicians and nurses,

all of whom voice strong support for our agenda and our cause.

That same enthusiasm was demonstrated on a variety of other issues, including the presentation of powerful testimony by a number of members at a hearing on legislation to prevent workplace violence. This event and this testimony has garnered significant publicity and attention from policy makers. It is important to note that no other health care organization is doing this work to provide a safer work environment for nurses and to change the ignorant perception that being assaulted at work is "part of the job."

A case in point is the effort MNA has made to fight a dangerous policy the Department of Public Health has attempted to implement allowing the boarding of patients on inpatient units. The MNA took a strong stand on the issue and has since met with DPH and requested that the policy be rescinded.

Our occupational health and safety program has been educating nurses and law-



Karen Higgins

makers throughout the state on this issue.

Similar efforts have been made on legislation to require hospitals to institute programs to ensure safe patient handling and to reduce back injuries for nurses. Again, no one else is doing this work for nurses.

As the MNA's power and influence have grown, so has the interest of non-union nurses to become part of the MNA. In recent months, we were proud to have the nurses from Salem Hospital organize with the MNA, as did the school nurses of West Springfield. More and more nurses are calling MNA headquarters to become part of our growing organization.

As always, our focus remains on being the strongest and most powerful union in the commonwealth. In the last few months, two hospitals have negotiated contract language to provide a retiree health benefit to nurses. Our colleagues at North Adams Regional Hospital garnered national attention through their victory in a landmark safe staffing arbitration, and are now filing a case in federal court to hold their employer accountable for obeying the ruling.

Nurses at a number of hospitals hit the streets to picket in large numbers to improve their conditions and we are confident in the ultimate victory in all of these struggles.

One of our most active groups is Unit 7, our

local bargaining unit for nurses and health professionals who work for state-run facilities and state agencies, who are locked in a brutal struggle to negotiate a fair contract with the governor. The Romney administration has more than 100 proposals on the table designed to strip our public sector colleagues of every right and benefit, with no call for a salary increase.

These members have fought back with a vengeance, fighting to bring the issues of poor staffing and working condition to public consciousness and to make the link between their poor pay in the public sector and the inability to recruit and retain appropriate staff. They have conducted surveys, launched their own campaign Web page on the MNA site, mailed postcards, met with their legislators and worked with consumer groups supportive to their cause. The response has been positive, with more legislators becoming involved in their plight, and the commissioner of mental health scheduling meetings with the Unit 7 leadership to hear their concerns.

Our labor education program is in full swing with bargaining unit members undergoing intensive education on how to better represent and mobilize members for action.

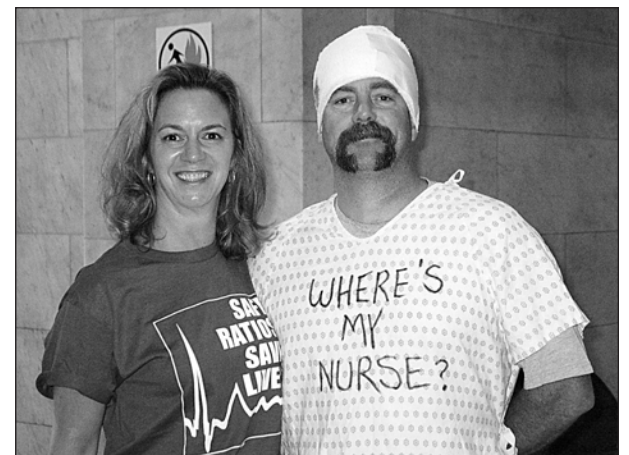
This is the MNA in action, waging battles on multiple fronts with one common objective: to protect you and your patients. ■

Statehouse rally for safe ratios

Nurses Hall was packed during the MNA's rally for safe ratios.



Karen Higgins addresses supporters at the rally in Nurses Hall. Below left, MNA members, nursing students and supporters take a break from lobbying their legislators. Below center, Dorothy McCabe, director of the MNA's nursing department, testifies before the Public Health Committee. Below right, getting to the point: MNAers from Marlborough Hospital ask, "Where's my nurse?" More about the rally, see Page 4.



MNA on Beacon Hill



Flanagan pushes school nurse issues

Rep. Jennifer Flanagan, D-Leominster, led an effort during the recent House budget debate to increase the Department of Public Health's line item that helps to fund school nursing services in our public and private schools. Flanagan has also filed legislation (H.1037) to ensure that there is a school nurse in every public school in Massachusetts.

Four major trends have made school nursing programs critical for providing health care to our children and keeping them in school focused on their studies:

- An increase in the number and severity of illness in students with special health care needs who are enrolled in schools
- The rise of social problems such as substance abuse, depression and violence among children
- Changes in family structure and patterns of parental employment
- A more culturally and linguistically diverse student population

A recent *Boston Globe* editorial commented

on the need for adequately-funded school nursing services and, in doing so, highlighted the importance of Flanagan's work: "Time and again, it is school nurses who first identify a health problem—from hearing loss to a sexually transmitted disease—and then make sure the student is referred to a clinic or doctor. Nurses have to be ready to use nebulizers with asthmatics' medication, treat severe allergy reactions with adrenaline shots, and test the blood sugar of students with diabetes. They are a primary source of information for children about the hazards of smoking, drinking, substance abuse, and risky sexual activity." ■

Huge Statehouse rally for safe ratios

Hundreds of nurses from across Massachusetts rallied at the Statehouse on July 13 in support of H. 2663, the safe RN-to-patient ratios legislation.

The rally preceded a public hearing on the bill by the Joint Committee on Public Health, which heard more than five hours of testimony by nearly 20 panels regarding the issue of nurse staffing and its impact on patients. And for more than five hours hospital administrators continued to refuse to accept any limit on the number of patients a nurse is forced to care for at one time.

This refusal to accept any limit on the number of patients a nurse is assigned at one time comes in the face of a new study of registered nurses in Massachusetts that, once again, establishes that poor RN staffing levels continue to cause significant harm.

The survey of RNs—nearly 70 percent of who were not MNA members—found that fully 90 percent of them say patient care is suffering due to understaffing, with devastating results for patients:

- 77 percent reported an increase in medication errors due to understaffing (a 10 percent increase since 2003)
- 68 percent reported complications or other problems for a patient (a 4 percent increase since 2003)
- 59 percent reported increased readmissions of patients due to understaffing (a 5 percent increase since 2003)

- 53 percent reported injury or harm to patients
 - And 50 percent reported that poor staffing leads to longer stays for patients
- Most alarmingly, more than 1-in-3 nurses (34 percent) reported patient deaths directly attributable to having too many patients to care for (an increase over the 29 percent reported by nurses in 2003).

According to Chris Anderson, who directed the project for Opinion Dynamics, the circular dynamic that was found in the 2003 survey is still in full effect. Patient care is suffering because of understaffing and more nurses are leaving the bedside because of understaffing.

The survey of RNs also found that 89 percent agree that nurses are leaving the profession because they are burned out from high patient loads. Among nurses who stopped working in an acute care setting, short staffing was the number one reason cited for leaving the bedside.

"Most nurses continue to report that the quality of patient care in Massachusetts hospitals is suffering due to RNs being forced to care for too many patients at once, causing an alarming number of negative outcomes for patients," Anderson said. "In several key areas we found an increased number of negative patient outcomes as a result of understaffing, including medical errors and death." ■

N.E. Nurses Assn. works with N.H. legislators, RNs on mandatory overtime

Rep. Rudolph Holden has been leading an effort to curb mandatory overtime in New Hampshire. Holden has coordinated and organized with the New England Nurses Association to provide the New Hampshire State Legislature's Committees



Rudolph Holden

with surveys of RNs concerning the use of mandatory overtime in health care facilities and the related impact on patients.

After much debate, a version of the bill was passed by a House committee and the full House of Representatives. The bill then had a hearing by a Senate sub-committee and awaits further Senate action after the summer. ■

RNs visit Kerry in Washington



MNA members, from left, Barbara "Cookie" Cooke, Sandy Ellis and Irene Patch, who were active supporters of Sen. John Kerry during his 2004 presidential run, were recently invited to Washington, D.C., to attend a special "thank you" dinner for supporters. The three nurses met with Kerry in his Washington home. Right, Cooke and Ellis also visited the Vietnam Women's Memorial in Washington, which is dedicated to honor the nine military nurses and 58 civilian women who died in Vietnam.



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MNA

MASSACHUSETTS NURSES ASSOCIATION



What they didn't tell you . . .

The facts behind the Massachusetts Hospital Association's legislation on nurse staffing levels

Hospitals care about profits

The hospitals' bill on nurse staffing does nothing to alter the fact that existing economic incentives in the health care system all push hospitals in the direction of cutting staffing costs. Yet hospitals are presently engaged in a \$500 million expansion effort. In the absence of an enforceable standard of nursing care for patients, hospitals will not change their behavior.

It's full of empty promises

Hospitals cannot be counted on to adequately staff registered nurses because doing so cuts into their profits. Their plan asks us to trust that they will do something in the future that they have already failed to do in the past. It is up to the state to put patient safety before profits by enforcing minimum nurse staffing levels.

It has no standard

The hospitals' bill proposes to address patient safety without ever defining what "safe" means. That's like proposing to establish highway safety with voluntary speed limits.

It allows them to continue to self-police and to have no limit on how many patients a nurse can be forced to care for at one time. Nothing will be any different than it is now.

It's a bureaucratic boondoggle

The hospitals' bill is supposed to be about disclosure and transparency but all it really does is confuse things with more studies, another "task force," replication of existing standards, duplication of federal loan programs, and involves nearly a dozen state agencies.

They've had enough time

The hospitals have had a dozen years to deal with nurse understaffing. They created the current situation we have today by continuing to increase the patient loads of nurses. Their reactionary approach still does nothing to improve nurse staffing levels.

It's more of the same

The hospitals' bill takes the exact same steps that led to current bedside RN woes where nurses, burned out by high patient loads, are leaving the bedside. There is no shortage of RNs in Massachusetts. It is simply that RNs are unwilling to stay in hospitals under current working conditions.

For the last decade RNs have left the hospitals faster than they could be replaced. That won't change with the hospitals' bill.

They want taxpayers to subsidize inefficiency

According to numerous studies of hospital economics, nursing turnover adds as much as 5 percent to a typical hospital's operating budget. And nursing turnover **doubles** when nurse-to-patient ratios are 7:1 as opposed to the 4:1, as in the nurses' bill. The replacement cost of recruiting and training each new RN is nearly \$60,000. In contrast, every dollar spent on establishing RN-to-patient ratios returns \$1.20 in savings from decreased turnover and nursing agency costs.

Written by hospitals, for hospitals

The hospitals' bill has no standard of care for patients and no accountability for hospitals. In the absence of setting minimum nurse staffing levels, hospitals will continue to put profits and hospital expansion before patients and unsafe RN staffing will continue.

The hospitals' plan will put the burden on patients to research which hospitals are adequately staffing nurses.

**We believe that there must be a limit on how many patients a nurse is forced to care for at one time.
The hospital industry does not.**

Nurses care about patients. The medical evidence is clear: nurse staffing levels impact patient outcomes. But today nurses are being forced to care for too many patients at once and patients are suffering the consequences.

The nurses' plan is simple. It sets a limit on how many patients a nurse can care for at one time to protect patient safety and quality care.



MASSACHUSETTS NURSES ASSOCIATION

Labor Department Bargaining Unit Updates

Region 1

Baystate VNA

The bargaining unit at Baystate VNA recently settled two grievances: the first was related to parameters for requirements to report to employee health; the second dealt with bargaining unit nurses who were assigned management functions.

Berkshire Medical Center

In June, several members of the bargaining unit took part in "Labor for Life," a fund-raising walk sponsored by the Berkshire Labor Council that raises money for cancer research. The unit is also preparing for arbitration over the contractual implementation of medical insurance costs.

Cooley Dickinson

The bargaining unit at Cooley Dickinson hospital recently met with management to discuss improving implementation of vacation time. Meetings with management are also scheduled to discuss how they have calculated overtime differential pay, as there seem to be problems in the continuity and fairness in these payments. The bargaining unit is also preparing a survey of members leading up to establishing contract proposals for the negotiations that will begin in the fall.

Franklin Medical Center

Bargaining unit nurses met with their legislators regarding the MNA's safe staffing legislation. An action committee was formed during the unit's current contract negotiations which resulted in broad community support for the nurses.

Soldiers' Home in Holyoke

When National Nurses Week came and went without a word of acknowledgement from management, Unit 7 nurses at the Soldiers' Home in Holyoke took matters into their own hands.

Chairperson Carol Konrad said, "We just could not believe that after all we give to our patients and the Soldiers' Home that nothing was done to recognize the nurses during this week." The MNA committee decided to celebrate on its own. Each RN received an invitation that stated, "The MNA recognizes excellence in the nurses of the Soldiers' Home in Holyoke and invites them to attend a celebration which includes pizza, beverages and cookies." Members were given MNA pins along with the new MNA breakaway lanyards, as well as cards outlining members' Weingarten Rights that could be attached to name badges.

As members came from their units to join in the celebration, they expressed their appreciation for the opportunity to get together and share in some fun.

North Adams Regional Hospital

The bargaining unit at North Adams Regional Hospital welcomed two new members to its MNA committee: Traci Gelinis and Rebecca Weslowski. Bargaining unit nurses also met with Rep. Daniel E. Bosley (D-North Adams) regarding the MNA's safe staffing legislation.

Park View Specialty Hospital

The bargaining unit at Park View Specialty Hospital welcomed two new members to its MNA committee: Marcia Dothe and Joseph Chistolini. MNA Health and Safety Coordinator Evie Bain met with nurses and OSHA about ongoing issues.

Pittsfield Public Health

The bargaining unit at Pittsfield Public Health settled its arbitration regarding coverage of school nurse vacancies, and the city has offered to upgrade nurses' salaries.

Region 2

Clinton Hospital

A survey is currently being prepared for members as a way of establishing contract proposals for the negotiations that will begin in the fall. Unit elections will be held in August.



Leicester School Nurses

Nurses are in negotiations and are looking to obtain a professional pay scale.

Valley Regional Hospital

The bargaining unit recently established monthly MNA committee meetings, and grievances have been filed regarding after-hours scheduling in the OR.

Wachusett Regional School District

Nurses are in negotiations and are looking to obtain a professional pay scale.

Region 3

Caritas Good Samaritan Med Center

On June 13, the bargaining unit at Caritas Good Samaritan Medical Center met with hospital management for an initial meeting of the insurance advisory committee. The union presented management with survey-based information that highlighted the nurses' dissatisfaction with the amount of money they pay weekly for health insurance benefits.

Members also voiced concern over the design of the Caritas Christi/Tufts Health plan, which requires members to make a \$100 co-payment for emergency department visits; a \$150 co-payment for day-surgery visits; and a \$200 co-payment for in-patient hospital care, including maternity care. Nurse leaders at Good Samaritan have been meeting with MNA leaders from other Caritas Christi hospitals including Carney, Norwood and St. Elizabeth's in order to share information and discuss common responses to various related corporate initiatives.

Tobey Hospital

On June 9, the bargaining unit at Tobey Hospital elected new officers and voted to update its bylaws. Sharon Barsano, an ICU

nurse, was elected chairperson and Kriste Smith, who works in same-day surgery, was elected vice chairperson. Joyce Hyslip-Ikkela (maternity), Deborah McDavitt (med-surg), and Scott Rouseville (ED) were voted in as members of the negotiating committee. The negotiating committee met with hospital management on August 2 to begin discussing a wage re-opener for the second year of the bargaining unit's current contract.

UMass Medical Center

The unit is currently dealing with management regarding problems in the peri-operative care area. The unit has also filed several grievances following an inordinate amount of disciplinary actions by management, including terminations. The unit is also preparing a survey of members leading up to establishing contract proposals for the negotiations that will begin in the fall.

UMass Memorial Campus

On June 8—under the blistering sun and in the unseasonably warm temperatures—the bargaining unit at UMass Memorial held its first-ever informational picket. Hundreds of nurses turned out to walk the line and they had impressive support from other in-hospital and Worcester-area unions.

The bargaining unit's efforts earned them significant media coverage, with news running in the *Telegraph and Gazette*, and on Channel Three Worcester News and WTAG Radio.

The bargaining committee resumed talks with management on June 28 and, after a 17-hour session, reached a tentative agreement. This agreement will be voted on in early August.

Region 4

Salem Hospital

Negotiations were re-started on April 30 with the hope of a quick settlement, although MNA members found that not to be the case. The committee has met three or four more times since the re-start of negotiations and was scheduled to bring an offer back to the body for a vote in June.

Members have been struggling with numerous problems at the pediatric psychiatric unit in Danvers—the biggest of which is the lack of safety for the nurses. The hospital has refused to assign security personnel at the unit even though it is a stand-alone unit. As a result, the nurses have only had one option: to call the Danvers Police Department in the case of an emergency. The unit is currently looking into the possibility of involving OSHA as a way of addressing this issue.

Region 5

Brigham and Woman's Hospital

The bargaining committee election results are in. Congratulations to Barbara Norton, Judy Lydon, Jean Cabral, Judith Racowski, Maureen Kenneally-Ward, Mary-Ann Dillon, George Rotondo, Kristin Robishaw, and Connie Gassett. Special thanks to retiring committee members Susan Tartaglia, Deborah Donahue, Bonnie Grady, Nancy Curran and Kim Templeton.

Response to the "Nurse Manager Report

Cards" has been overwhelming. "Ask the MNA" cafeteria hours will be held monthly—check the MNA bulletin boards for dates and times.

Caritas Norwood

The June labor-management meeting highlighted staffing problems on several units with follow-up to come. The MNA committee sent out a proposal survey to all members of the unit in July and will also survey members' views on the health insurance benefit. Both surveys are in preparation for negotiations.

Dialysis Clinics, Inc.

Consent-to-serve forms have been distributed in anticipation of a bargaining committee election this summer. Negotiations for an economic re-opener will begin soon.

Faulkner Hospital

The bargaining unit at Faulkner Hospital recently voted on and instituted new bylaws, and it also settled a few grievances during its labor/management meetings—although some outstanding grievances were filed on to arbitration. All members of the bargaining unit received a copy of the new collective bargaining agreement and an MNA lanyard in May.

Leonard Morse/MetroWest Medical Center

At the June labor/management meeting, the Baylor Plan terms were clarified and unsafe staffing forms were reviewed. A new staffing plan is expected by the end of June. The MNA committee sent out a proposal survey in early June in preparation for negotiations.

New England Medical Center

The recently-negotiated tentative agreement was ratified by the bargaining unit on May 2. This agreement will be in effect through September 2006, and the committee is pleased that this contract makes NEMC competitive with the other Boston hospitals (*see related story on Page 8*).

The MNA committee has continued to meet monthly to discuss ongoing issues, and it also held regular meetings with nursing management to address labor/management issues that have been raised by bargaining unit members. The committee is currently focused on mobilizing members to fight for staffing ratios by organizing nurses in support of the MNA's legislative bill. The committee urges any interested nurse to see their committee members for information on how to help meet this goal.

The committee has also developed a local newsletter to keep members better informed of union issues.

Whidden Hospital

A re-opener letter was sent to the hospital in early June and the committee has started to make preparations for the collective bargaining process. The local bylaws have been re-written, with a vote scheduled for late June. In addition, numerous outstanding agreements with CHA have been settled. The problems related to instituting the new pay scale for both RNs and HCPs have also been resolved. ■

Members from across the state show solidarity, build strength at pickets

The spring of 2005 was a busy one for many bargaining units around the state. Four separate MNA units—from Greenfield to Boston—held informational pickets as a way of getting the word out about their stalled negotiations. While the issues were different in the various locations, the common thread was the tremendous energy, unity and solidarity shown at each of the locations.

Newton-Wellesley Hospital

The season of picketing kicked off on May 2 at Newton-Wellesley Hospital (NWH). The NWH nurses had already leafleted the community as a way of getting their news out, and an impressive group of members was outside the hospital at 7 a.m.—followed by another outstanding turnout in the afternoon—ready to take their news to the streets.

The key issues that led to the picket included:

1. The need to provide full staffing at the facility in order to end the hospital's dangerous on-call practice

2. The need to raise the salary level to match other Partners' Health Care-owned facilities
3. The need for improvements in the health insurance benefits, because nurses were paying more for insurance than peers at other Partners' hospitals
4. The nurses also contended that these issues had to be addressed in order to ensure that the hospital could recruit and retain the quality of nurses necessary for providing optimum patient care.

The nurses' efforts on the picket line had a powerful impact on their stalled negotiation process, with the nurses and management reaching settlement on June 24.

Terms of the three-year contract include a 3 percent across-the-board increase scheduled for the first year of the contract, and a half step (2.25 percent) added to the top of the scale. In year two, members will receive another 3 percent across-the-board increase with a build-out of the top step to a full 4.5 percent step. In the final year of the contract, members will receive a 3.5 percent across-the-board increase with a full step added to the top in two increments. At the end of the agreement, the top-of-scale pay for a staff nurse will be \$52.20.

The highlight of the newly negotiated contract though was the establishment of a retiree medical savings account. ■



Support for Newton-Wellesley RNs.

UMass Memorial Campus

On June 6, the RNs at UMass Memorial in Worcester staged their first-ever informational picket. Seeking their second contract, the women and men of this unit brought a new sense of unity and pride to the bargaining process with a spectacular turnout and an impressive reaction from the motorists who were driving by on Worcester's Belmont Street.

Key outstanding issues in this unit's bargaining process include:

1. The nurses' desire to set safe staffing levels in the hospital's critical care units
2. The establishment of a pay scale that results in pay parity for the home health and hospice staff
3. Showing experienced nurses respect in terms of shift rotation and not moving them to another shift and then replacing them with an agency or per diem nurse
4. Limiting patient assignments for charge nurses. ■



Boston Medical Center

On May 18, the nurses at the Boston Medical Center (BMC) held a day-long picket in front of the hospital. Starting with about 50 nurses at 7 a.m., the line grew during the course of the day and continued—dampened by some rain—until six o'clock in the evening. The RNs, who have been in contract negotiations since Dec. 9, 2004, were back on the line on June 24. Following that, the bargaining unit conducted continuous picketing, with at least

two nurses walking the line at all times.

The key issues that led to the pickets included:

1. Fair posting of vacation time.
2. The removal of tenured (unrestrictive) steps.

The unit's efforts had the desired effects however, with the negotiating team reaching a good settlement on July 8. ■



Family and friends of picketing RNs from Boston Medical Center showed their support by walking the line as well. After more than six months of negotiations, the bargaining unit reached a settlement in mid-July.



Franklin Medical Center

On May 3, RNs from Greenfield's Franklin Medical Center (FMC) set up their picket line in front of the hospital. The unit had previously set up an "action committee" that, for weeks, had been leafleting the community; writing letters to the editor of the local paper; setting up supportive lawn signs around town; going on local talk shows; and placing newspaper advertisements. On the day of the picket, the nurses had overwhelming support from the passing motorists.

Key issues that led FMC nurses to picket include:

1. Whether FMC and its parent corporation, Baystate Health Systems Inc., have committed to retaining and recruiting quality nurses.
2. How much of the health insurance costs is Baystate willing to for pay nurses who work 24-hours-a-week. ■



On the FMC picket line

Labor Department: Educating Our Members

The Small Necessities Needs Act: *The right to take leave for family obligations*

Has the following situation ever happened to you?

You're working as a full-time, day-shift nurse. You have a child in elementary school and the school is holding parent-teacher conferences, but only during the daytime hours that you are working. You request time off, but your nurse supervisor tells you that there is no way that you can have a few hours off to participate in such a meeting. Another school year goes by and you are not able to tend to your child's educational needs.

If this scenario is familiar to you, did you also know that you have legal rights under Massachusetts state law to attend such conferences?

In 1998, Massachusetts enacted a law, M.G.L. c. 149, Sec. 52D, called the Small Necessities Leave Act (SNLA). This provides eligible employees with a total of 24 hours of unpaid leave during any 12 month period for certain family obligations. This law covers specific activities that are not covered under the Federal Family and Medical Leave Act of 1993 (FMLA).

Leave similar to FMLA

The 24 hours of leave allowed under the SNLA is in addition to the 12 weeks leave allowed under the FMLA. Furthermore, the 24 hours need not be taken all at once, but can be taken intermittently, as long as it does not exceed 24 hours total.

To be eligible for the SNLA an employee must:

- Have been employed for at least 12 months with the employer.
- Have actually worked for at least 1,250 hours during the previous 12 months with that employer.
- Be employed at a place where there are 50 or more employees within 75 miles.

The purposes for which such a leave may



Joe Twarog

be taken are:

- To participate in school activities directly related to the educational advancement of a son or daughter* of the employee, such as parent-teacher conferences or interviewing for a new school.
- To accompany the son or daughter of the employee to routine medical or dental appointments, such as check-ups or vaccinations.
- To accompany an elderly relative of the employee to routine medical or dental appointments or appointments for other professional services related to the elder's care, such as interviewing at nursing homes or group homes.

The employee must give seven days' notice of intent to take such a leave if the leave is foreseeable. However, if the need for the leave is not foreseeable, the employee must give notice as soon as practicable.

Leave can be calendar or fiscal year

The SNLA leave is generally unpaid leave but, similar to the FMLA, employees may use accrued paid time and have the leave paid or the employer may require that the employee use such accrued time. Details as these can be negotiated into the contract.

The "12 month period" in which the 24 hours of leave may be taken can be one of the following: the calendar year; a fiscal year; the employee's anniversary date; the 12-month period measured forward from the employee's first request for SNLA leave; or, a rolling 12-month period measured back-

ward from the date an employee uses any SNLA leave. Whatever method the employer uses to measure the 12-month period must be applied uniformly and consistently to all employees.

The employer may request from the employee certification to support the leave. Certification materials and the request for such leaves must be kept in the employee's personnel file for three years. However, records and documents relating to medical conditions or histories of family member must be kept as confidential materials in a file separate from the employee's personnel file.

Grievance procedure available

The statute is enforced by the office of the attorney general which may seek criminal action against an employer who violates the act. Violations would include: failure to provide a leave properly requested; failure to restore an employee to the position held by the employee prior to the leave; discriminates against an employee for various actions related to the act. Of course, the employee can also grieve such violations using the contract's grievance and arbitration procedure.

While employers are encouraged to notify employees of their rights under the SNLA, the law does not specifically require that the employer post these rights at the workplace, in the usual manner (on a bulletin board, in a break area, etc.). So it becomes more important that the union itself publicize and promote this comparatively little known leave in the facility—whether on the union's bulletin board, in a unit newsletter, in the contract, or in a memo to bargaining unit members.

** Definitions: The term "son or daughter" is defined as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis. The son or daughter must either be under 18 years of age or 18 years of age or older and incapable of self-care because of mental or physical disability. The term "elderly relative" is defined as an individual of at least 60 years of age who is related by blood or marriage to the employee, including a parent. The term "school" is defined as a public or private elementary or secondary school; a Head Start program assisted under the Head Start Act; or a children's day care facility licensed under G.L. c. 28A. (From an advisory from the attorney general's fair labor and business practices division.) ■*

Supporting NStar union members



MNA members and employees walk the picket line with their NStar brothers and sisters during the union's May strike.

N.E. Medical Center RNs ratify agreement

Nurses at New England Medical Center in Boston overwhelmingly ratified their recently negotiated tentative agreement on

May 2. The new contract calls for cost-of-living increases of 5 percent each year of the two-year agreement in addition to a 5 percent step increase for nurses not at the top of the scale. The salary scale for RNs in the 1,200-member bargaining unit will range from \$25.14 to \$49.74 per hour until September, when the range will increase to \$26.40 to \$52.23 per hour.

Other economic improvements included the following increases in differentials: evening rotator, \$1.80 per hour; permanent evening, \$3.10 per hour; night rotator, \$3.10 per hour; permanent night, \$4.50 per hour; on-call, \$4.50 per hour; and charge, \$2.10 per hour.

Several research nurses who had voted to join the bargaining unit last summer were placed on the salary scale and converted to the MNA contractual benefits.

Bargaining committee members involved in the negotiations were co-chairs Nancy Gilman and Cathy Proctor, Nancy Adrian, Lisa Cappuccilli, Eileen Agranat, Harriet Cadin, Charley Caraviello, Janet Coates, Mary Lynch, Maryjane McGowan, Gail McKinnon, Judy Rolph and Paula Tobin. ■

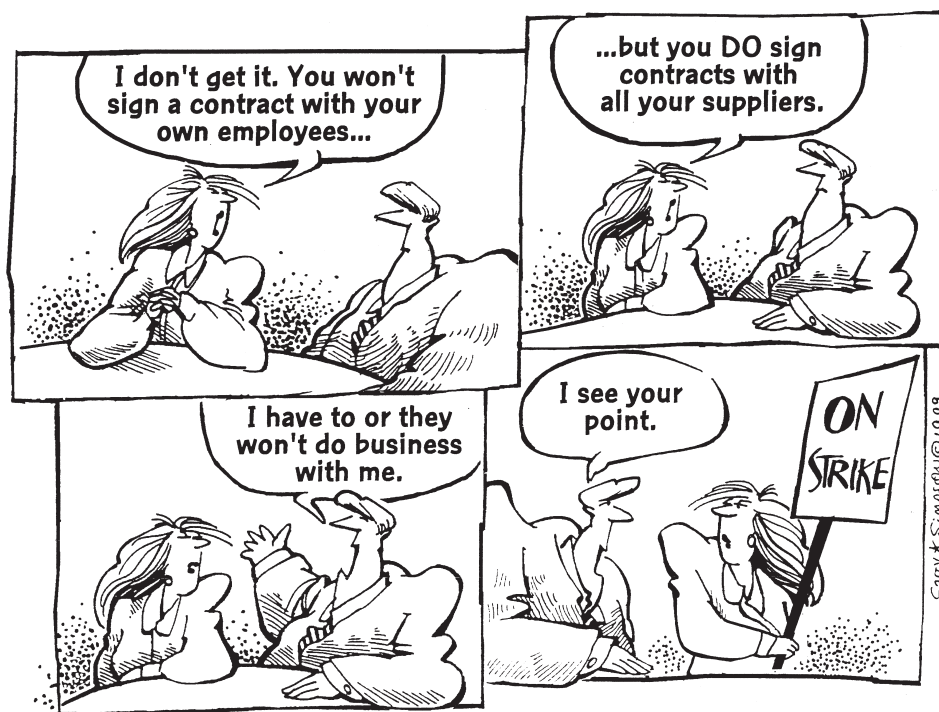
...North Adams

From Page 1

solution to the problems at NARH is simple: have a sufficient number of registered nurses to allow staff to properly care for patients. In each of the incidents that led to the complaint, the hospital continued to admit and/or assign patients beyond the capacity of existing staff.

Now that the lawsuit has been filed, both sides will be required to file briefs on the matter. At some point in the coming weeks, attorneys will be called before a federal judge to argue their case, following which the judge will issue a ruling.

"Our first and only concern is the patients we care for," said McConnell. "They are the ones who have the most to lose if the hospital continues with their irresponsible practices." ■



...Mercy Ships

From Page 1

to staff land-based health clinics, such as ours, in various locations where Mercy Ships have docked and previously worked.

The focus of the MNA's Health Development Team was to treat infants, children, expectant mothers and the elderly. We hoped to empower the people we treated by teaching them basic hygiene, such as boiling their drinking water, washing their hands and going to the bathroom in specific locations. One of Mercy Ships health care goals is to lower the death rate of babies and children in third-world countries. Twenty percent of children die before the age of five and approximately one-third of them die from parasitic infections in the Dominican Republic. All children 18 months and older were scheduled to receive parasite medications and vitamins if appropriate.

In addition, Mercy Ships Health Care System "has adopted a policy to weigh, measure and graph all children under 5, to assist in identifying children at the highest risk of death in the event of a viral or bacterial illness." We also planned to screen all children under five for protein energy malnutrition by weighing them and measuring their upper arm circumference. If a child over age 1 measures less than 13.5 cm., that child is malnourished. Nutritional intervention and counseling are planned to help the child and family.



May Ling organizes donated supplies.

The MNA group flew into Santo Domingo, the capitol of the Dominican Republic, and joined up at the airport with the rest of the team from Florida and Texas, including team leaders Greg and Candi Seager, full-time nursing staff with the Mercy Ships. We took a four-hour bus ride, complete with police protection, to the city of Barahona, located in the arid southwest region of the country, about 40 miles from the border with Haiti. Our team was housed in Hotel Guarocuya, with a beautiful view of palm trees and the blue Caribbean Sea just a few steps away.

Early the next morning, after breakfast and coffee, over 20 of us hurriedly sorted those huge totes. Others stocked a "mobile



A team member plays with kids who are waiting to be seen by the medical team.

pharmacy" in the form of five shoe bags. Still others made sandwiches for lunch. Surprisingly, everyone seemed to know exactly what had to be done and did it. Then we piled all the supplies into our bus and left for the first clinic. It was set up in a seven-room school house in Altagracia, a Haitian village about 10 miles outside of town, toward the Haitian border. Most of the houses in this village have corrugated metal or thatch roofs and walls made from the bark of palm trees.

The team examined more than 600 people in two and a half days. Two Spanish speakers greeted the crowd first and one by one took down each person's basic information: name, age, village and principle complaints. Everyone was also given a number. When numbers were called, trained volunteers took the people to one of the classrooms and taught them basic hygiene. We also gave them a free copy of a Spanish hygiene book to take home.

After the class, everyone was sent to one of four triage stations where nurses, working through interpreters, assessed their health needs. Vision checks were given to children and the elderly were fitted with reading glasses. Those requiring more medical attention were sent to another line to be seen by the doctors. Two local physicians volunteered to work with the team. Having local doctors to examine the patients was invaluable because they were familiar with local conditions and culture. The patients with more serious illnesses were referred to the hospitals for check ups, follow up or surgery.

We worked alongside these doctors and assisted them in writing prescriptions and treatment orders. Some of the most common local problems were parasitic infections and fungal infections such as ring worm, head lice, scabies and chicken pox. People with these issues were sent directly from triage to the pharmacy to fill their prescriptions.

Shoe bags of the "mobile pharmacy" were hung from the window frames in one of the classrooms, effectively blocking any breeze that might be outside, making the room very hot. The breeze, which came through the available window slats and open door, however, was both a blessing and a curse. Along with the relief from the heat came clouds of dust which covered everything, as the school grounds, yards and roads were made of dirt. Very little, if any, grass was visible.

May begins the rainy season in the Dominican Republic, and rain came on the morning of the second day. As a result, we were faced with another "good news, bad news" situation. There was no more dust, but the roads and school yard turned to mud. Our bus just missed getting stuck in the schoolyard thanks to the quick work of Robert, our driver.

Those waiting became more restless and anxious to get out of the rain. Crowd management was essential, especially on the last day. Everyone worked without coffee breaks; some hardly had time to take a sip of water. We took turns grabbing a quick lunch around noon. As the crowd at the triage stations began to thin, the already hectic pace in the pharmacy just ratcheted up another notch. We worked feverishly filling the prescriptions and passing them to two others facing the crowd who then tried to explain, above the noise, the proper usage of the medications prescribed to the patient.

All the while, mothers were yelling at their children and babies were crying because medicines were being administered by strangers. Some mothers came not only with their own children but with the children of relatives or neighbors. We hoped they would keep all the prescribed medication straight. A warm smile or a quick "gracias" told us

they really appreciated what we were doing. Even with all the cacophony, the scene must be calm compared to what the tsunami relief workers in Southeast Asia had to face in January.

Our one day off was Sunday and we were all looking forward to going on a field trip to the waterfalls. First, we had breakfast, served family style, which consisted of fresh melon juice, French toast with marmalade or syrup, chocolate oatmeal, fried eggs, bread toasted on one side, and platters of cut fresh fruit. And, of course, lots of strong Dominican coffee, served with hot milk and sugar. We sat at one long table in the dining room and because we changed seats, we got to know everyone.

We boarded the bus, swimsuits under our shorts, hoping the rain would go away. Instead, it rained harder. Donning our rain ponchos, we climbed the steps of the waterfall. It was a paradise. Some of us took a dip in the pool, while others clicked their cameras. We headed back to the hotel in a torrential downpour that lasted almost all day. Streets turned into rivers and the blue shore line changed to brown from the storm runoff. Because the hotel had an open piazza with plants and palm trees, it was raining in part of the hotel, too. The housekeeper gamely tried to push the water off the floors with her string mop. Due to the flooded roads the rest of our plans were cancelled, enforcing a badly needed day of rest.

Ironically, there was no water for us to take a shower. Usually, at the end of each day, after the mobile pharmacy was rolled up and everything was packed and put back on the bus, the team, all sweaty and sticky, returned to the hotel, hoping for water to take a much needed shower. Success depended on whether or not the government had turned off the electricity to save on energy costs. When there is no electricity, there's no running water. Eventually the lights would come back on and the showers, usually cold, were ready to use.

Monday was another work day. For the next two days, we worked at a local community health clinic in Villa Estrella, not far from the hotel. Even though the clinic was located in a more urban area, it was practically bare and

See *Mercy Ships*, Page 10



A crowd outside one of the team's makeshift clinics in the Dominican Republic.

...Mercy Ships

From Page 9

very dark inside. We had to borrow tables and chairs from the hotel. Only one room had a bare light bulb on the ceiling.

When we arrived, the people, Dominican this time, had already crowded into the clinic. First, we had to empty the clinic so that we could set up. Everyone cooperated and formed long lines on both sides of the street. Children and stray dogs ran around. The noise was unbelievable. All day long, those waiting to get in the clinic could see and talk to those who had been admitted into the waiting rooms. People pressed against the iron grate door and windows as though that would get them in faster. They called to each other and yelled to people they saw further in the building.

As poor as the Haitian and Dominican people are, they are proud and have self respect. They were clean and well groomed, and some wore their Sunday best. The women and girls wore their hair swept up in elaborate corn rows and braids. The men and boys wore their hair close cropped, almost shaven. Women and girls dress very modestly, wearing shirts or blouses and pants or knee-covering skirts. No bare shoulders or midriffs were seen.

More than 600 people were examined in two days at Villa Estella. On the last day, the team had to set up a "satellite station" on the front porch of a neighboring house to accommodate the crowd. Because it had rained the night before, we had to deal with a dripping ceiling, flooded floors and no electricity. Now, with the sun shining, it was stifling hot. But we were flexible! We worked with the conditions we had and no one complained. We also learned to improvise and to treat with what was available locally, such as using vinegar

to remove ear wax and a mixture of two tablespoons of oatmeal mixed with two tablespoons of water and one of sugar to treat constipation.

The week went by quickly and before we knew it the mission was over. We debriefed on Tuesday night, with much camaraderie and laughter. On Wednesday morning, the team piled into the bus and made the four-hour ride back to Santo Domingo. Candi Seager shepherded the team through the airport. There was a lot of hugging and vowing to keep in touch. We had such diverse backgrounds, yet we had worked together harmoniously and selflessly doing things we had never done before in a totally strange environment. It was amazing. We bonded in a week.

After a final tally, we realized we served more than 1,200 people. Donated money not already spent on medicine and medical supplies went to specific needs that were identified during the trip.

Thank you to those who volunteered. The team from Massachusetts included Claudette Laffan, RN; Anita Pollard, RN; Susan Dally, RN; Rhiannon Tassinari, LPN; Sandra Gavin, RN; Diane Magan, RN; May Ling, RN; Mary O'Dwyer, RN; Laila Auvinen, RN; Jacqueline Scott, RN; Kathie Connelly, RN; Jennifer Cutler, OT; Dorothy Sandersen; and Chung-Li Ling.

If you would like to hear more about the team's experience in the Dominican Republic or learn about upcoming missions with the Mercy Ships, please attend an educational program on Oct. 11 from 5:30–7:30 p.m. at MNA headquarters in Canton. To register, contact Carol Mallia at 781-830-5744 or via email at cmallia@mnarn.org. ■



Team members (above and left) work to make sure that area children are evaluated and treated.



Dorothy Sandersen evaluates a patient who was given new glasses.

A Region 5 star spreads laughter worldwide

By Sandra Menard RN, BSN, CEN

On May 10, the MNA's diversity committee had the pleasure of meeting Chris Tarbassian, RN. Tarbassian is a Region 5 member who is making a significant difference in the lives of our soldiers overseas via Operation Comix Relief.

Comix Relief is a nonprofit organization established by Tarbassian that began, at first, by sending comic books to soldiers who were recovering from wounds sustained during combat. Today, Comix Relief sends comic books to any soldier who makes a request.

Since the first comic book was distributed to a fellow nurse who served in Kuwait two years ago and who is a friend of Tarbassian's, more than 15,000 comic books have been shipped to destinations worldwide—including Haiti, Cuba and Iraq. Since then, the purpose of the comic books has grown and expanded and is now used

as a way of increasing the morale of troops. It also serves as reminder to them that they are cared about and not forgotten.

The success of Operation Comix Relief, which is a home-based organization, has led to Tarbassian's efforts being recognized by high-ranking officials in both the Marines and the Army National Guard—both of which have facilitated the distribution of the comics to the troops. In addition, numerous comic book companies such as Marvel have supported the organization's efforts and have regularly donated comic books. In addition, the organization continues to receive numerous addresses of soldiers serving in the military from family members and friends requesting the delivery of comic books.

Tarbassian has communicated with a number of soldiers returning from overseas who have personally congratulated him and

expressed their gratitude for his efforts. He has also been honored with the Legion of Honor Award by the Chapel of the Four Chaplains. In addition, a flag has been flown in Afghanistan in honor of his efforts.

A number of local and military newspapers have also celebrated the success of Comix Relief, including *Stars and Stripes*, the *Framingham Tab* and the *MetroWest Daily News*. Many organizations, local schools and churches have volunteered and assisted Operation Comix Relief by preparing the care packages and completing the simple tasks of making address labels and applying stamps.

What began as a care package of comic books to a friend has developed into a successful project that has touched the lives of thousands of troops worldwide. As a result, these troops—for a few minutes among the chaos and dismal outlook of the war—can experience a little cheer and laughter from

comic books featuring the tales of Spiderman, Batman and many others.

For those who are interested in related volunteer opportunities or would like additional information on how to assist Operation Comix Relief via donation of office space, comic books or stamps, or if you would like to share a soldier's address, please email Chris Tarbassian at operationcomixrelief@yahoo.com or visit the Comix Relief Web site, www.operationcomixrelief.freesevers.com. Comic books and donations can be sent to 8 Capri Drive, Framingham, MA 01701.

The diversity committee meets the second Tuesday of the month, from 5:30–7:30 p.m., at MNA headquarters in Canton. Anyone interested in learning more about the committee is invited to attend. Also, the diversity committee invites members to submit articles that celebrate members' related achievements. Contact Carol Mallia at 781-830-5744 for more information. ■

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

Being informed is the best protection for your own safety and health

Avian flu: Will it or won't it happen here?

By Evie Bain,

Coordinator, Health and Safety Division

Reports and comments about avian flu dot newspapers and magazines and flash through the airwaves, on TV, the radio and the internet. The question repeated over and over is, "Will avian flu be the source of the next pandemic (a world wide infectious disease event)?"

Think of it this way: the first cases may well turn up in a group of workers, who recently returned from a business trip to a once exotic land. They will probably appear in community emergency departments—in the dark of the night—most likely on a holiday weekend and with no idea of what they may have been exposed to or are carrying.

They might just have fevers. They may be coughing. Or they may feel weak and will be in need of medical attention. They may think they are sick from the suspect air quality from the very long airplane trip. You may suspect



Evelyn Bain

otherwise if a questions about their recent past travel is included on your history sheet.

Point being: People, even our next door neighbors, travel routinely to countries like China, Thailand and Korea, where infectious diseases,

like avian flu, have been recognized. These travelers return to home base quickly and sometimes they bring infectious diseases with them. Remember SARS?

So, how can we as nurses be prepared to prevent the spread of diseases like avian flu and protect our own health in the meantime?

1. Listen closely and read all you can on the subject of avian flu and emerging infectious diseases.
 - The CDC Web site (www.cdc.gov) has easy-to-access, brief fact sheets on many of these diseases.
2. Attend training sessions that your employer offers.
 - The Massachusetts Department of Public Health often schedules classes for employees in hospital settings related to emergency preparedness.
 - Your local public health department may schedule these classes as well.
3. Get "fit tested" for respiratory protection.
 - Know which respirator fits you best for the best protection of your own health.
 - Know where the respirators are kept for that late night need.

4. Teach and encourage your patients and co-workers to practice "cough etiquette" and hand washing.
 - It is well understood that these basic preventive strategies may save more lives than all the vaccines available today.
5. Consider participating in your employer's flu vaccine clinics.
 - Flu vaccine is also a recognized preventive strategy that often protects you and your family from developing the flu and its sometimes fatal complications.

Read the next two items recently distributed by the CDC, Infection Control and Avian Influenza Recommendations and the Avian Influenza Threat, to inform the public and the health care community about where information and actions on these diseases stand at present. ■

Infection control and avian influenza recommendations

The Centers for Disease Control and Prevention has issued recommendations for infection control in health care facilities to prevent possible spread of avian influenza:

Patients who present to a health care setting with fever and respiratory symptoms should be managed according to recommendations for respiratory hygiene and cough etiquette and questioned regarding recent travel history. Those with a history of travel within 10 days to a country with avian influenza activity and hospitalized with a severe febrile respiratory illness—or are under evaluation for avian influenza—should be managed using isolation precautions identical to those recommended for known severe acute respiratory syndrome (SARS). These include:

Standard precautions

- Pay careful attention to hand hygiene before and after patient contact or contact with items potentially con-

taminated with respiratory secretions

Contact precautions

- Use gloves and gowns for all patient contact
- Use dedicated equipment such as stethoscopes, disposable blood pressure cuffs, disposable thermometers, etc.

Eye protection (i.e., goggles or faceshields)

- Wear protection when within three feet of patients

Airborne precautions

- Place patient in an airborne isolation room (AIR). These should have monitored negative air pressure in relation to corridor, with six to 12 air changes per hour (ACH), and exhaust air directly outside or recirculated air filtered by a high-efficiency particulate air (HEPA) filter. If

an AIR is unavailable, contact facility engineer to assist or use portable HEPA filters to augment the number of ACH

- Use a fit-tested respirator, at least as protective as a National Institute of Occupational Safety and Health-approved N-95 filtering facepiece (ie., disposable) respirator, when entering the room

These precautions should be continued for 14 days after onset of symptoms or until either an alternative diagnosis is established or diagnostic test results indicate the patient is not infected with influenza A virus. Patients managed as outpatients or hospitalized patients discharged before 14 days with suspected avian influenza should be isolated in the home setting on the basis of principles outlined for the home isolation of SARS patients (see www.cdc.gov/ncidod/sars/guidance/i/pdf/i.pdf). ■

The avian influenza threat

A report by the World Health Organization in Geneva presented these dire findings about avian influenza and the potential for a pandemic:

- No virus of the H5 subtype probably has ever circulated among humans, and certainly not within the lifetime of today's world population. Population vulnerability to an H5N1-like pandemic virus would be universal.
- Many of the public health interventions that successfully contained severe acute respiratory syndrome will not be effective against a disease that is far more contagious, has a very short incubation period, and can be transmitted prior to the onset of symptoms.
- Evidence strongly indicates that H5N1 now is endemic in parts of Asia, having established a permanent ecological niche in poultry. The risk of further human cases will continue, as will opportunities for a pandemic virus to emerge.
- Studies comparing virus samples over time show H5N1 has become progressively more pathogenic in poultry and in the mammalian mouse model, and now is harder than in the past, surviving several days longer in the environment. Evidence further suggests H5N1 is expanding its mammalian host range.
- Recent publications have suggested... similarities between H5N1 and the 1918 virus in the severity of disease, its concentration in the young and healthy, and the occurrence of primary viral pneumonia in the absence of secondary bacterial infection.
- All prerequisites for the start of a pandemic have been met save one, namely the onset of efficient human-to-human transmission. Should the virus improve its transmissibility, everyone in the world would be vulnerable to infection by a pathogen passed along by a cough or a sneeze—entirely foreign to the human immune system. ■

Transmission of viruses between animals and people

According to the Centers for Disease Control and Prevention, influenza A viruses are found in many different animals, including ducks, chickens, pigs, whales, horses, and seals. However, certain subtypes of influenza A virus are specific to certain species, except for birds which are hosts to all subtypes of influenza A.

Avian influenza viruses may be transmitted to humans in two main ways:

- Directly from birds or from avian virus-contaminated environments to people.
- Through an intermediate host, such as a pig.

Influenza viruses have eight separate gene segments. The segmented genome allows viruses from different species to mix and create a new influenza A virus if viruses from two different species infect the same person or animal. For example, if a pig were infected with a human influenza virus and an avian influenza virus at the same time, the viruses could reassort and produce a new virus that had most of the genes from the human virus, but a hemagglutinin and/or neuraminidase from the avian virus. The

resulting new virus might then be able to infect humans and spread from person to person, but it would have surface proteins (hemagglutinin and/or neuraminidase) not previously seen in influenza viruses that infect humans.

It also is possible that the process of reassortment could occur in a human. Theoretically, influenza A viruses with a hemagglutinin against which humans have little or no immunity that have reassorted with a human influenza virus are more likely to result in sustained human-to-human transmission and pandemic influenza. Thus, careful evaluation of influenza viruses recovered from humans who are infected with avian influenza is very important to identify reassortment if it occurs.

While it is unusual for people to get influenza infections directly from animals, sporadic human infections and outbreaks caused by certain avian influenza A viruses and pig influenza viruses have been reported. These sporadic human infections and outbreaks, however, rarely result in sustained transmission among humans. ■

Health and safety conference signals close of research portion of PHASE Project

By Evie Bain

Around 1999, the MNA's Congress on Health and Safety staff and members were approached by a group of researchers from University of Massachusetts Lowell. The researchers were interested in gaining the MNA's support for and participation in a grant-funded research project to study the working conditions, across the spectrum of job titles, in the healthcare industry.

The Congress members supported the project and requested approval of the MNA Board of Directors, thus, MNA members at large. Once this approval was secured, MNA began a continuous, interesting and valuable relationship with the researchers, planners and program staff of the PHASE project.

MNA members participated in five focus groups and gave input on conditions in their work environment. Group discussions were monitored and recorded by the researchers and the topics addressed included workplace violence, return-to-work issues following injury, and workers compensation issues from the perspective of the injured worker.

MNA representatives were active members of the planning committee, as well as presenters and participants for three health and safety conferences presented at the educational component of the grant. Occupational health issues such as occupational asthma, musculo-skeletal injuries, workplace violence, needle-stick injuries and workplace stress were the topics addressed in the breakout sessions at these conferences. The first and second conferences were directed at the problems faced by workers in this industry in relation to hazards. The third conference was directed at presenting "best practices." In five short years, changes were notable across the health care settings and the MNA was helpful to the conference planners in locating those programs that could be showcased.

As the PHASE project winds down, the MNA anticipates that as research findings are released they will be highlighted in the *Massachusetts Nurse* and made available on the MNA's Web site. We also anticipate that the research



The Congress on Health and Safety, the Workplace Violence and Abuse Prevention Task Force, the MNA Board of Directors and other members gather with Evie Bain, coordinator, Health and Safety Division at the PHASE Conference in Tyngsboro on April 28. From left, Mary Bellistri, Maryanne Dillon, Terri Arthur, Kate Opanasets, Rosemary O'Brien, Marcia Robertson, Noreen Hogan, Evie Bain, Liz O'Connor, Cecil Pryce, Sharon McCollum, Gail Lenehan, Mike D'Intinosanto and Sandy Hottin.



Diane Michael, left, from the MNA's Board of Directors and Andrea Fox, associate director in the MNA's department of labor relations, listen intently as workplace violence prevention strategies are discussed. Photos courtesy of Terry Arthur.

findings will be very valuable as the MNA continues to address the need for improving the working conditions and health/safety of nurses and other healthcare workers.

Thanks to all the PHASE researchers for

their dedication to this project.

Copies of several of the presentations from the April 28 conference are available. Visit www.uml.edu/PHASE and click on "conferences."



Chris Pontus, associate director in the MNA's health and safety division, talks with Paul Morse, project manager at the New England Consortium.

Behavioral health and emergency planning: the role of the school health programs

By Lisa Gurland, RN, Psy.D

Mass. Department of Public Health

Public health professionals on the federal, state and local levels are working to create a comprehensive emergency response plan that will be implemented in the event of a disaster. Emergency preparedness has become an integral component of all public health programs for the state, local boards of health and community based organizations—and the school systems in every city and town are an important and necessary community partner in this planning process.

Behavioral health, in the context of a comprehensive disaster plan, addresses the ability of individuals, families and communities to function under stress with all the concomitant mental health, substance abuse and social service issues that arise in an emergency situation. Schools in general, and school health personnel in particular, will most certainly be utilized during a disaster and must participate in emergency planning. As response plans are put into place, it is imperative that the education, skill building and support of school health

personnel be an important consideration.

At present, school health programs use behavioral health theory and practice regularly. School health nurses are skilled in the assessment of and response to behavioral health needs of children and families in a variety of emergent and non-emergent situations.

What additional training and information is needed to provide an adequate response during and after a disaster?

The following are a just a few of the many questions that school health nurses, in consultation with other school and community partners, must begin to answer:

- What preventive measures can be instituted *now* so that disaster-related problems in functioning might be averted or mitigated?
- How can the incidence of debilitating psychological stress, substance abuse, and other social problems be reduced (for all members of the school community, including children and adults) at the time of the emergency and in the months to come?

- What support systems can be developed so that the school health nurses, along with other personnel, can sustain and maintain disaster-related interventions with children who have varying developmental needs and differences in resiliency?

The answers to these questions (and many others) are not simple and are dependent on a variety of circumstances. However, there are two important steps that will help move the planning process forward. The first is for school health personnel to generate a list of questions and concerns specific to their professional role and population served. Secondly, school health personnel must be active participants on community planning boards and coalitions both locally and statewide so that school health related issues remain viable and concerns are addressed. School health personnel must be part of the planning team as stakeholders, advocates for children and families, and as highly skilled professionals with important information and concerns relevant to the statewide disaster response plan. Consistently raising

concerns in numerous professional venues will educate planning partners and focus attention on the emergency planning needs of school health programs.

The MNA holds a monthly meeting of the emergency preparedness task force. For more information, contact Chris Pontus at 781-830-5754. ■

Health & Safety Contacts

For questions, comments or concerns related to health & safety issues, contact:

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ebain@mnarn.org

■ **Christine Pontus, MS, RN, COHN-S/CCM**
Associate Director, Health & Safety
781-830-5754
cpontus@mnarn.org

Profiles of candidates for MNA office

President, General (1 for 2 years)

Patrick Conroy, RN, CEN, CCRN
Quincy, Mass.
Employment: Emergency nurse, Boston Medical Center
Education: MBA, Babson College, Wellesley, 1984; MSN, U-Mass Boston, 2001; BSN, Regents’ College, 1994; ASN, Regents’ College, 1991; BS (Health & Physical Education), UMass Amherst, 1980; passed all four parts of the CPA exam, 1991.
Past offices: Vice president, Massachusetts Nurses Association, 2002-2004.

Candidate statement: The primary mission of our association should be to improve the economic and general welfare of nurses and their families. Central to this mission is safety in the workplace. safety of nurses from violent assaults and the safety of patients that comes with appropriate (mandated) minimum ratios.

The collective bargaining units are the foundation that our association rests upon. While each individual can vote and speak in our association, most of the financial resources of the association come from the members of the bargaining units. I am committed to providing the bargaining units with whatever resources are needed,

because I believe that most of the mission gets done at the local level.
You have generously, and wisely, voted to increase your membership dues to finance the implementation of an ambitious five-year strategic plan. My intention is to focus on outcomes and give you maximum value for your dues by relentlessly arguing for frugal and focused expenditures. I also intend to speak loudly against spending simply “because we have the money” on activities that are not essential.
I advocate continuing administrative support of the foundation and the PAC. However, I oppose using membership dues to fund contributions and scholarships. Your charitable contributions should be your choice, not part of your membership.
If you email me at patrickconroy@comcast.net I will answer any questions that I can and send more details about my qualifications, goals and plans. Thank you for thoughtfully considering my request to serve as your next president.

Beth Piknick, RN
Hyannis, Mass.
Employment: Staff nurse, Cape Cod Hospital
Education: Faulkner Hospital School of

Nursing, Diploma, 1971; Lesley College, BS, 1999.
Present offices: Task Force on Safe Patient Handling; MNA Board of Directors; Region 3 president; AARN representative.
Past offices: Congress on Health and Safety; Region 3 Board of Directors; Cape Cod Hospital Bargaining Committee.
Candidate statement: Thirty-four years ago, I became a member of the Massachusetts Nurses Association because it was my professional organization. I learned of its professional significance when I got involved in my local negotiating committee. This allowed me to advocate for the registered nurses in my facility.

Nurses are blamed for every financial problem within our various institutions. We are responsible for everything from taking care of our patients to emptying the trash. When we are asked to do more, we do, again and again and again. Now our profession is in crisis.
As a member of the association and serving in a variety of leadership positions, I can advocate for registered nurses in Massachusetts. The association also advocates for registered nurses outside the borders of our state. Our goal is to move our profession out of crisis.

I learned the political significance of the MNA while promoting the safe staffing legislation. We have become a strong force against our opposition and a strong voice for our allies. We ARE the voice of reason. We ARE the experts when it comes to patient care, professional practice and health care for citizens of the commonwealth.
I hope that the legislators will listen to the experts, us, and pass H.2663, the Safe RN Staffing Bill by the fall. If not, I will definitely continue the fight to do the right thing for our patients. I will also be your spokesperson and fight for whatever issues you, the membership want.

Secretary, General (1 for 2 years)

Jim Moura, RN, BSN
Dorchester, Mass.
Employment: Staff RN, PACU, West Roxbury VA Medical Center.
Education: University of Rhode Island, BSN, 1974.
Present offices: Director At-Large, General, MNA Board of Directors; Treasurer, Regional Council 5.
Past offices: Director At-Large, Labor, MNA Board of Directors; 2nd Vice President, District 5, MNA, Inc.

Director, Labor (1 per region for 2 years)

Region 1
Irene Patch, RN
Belchertown, Mass.
Employment: Staff nurse, Soldiers’ Home in Holyoke.
Education: STCC, AD, RN, 1978; UMass Amherst, public health BS, 1976.
Present offices: MNA Board of Directors; NursePLAN; treasurer, Regional Council 1; Regional Council 1 director.

Region 2
Kathlyn M. Logan, RN
Spencer, Mass.

Employment: Staff nurse, UMass Memorial, University Campus
Education: Quinsigamond Community College, associate degree in nursing, 1978; Wards Business School, associate degree in business, 1964; Attend Worcester State-Becker.
Present offices: Bargaining unit chair; Board of Directors, Regional Council 2.
Past offices: Bargaining unit chair; Convention Committee; Leadership Fellowship; Nominations Committee; Board of Directors, Regional Council 2; Nominating Committee, Regional Council 2, vice-chair UMass/Medical School and UMass Memorial (when merged).

Region 3
Barbara “Cookie” Cooke, RN
Taunton, Mass.

Employment: Staff RN, Brockton Hospital.
Education: Brockton Hospital School of Nursing, Diploma, 1984; Bridgewater State College, BS health & physical education, 1979.
Present offices: Director At-Large, Labor; Co-chair, Brockton Hospital Nurses Union; Region 3, director as Co-Chair of Bargaining Unit.

Region 5
Connie Hunter, RNC
East Walpole, Mass.
Employment: Psychiatric staff nurse, Newton Wellesley Hospital.
Education: Newton Junior College, associate’s degree, 1976.
Present offices: Director, Labor; Co-Chair Newton Wellesley Bargaining Unit.
Past offices: Congress on Health Policy; Co-Chair Newton Wellesley Bargaining Unit; Region 5 Board.

Candidate statement: I have worked as a psychiatric staff nurse at Newton Wellesley Hospital for 28 years. I am dedicated to the nursing profession and will continue to work on the board of directors of MNA to ensure that this is a professional organization we can be proud of and a union that continues to work hard to make working conditions, benefits and salaries better for nurses. I am committed to ensuring that we protect the rights of nurses in the workplace. I am prepared to work diligently to see that we pass H.2663, the safe RN staffing bill in the 2005-2006 legislative year in the commonwealth of Massachusetts.

Director At-Large, General (3 for 2 years)

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, Region 3 director; Finance Committee; Safe Patient Handling Task Force; MNF Board; Local Unit Negotiating Committee.
Past offices: Diversity Committee; Local Unit Chair.

Candidate statement: This is an exciting time to be a nurse. It is also a frustrating and scary time. It is a time when nurses are standing up for their patients and them-

MNA 2005 final ballot

President, General*
1 for 2 years
Patrick Conroy, RN, CEN, CCRN
Beth Piknick, RN

Secretary, General
1 for 2 years
Jim Moura, RN, BSN

Director, Labor*
5 for 2 years (one per Region)
Region 1
Irene Patch, RN
Region 2
Kathlyn M. Logan, RN
Region 3
Barbara “Cookie” Cooke, RN
Region 4
No Candidate
Region 5
Connie Hunter, RNC

Director At-Large, General
3 for 2 years
Tina Russell, RN
Jeannine Williams, RN
Sandy Eaton, RN

Director At-Large, Labor
4 for 2 years.
Karen Coughlin, RN, C
Richard Lambos, RN
Barbara Norton, RN
Judith M. Smith-Goguen, RN, BSN
Karen Higgins, RN

Labor Program Member*
1 for 2 years
Beth Gray-Nix OTR/L

Nominations Committee
5 for 2 years (one per Region)
Region 1
No candidate
Region 2
No candidate
Region 3
No candidate

Region 4
No candidate
Region 5
No candidate

Bylaws Committee
(5 for 2 years) (one per Region)
Region 1
No candidate
Region 2
No candidate
Region 3
No candidate
Region 4
No candidate
Region 5
No candidate

Congress on Nursing Practice
(6 for 2 years)
Mary Elizabeth (Beth) Amsler, RN
Stephanie V. Holland, RN
Karen Carpenter, APRN, BC, FNP, JD
Ellen Deering, RN, BSN, MPA/H

Congress on Health Policy
(6 for 2 years)
No Candidate

Congress on Health and Safety
(6 for 2 years)
Mary Anne Dillon, RN
Lorraine MacDonald, RN, BS, CLNC
Gail Lenehan, RN, EdD, FAAN
Elizabeth A. O’Connor, RN

Center for Nursing Ethics & Human Rights
(2 for 2 years)
Lolita Roland, RN, BSN

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

...Candidates

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selves in a very public way. We are out there fighting to get our patient safety bill passed. We are talking to our legislators and to the public. We are taking a stand and we are being heard. But we are still being given unsafe assignments at work. We are still being told to put our patients' lives and our licenses on the line. Sometimes this happens every day, other of us experience this less often, but it happens to all of us to some degree. It will keep happening until we get this bill passed. Until that time we cannot rest. Over the past few years the MNA and the Board have made a lot of tough decisions. I am proud to be a part of the new, strong MNA. We have taken a stand on the smallpox vaccination fiasco and the level four biosafety lab proposed for South Boston. WE came to you, the membership, asking for a sizable dues increase to finance a bold, visionary five year plan. This plan is just starting to come to life. I would like to remain a part of that bold, visionary, dynamic leadership.

Jeannine Williams, RN

Manchaug, Mass.

Employment: Retired

Education: Diploma, 1958

Present Positions: MNA Board of Directors; Convention Planning; Executive Board; MNF President; Regional Council 2 President.

Sandy Eaton, RN

Quincy, Mass.

Employment: Staff Nurse, Quincy Medical Center

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

Present offices: Secretary, MNA Board of Directors; Delegate, American Association of Registered Nurses; member, MNA Diversity Committee; member, Task Force on Emergency Preparedness; Vice President, Regional Council 5

Past offices: At-Large, MNA Board of Directors; Acting President, MNA District 5; At-Large, MNA Board of Directors, District 5

Candidate statement: Effective collective bargaining and independent political action—these are the twin pillars of success as we seek to wrest health care in Massachusetts from the grasp of market medicine and its ruthless, inept proponents. MNA is the largest union in health care in the commonwealth and the professional association of registered nurses. We are uniquely situated to provide leadership and backbone to the emerging movements to make access to quality, affordable health care a right. MNA continues to be the vehicle through which innumerable RN's and other healthcare professionals have found their voices and developed the leadership skills needed today. Elected to my final term on the MNA Board of Directors, I pledge to continue advocating for the well being of our members and the people we serve. Our fates are inseparably intertwined.

Director At-Large, Labor (4 for 2 years)

Karen Coughlin, RN, C

Mansfield, Mass.

Employment: Staff nurse, Taunton State Hospital/DMH

Education: Massasoit Community College, associate's degree, 1984.

Present offices: Unit 7 Executive Board

Candidate statement: My name is Karen Coughlin, I have been a registered nurse for 21 years. I am the secretary for my local unit at Taunton State Hospital and have proudly served on the executive board of Unit 7 at the MNA for the last 6 years.

I am a nurse, I am a wife, I am a mother, I am a daughter, I am a sister, and I am a friend.

I work, and when I work I am frequently understaffed, overwhelmed with the work that inadequate staffing causes and unappreciated by those that employ me, and yet, I still work. Why? There are a lot of reasons, but I guess the best one is because I am a fighter, I'm not going to give up and I'm no longer going to remain silent. I am dedicated to providing the best possible care that I can to my patients. It is not acceptable that we are not given adequate resources to provide our patients with the excellent care that they deserve. I have learned to speak out, give voice to my patient's needs, and stand up for what I know in my heart is right. I work hard to strengthen and unify our local unit and our union by keeping the membership informed and educated on healthcare issues.

I choose to fight, I choose to advocate and because of this choice, I think I am a better nurse, wife, mom, daughter, sister, co-worker and friend. I would appreciate your vote.

Richard Lambos, RN

Edgartown, Mass.

Employment: Emergency room staff nurse, Martha's Vineyard Hospital

Education: Newton Junior College, ADN, 1972.

Present offices: Director At-Large General; Region 3 Treasurer; Martha's Vineyard Hospital Unit Chair.

Past offices: Director, Labor General; Region 3 Board of Directors.

Candidate statement: Nurses face many challenges in the workplace on a daily basis but none more important than patient safety. The passage of MNA's safe staffing legislation is the way to insure that our patients and our licenses are protected. Allowing hospital administrations to set standards as to what is safe, as alternative legislation proposed by the Massachusetts Hospital Association calls for, is basically what is happening now and proven not to work. Many of these hospital administrations for years have endorsed the practice of understaffing and we can't let it continue! Who knows better about what our patients need or what RN's need to provide safe care? Is it the "office jockey" or the frontline RN that provides patient care on a daily basis? My money is on you, the frontline RN! If elected to the board I will continue to help our organization push this bill and make our workplace safer for our patients and safer for RNs to practice.

Barbara Norton, RN

Portsmouth, R.I.

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

Education: Laboure College, AD, 1984.

Present offices: MNA Board of Directors;

chairperson Brigham & Women's Hospital.

Past offices: MNA Board of Directors; chairperson Brigham & Women's Hospital.

Judith M. Smith-Goguen, RN,BSN

Boylston, Mass.

Employment: RN, psychiatry, UMass Medical Center

Education: David Hale Fanning School of Health Occupations, LPN, 1976; Quinsigamond Community College, RN, associate's degree, 1982; Worcester State College, RN, BSN, 1987.

Present offices: Union representative; Safety Committee Member; Workplace Violence Committee Member; Supplemental Time Donation Program Committee; Central Mass Labor Council Member.

Past offices: Union representative; MNA Contract Negotiation Committee; Central Mass Labor Council Member.

Candidate statement: I like the motto "If it doesn't work, fix it." We are all nurses working in an environment that doesn't always work. We're inundated with busy work schedules, poor staffing, sicker patients and unsafe and often violent workplaces. What's the solution? Become involved, even if that means just becoming aware of the issues facing us.

Juggling our lives is tricky in this fast paced society. We are all tired but we are all in this together. Nurses need to support nurses! Get involved and respect each other. Start simple, talk to your union representative about current issues, attend open meetings, read nursing newsletters and journals, vote for your contractual language.

Being an active nurse does not mean giving up your life, it means integrating it into your life.

My intention is to take a bigger step toward being an active nurse by running for the 2005 MNA election position of director at-large, labor. In this two year commitment, I plan to learn as much as possible about nursing in the state of Massachusetts. I intend to share my knowledge with my peers and build a stronger nursing foundation.

My personal nursing concerns involve environmental safety and prevention of workplace violence. I'd like to encourage nurses to become more aware of their communities and participate in their local labor councils. Most importantly, I want nurses to form a closer liaison among themselves. Nurses are a team, we need to rally together.

Every nurse makes a difference. Become pro-active today by voting for me in the '05 election. This one small step will start you on your way. Thank you.

Karen Higgins, RN

Weymouth, Mass.

Employment: Staff nurse, Boston Medical Center

Education: Quincy City School of Nursing, Diploma, 1995; Quincy Junior College, associate's degree, 1995.

Present offices: MNA President.

Past offices: Chair, Cabinet on Labor Relations.

Labor Program Member (1 for 2 years)

Beth Gray-Nix, OTR/L

Sudbury, Mass.

Employment: Director of occupational therapy, The Fernald Center

Education: Utica College of Syracuse University, BS in OT, 1978.

Present offices: Unit 7 Executive Committee, OT Representative; MNA Board of Directors.

Past offices: Chair, The Fernald Center.

Candidate statement: The position I am seeking is unique on the board of directors in that it is reserved for healthcare professionals. It is their chance to have a say in the decisions of our organization. I have been a member of the Unit 7 Executive Committee for 24 years working with a variety of professional staff, and hearing their concerns.

Nursing and healthcare professionals are the frontline of healthcare and we are in a position through MNA to fight for QUALITY health care for the public. I want to continue to help bring the facts to the public and protect our patients and staff. I want to continue to promote education and organization of our members to empower them to be as effective as possible. I hope with your vote to continue to advocate for healthcare professionals and their concerns. Thank you for your consideration.

Congress on Nursing Practice (6 for 2 years)

Mary Elizabeth (Beth) Amsler, RN

Ashland, Mass.

Employment: Staff nurse, special care nursing, Newton Wellesley Hospital.

Education: The Jewish Hospital School of Nursing, Diploma, 1969.

Present offices: Congress on Nursing Practice; Member, Negotiating Committee of Nurses Committee of Newton Wellesley Hospital.

Past offices: Congress on Nursing Practice; Negotiating Committee, Newton Wellesley 2002-2003.

Stephanie V. Holland, RN

Brimfield, Mass.

Employment: RN, UMass Memorial (Memorial Campus)

Education: Nassau Community College, ASN, 1977

Present offices: Congress on Nursing Practice.

Karen Carpenter, APRN, BC, FNP, JD

Charlton City, Mass.

Employment: Professor nursing, Quinsigamond Community College.

Education: Massachusetts School of Law, JD, 2001; UMass Lowell, MS, FNP, 1983; UMass Amherst, BS, nursing major, 1976.

Present offices: Congress on Nursing Practice; Regional Council 2.

Ellen Deering, RN, BSN, MPA/H

Milton, Mass.

Employment: Nurse-in-charge, Brigham & Women's Hospital

Education: Northeastern University, BSN, Suffolk University, MPA/H

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...Candidates

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Congress on Health and Safety
(6 for 2 years)

Mary Anne Dillon, RN, BSN
Brookline, Mass.
Employment: RN, Brigham & Women’s Hospital.
Education: UMass Boston, BSN, 2003.
Present offices: OSHA representative of MNA Congress on Health and Safety.
Past offices: Member, MNA Congress on Health & Safety.

Lorraine MacDonald, RN, BS, CLNC
Dudley, Mass.
Employment: RN, Brigham & Women’s Hospital.
Education: New England Baptist School of Nursing, Diploma, 1991; New Hampshire College, BS, 1989.

Gail Lenehan, RN, EdD, FAAN
Hingham, Mass.
Employment: Editor, Journal of Emergency Nursing; Emergency Nurses Association.
Education: St. Francis Hospital School of Nursing, RN, 1968; Boston College School of Nursing, BSN, 1973; Harvard University, EdD, 1996.
Present offices: Congress on Health & Safety.
Past offices: Congress on Health & Safety.

Elizabeth A. O’Connor, RN
Milton, Mass.
Employment: CCU staff nurse, Brigham & Women’s Hospital.
Education: Fitchburg State College, BSN, 1976.
Present offices: Congress on Health & Safety; MNA Board of Directors; MNA Region 5.
Past offices: Congress on Health & Safety; Region 5 Board of Directors.

Center for Nursing Ethics & Human Rights (2 for 2 years)

Lolita Roland, RN, BSN
Taunton, Mass.
Employment: Staff nurse/CPR instructor, Cambridge Health Alliance.
Education: Boston University, BSN, 1972; St. Joseph’s College of Maine, master’s degree in pastoral studies, estimated graduation 2006.
Present offices: MNA Center for Ethics & Human Rights, 2003-Present.
Past offices: MNA Diversity Committee.
Candidate statement: As society continues to make rapid advancements in science and technology, ethical dilemmas in every aspect of our culture are on the rise. The nursing profession has always been faced with complicated ethical and moral issues concerning patient care, particularly end-of-life issues as so poignantly exemplified in the recent story about Terry Schiavo. An opportunity to continue serving on the Congress on Nursing Ethics & Human Rights is an opportunity to help ourselves as nurses begin the process of learning how to think through these very difficult issues. As a master’s degree candidate in pastoral studies, as well as an RN of 33 years currently working on an addictions unit, I believe that my interest in ethics as well as my personal and professional experiences may add a unique perspective to the committee. Thank you for your consideration. ■

Unit 7 Consent To Serve

Statewide Election – Unit 7 State Chapter Health Care Professionals
Consent to Serve for the Executive Board

I am interested in active participation in the State Chapter, Health Care Professionals.
If elected by the Unit 7 membership, I am willing to serve as (check one)*:

Officers

☐ President

☐ Treasurer

Directors

☐ Nursing (four to be elected)

☐ Medicine

☐ Physical Therapy

**All Unit 7 members are eligible to run for president or treasurer. Only members of each discipline may serve as a director representing that discipline. All terms are for two years.*

Please type or print — Do not abbreviate

Name & credentials _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Length of time in Unit 7: _____ years

Present Employment Dept. ☐ DMH ☐ DPH ☐ DMR ☐ Other (specify): _____

Work Site _____ Title _____

Present Offices/Association Activities/Local Unit Activities


Past Offices/Association Activities/Local Unit Activities *(Past five years only)*

Signature of Member

Date

Return Deadline: August 5, 2005

Return to: MNA, Unit 7, State Chapter Nominating Committee,
340 Turnpike Street, Canton, MA 02021



Nurses in the News

Members testify on behalf of workplace violence prevention bill

MNA members showed up at the Statehouse in force on June 29 to speak out in favor of a piece of MNA legislation that would require healthcare providers to create and implement programs aimed at preventing workplace violence. The legislation, which is sponsored by Sen. Jarrett Barrios (D-Cambridge), would also mandate that counseling be provided to all employees who are victims of violence.

Charles Palmer, an MNA member and a Tewksbury Hospital RN for more than 18 years, testified before the legislative committee, saying that he "has been punched, kicked, scratched, bitten, even spit on" over the years. He also added that the 36-bed locked/secured unit at Tewksbury that he is in charge of houses some of the most violent sociopaths in the state system.

Additional testimony was also provided by Charlene Richardson, an RN and MNA member who was violently assaulted two years ago while treating a patient in Beverly Hospital's emergency room. The trauma of her assault only worsened though after hospital management became involved in the case. "I have been bullied, intimidated and harassed by them," she said. "They asked me to stay silent about the problem. My employer is a poster child of why this bill should be passed."

Several reporters from local newspapers covered the Statehouse event—including reporters from the *Lowell Sun*, the *Salem Evening News* and the *Boston Globe*—and each highlighted the stories and comments of both Palmer and Richardson.

Caring for elderly parents

Four MNA members recently sat down with WBZ TV4's Lisa Hughes to talk about



what's involved in taking care of an elderly parent.

Karen Higgins, Sandy Ellis, Barbara Cooke and Donna Kelly-Williams shared their insights on caring for aging parents during Hughes' weekly segment "The Woman's View." Each of the nurses was able to offer viewers practical advice on how to handle some of the most common challenges associated with caring for a sick parent, from finding support networks to working with doctors and HMOs.

The "Women's View" airs every Monday during WBZ's 4 p.m. newscast. This most recent segment represents the second time

Hughes has talked with MNA members in the last few months, with the first occurring in March during a segment focused on the issue of safe RN staffing.

RNs at North Adams file lawsuit

Registered nurses at North Adams Regional Hospital recently filed a lawsuit in federal court, claiming the hospital has repeatedly violated a legal ruling in regard to safe staffing levels—and the news resulted in significant media coverage in the North Adams-area newspapers.

In an article that ran in the June 22 editions of the *North Adams Transcript* and the *Berkshire*

Eagle, Mary O'Connell, RN and chairperson of the nurses' union, commented on the suit and explained that in at least 15 reports that were filed between March 2 and June 1, nurses detailed instances in which they said the hospital failed to meet safe staffing levels that had been determined in an earlier legal ruling.

Specifically, the suit claims the hospital violated contract language that requires they admit only "the number of patients that registered nurses can safely care for." According to the nurses' contract the hospital must deal with additional workload by either bringing in more nurses or diverting patients to other hospitals.

"It is a shame that we have to go to court to ensure that the hospital honors its legal commitment to provide appropriate patient care," said McConnell. "While our administrators stated publicly in the press that they were committed to abiding by our contract and the arbitrator's decision, they continue to inappropriately admit patients to specific units, thus jeopardizing the health of those patients."

Greenfield Recorder covers FMC petition drive

Susan A. Maher, an RN with 25 years of experience at Franklin Medical Center (FMC) in Greenfield, MA, was quoted in the April 20 edition of the *Greenfield Recorder* as saying that a "contingent of FMC nurses... have gathered roughly 60,000 signatures from residents of western Massachusetts on a petition supporting the MNA's safe staffing legislation." Maher's comments were taken following a presentation to area nurses that provided a thorough overview of H.2662, the safe RN staffing bill nurses, and its supporting research. ■

Rebutting the hospital association

A 12-step program for nurses saves lives

The following letter was submitted to the Boston Herald by MNA members and friends after an MHA executive's inappropriate comments regarding safe staffing were included in one of the paper's articles. The original article focused on a survey that revealed doctors' opinions about nurse understaffing and its devastating effect on patient care.

A Massachusetts Hospital Association Executive, Paul Wiggle, was recently quoted in the *Boston Herald* on April 27, 2005 as saying, "We (the MHA) suggest they (the MNA) find a good 12-step program" to resolve their dependence on polls and opinion surveys that address their concerns regarding safe ratios as a way of protecting patients' lives.

While his remarks are reflective of the insensitivity shown by MHA to the health and safety issues of patients that have been raised by nurses, they are belittling to the value of 12-step programs that save lives every day in Massachusetts and across the world.

But actually, we can offer nurses 12 steps to rely on as they fight to carry through on their patient advocacy responsibilities.

And, to paraphrase the bandito in *The Treasure of the Sierra Madre*: "We don't need no 12-step program, we need a powerful labor movement!"

12 steps for nurses

1. We admitted that we were powerless over management unless we formed a strong union.
2. We came to believe in a power greater than ourselves: the MNA (and the labor movement).
3. We made a decision to organize and build a strong health care worker and patient movement to promote an effective healthcare system reform in order to provide universal and high quality healthcare for all.
4. We made an inventory of the problems in health care and developed strategies to fix them—putting safe staffing ratios high on the list.
5. We developed a strong media campaign to help the public understand the health care system's problems.
6. We became entirely ready to fight for these needed changes through powerful organizing and solidarity.
7. We boldly demanded action from the legislature and the governor.
8. We made a list of all the parties that are willing to harm patients and health care workers for the sake of greater profit and control.

9. We publicized that list and demanded that we amend the system by establishing a universal health care system out of their control.
10. We continued to organize and develop strategies for a great health care system and a great public health system that emphasize health promotion and disease prevention.
11. We sought through organizing and solidarity to move beyond these health care strategies and we worked to create a truly sustainable society, as we understood it, that was founded on principles of justice and peace.
12. Having had a social and political awakening as the result of these steps, we continue to carry this message through a mass movement for social, political and economic justice practicing the principles of love and solidarity in all our affairs.

Sincerely,
Evelyn I. Bain, RN
 Associate Director, MNA
 Coordinator, Health and Safety Program
Craig Slatin
 Assistant Professor, UMass Lowell

MNA Region Notes

Region 4 opens new office in Peabody, welcomes North Shore nurses

Region 4 is proud to announce that it has a new home for the nearly 2,000 MNA members who live in the Essex County/North Shore area of the state.

In early May, Region 4 opened its first-ever office at 10 First Avenue in Peabody. The office is located in a beautiful historic building near the western edge of Centennial Park and is close to the intersections of Routes 1, 128 and 95. The space consists of a suite of three rooms—all with windows that open for ventilation and light—and the building is secure and offers ample parking.

In recent months, Region 4 has also achieved a much higher level of active participation on its Board, with 15 or more representatives attending the past two meetings. In addition to those members who practice in non-MNA facilities, Region 4 is also home to nurses and health care professionals from the following MNA bargaining units:

- Northeast Health Systems (Beverly Hospital, Addison Gilbert Hospital in Gloucester, and the Hunt Center in Danvers)
- Merrimack Valley Hospital in Haverhill
- Lawrence General Hospital
- Lawrence Public Health
- Methuen School Nurses
- Salem Hospital (welcome to the MNA

and Region 4!)

- Gloucester School Nurses
- Anna Jacques Hospital in Newburyport
- Hogan Regional Center of Unit 7 (Commonwealth of Massachusetts)
- Hathorne Unit of Tewksbury Hospital, also Unit 7

At its last two monthly Board meetings, the Region had representation by at least two-thirds of the chairs of these bargaining units, as well as seven “at-large” Board members and a broad representation of both labor program members and other Region 4 nurses who are not currently members of MNA bargaining units. This level of involvement from across the Region has created a new sense of connection, excitement, and enthusiasm for what can be accomplished in that part of the state.

In addition to these activities, a part-time staff person has been hired to run the office and to help coordinate communication and activities for members and bargaining units across the Region. Since April, the position has been a temporary one, although a permanent, twenty-hour-a-week staff person should be in place before the end of August. For details, see the job posting listed below, or visit www.massnurses.org/about/job_opps.htm.



10 First Ave in Peabody, home to Region 4's new office.

For interested members, friends and family, Region 4 expects to hold an open house in early fall. Details will be listed online and in an upcoming issue of the *Massachusetts Nurse*.

Until then, Region 4 members are invited to drop by to check out the office; to attend a meeting of the Board or of a committee; to book the space for meet-

ings; to pick up literature; or to just find out “what’s happening.” Regular office will be announced and posted following the hiring of the permanent staff member. In the meantime, visitors are asked to call ahead. Region 4's contact information is: Region 4, MNA, 10 First Avenue, Suite 20, Peabody, MA 01960. Phone: 978-977-9200. Email: region4mna@aol.com ■

Region 1 floods State House with safe staffing postcards

MNA members from across Region 1 conducted an expansive postcard drive in early June, taking advantage of local “farmers markets” to spread the news about safe staffing and the MNA's July 13 hearing at the Statehouse.

In Amherst, MNA members shared a table with advocates from Health Care for All and collected more than four dozen safe staffing postcards, while members in Northampton gathered almost 120 cards. Other participating communities in Region 1 included Hadley and Amherst.

According to Patricia Healey, an RN and president of MNA's Region 1, participating nurses received excellent feedback from the crowds at the various farmers markets. “Numerous people, including doctors, nurses, patients, teachers and citizens, talked to us and signed cards, and most of them were familiar with our safe staffing campaign. Several also said that they were appalled by what the hospitals have been doing,” said Healey.

The postcards that were used by Region 1 are pre-designed, pre-written cards that include a concise message about the MNA's safe staffing bill: H.2663, a patient safety standard. Each postcard has space available for signers to fill in their names and addresses, but the MNA simplifies the mailing process by offering to address, stamp and send the cards to the appropriate legislators.

For more information on these postcards, or to receive a batch of cards, contact Kate Anderson at 781-830-5713 or via email at kanderson@mnarn.org. ■

MNA's Region 4 seeking office manager

MNA Region 4 is seeking a manager for its new Peabody office. This position is 20 hours per week. The successful candidate must be proficient in computer programs such as Microsoft Word, Excel and PowerPoint. Must also have excellent communication and organization skills, be highly motivated and be able to function with minimal supervision. This position requires flexibility in time.

Deadline for application is Aug. 19.

For further details, visit www.massnurses.org/about/jobopps.htm.

Send resume to:

Cathy Evlog, RN,

16 Dow Street Saugus, MA 01906.

Fax: 781-231-5722

Email: dunreel@aol.com

Join MNA for an exciting trip to the Italian Riviera!

Reserve Early • Space is Limited

Nov. 12–20, 2005: Italian Riviera, \$1569*

Join this wonderful nine-day, seven-night tour to the beautiful Province of Liguria, which is nestled along the Italian Riviera (north of Florence and south of Milan). You will enjoy a seven-night stay in a first-class hotel overlooking the azure Gulf of Spezia. The tour includes an extensive daily sightseeing program with three meals every day. During this vacation we will visit Portovenere, Genoa, Portofino, Cinque Terre, Carrara, Pisa, Sarzana, Pontremoli, Lerici, San Terenzo and Vernazza. The area's mild climate permits visits to these places all year long and our itinerary features short daily excursions throughout the magnificent countryside and along the beautiful coastal region. Don't miss this grand tour of the picturesque Riviera region.



To receive more information and a flyer on these great vacations, contact Carol Mallia at 781-830-5744 or via e-mail at cmallia@mnarn.org

* Prices listed are per person, double occupancy based on check purchase. Credit card purchase is \$30 more. Prices include air fare, hotel, transfers, tours and all meals. Applicable departure taxes are not included in the listed prices above.



MNA CONVENTION 2005

September 28–30, 2005
Ocean Edge Resort, Brewster

CONVENTION SCHEDULE

Wednesday, September 28

9:00–9:30 a.m. Registration, Continental Breakfast
9:30 a.m.–noon General Labor Program
Noon–1:00 p.m. Lunch
1:30–3:30 p.m. Program Breakouts (TBA)
4:00–5:00pm Region 5 Business Meeting
6:00–7:00 p.m. Registration Awards Dinner
7:00–10:00 p.m. Awards Dinner

Thursday, September 29

7:00 –8:30 a.m. Registration, Continental Breakfast, Exhibits
8:30 –10:00 a.m. Keynote Address: *Why Working with You is Driving Me Nuts*. Gain insight into and responses to the common workplace stressors of interpersonal conflict with Terry Johnson ARNP, RNC, MN
10:00–10:45 a.m. Coffee Break, Exhibits
10:45–11:45 a.m. Plenary Session: Workplace Violence: Violent Offenders In Health Care Settings: Violent Acts Against Nurses, Norfolk County D.A. William Keating
11:45 a.m.–2:00 p.m. Lunch, Exhibits open, Live auction
1:00–2:00 p.m. Unit 7 meeting
2:00 p.m. Exhibits close
Mass. Nurses PAC/MNA Business Meeting
7:00–8:00 p.m. President's Reception
8:00 p.m. Mass. Nurses PAC Fundraising Dinner- join us for an evening of comedy and music.

Friday, September 30

7:30–8:30 a.m. Registration, Continental Breakfast
8:30–10:00 a.m. Keynote Address: *Nurses Against the Odds: Changing the Odds for Nurses and their Patients through Collective Action*, Suzanne Gordon, Author/Journalist
10:00–10:30 a.m. Break, Silent Auction closed
10:30 a.m.–noon Closing Plenary Address: 2003 Station Nightclub Fire. Rhode Island Hospital Nurses take the stage to re-enact their response and share all they learned that tragic night.

FEATURED SPEAKERS



Thursday, September 29 Keynote Address

Why Working with You is Driving Me Nuts. Terry Johnson, ARNP, RNC, MN.

Terry is a neonatal nurse practitioner who consults to systems and individuals in the areas of communication, work style and conflict negotiations.



Friday, September 30 Keynote Address:

Nurses Against the Odds: Changing the Odds for Nurses and their Patients through Collective Action. Suzanne Gordon, Author/Journalist.

Suzanne is a freelance journalist and author of five books. In her best selling book, "Life Support," she followed three nurses in a Boston hospital.



Closing Plenary Address

2003 Station Nightclub Fire. In a play with a purpose nurses describe the emotional after-effects in caring for victims of the Station nightclub fire.

IMPORTANT INFORMATION

Refund Policy

Requests for refunds will be accepted in writing until August 15, 2005. A \$25 administration fee will be deducted from each registration refund. No refunds will be granted after August 15, 2005. On-site registration is contingent upon space.

Chemical Sensitivity

Attendees are requested to avoid wearing scented personal products when attending the 2005 MNA Convention. 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.

To successfully complete a program and receive contact hours you must: 1) sign in, 2) be present for the entire time period of the sessions and 3) complete the evaluation.

Questions

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

HOTEL INFORMATION

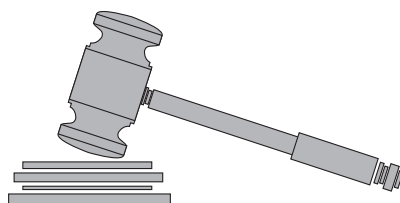
The 2005 MNA Convention is being hosted at the Ocean Edge Resort in Brewster, Mass. The hotel is offering a special convention room rate for a one bedroom resort villa at \$165/night (9.7% tax) for single, double or triple occupancy. For reservations call 800-343-6074. Rooms at this rate available until August 15, 2005.




MNA Business Meeting September 29, 2 p.m.

The MNA business meeting is open to all MNA members in good standing, regardless of whether you register for Convention.

No fee.





MNA CONVENTION

2005

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 the convention and please call the MNA at 800-882-2056, x727

3 Convention Packages: Thursday & Friday, September 29 & 30

Full Two-Day Convention Package — Thursday and Friday: <i>Includes ALL events on Thursday and Friday.</i>	
MNA Members \$75 All Others \$100 Reduced Members* \$70	\$
Thursday-Only Package: <i>Includes ALL events on Thursday: keynote, plenary session, all meals, exhibits, auction</i>	
MNA Members \$45 All Others \$60 Reduced Members* \$35	\$
Friday-Only Package: <i>Includes ALL events on Friday: keynote, plenary session, all meals, auction</i>	
MNA Members \$45 All Others \$60 Reduced Members* \$35	\$

Optional Events

<input type="checkbox"/> Labor Program (Check here if you plan on attending. There is no fee, but registration is required.)	• Wednesday, 9:30 a.m.–3:30 p.m.	n/c
<input type="checkbox"/> Awards Banquet	• Wednesday, 7 p.m.	\$45
Check below if you plan to attend these Wednesday & Thursday events:		
<input type="checkbox"/> Region 5 Business Meeting	• Wednesday, 4 p.m.	n/c
<input type="checkbox"/> Unit 7 Business Meeting	• Thursday, 1 p.m.	n/c
<input type="checkbox"/> Mass Nurses PAC Dinner Show	• Thursday, 7:30 p.m.	\$65

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 August 15, 2005 will be entered in a drawing to win a free convention registration.** Payment may also be made by VISA, MasterCard or American Express.

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/AX: _____

Donations needed for MNF Annual Auction!

We Need Your Help

The Massachusetts Nurses Foundation is preparing for its Annual Live Auction to be held at the MNA Convention in September. Donations are needed to make this fundraising event a big success. Your tax-deductible donation helps the Foundation raise funds to support nursing scholarships and research.

Your support is appreciated:
Jeannine Williams, *MNF President*
Patricia Healey, *MNF Secretary*
Liz Joubert, *MNF Treasurer*

- ☒ Valuable Personal Items
- ☒ Craft Items
- ☒ Gift Certificates
- ☒ Memorabilia & Collectibles
- ☒ Works of Art
- ☒ Vacation Packages

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.

IMPORTANT NOTICE TO MNA REGION 5 MEMBERS

Sponsorships to 2005 MNA Convention

We will once again sponsor 20 Region 5 members to attend the Annual MNA Convention
Sept. 28-30
at Ocean Edge Resort, Brewster

Sponsorship includes basic convention registration and two-night hotel accommodations (double occupancy.)

If you wish to attend as a guest of Region 5 please send your name and address to:
MNA Regional Council 5
240 Turnpike Street
Canton, MA 02021

Deadline for entries: August 15, 2005

MNA CONTINUING EDUCATION COURSES

Fall 2005 Courses

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 and require study between sessions one and two.

Speaker Carol Mallia RN, MSN

Date Sept. 6 and 20, 2005

Time 5 – 9 p.m. (*light supper provided*)

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

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 and EMTs and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. This program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, decontamination procedures, and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other healthcare workers and nursing interventions for patient care will be identified. Class size is limited to 25 participants per session. Please reserve your space early.

Speaker Anthony Fucaloro EMT

Captain Lawrence P. Ferazani

Christine Pontus, MS, RN, COHN-S

Date Sept. 19, 2005

Time 9 a.m. – 5 p.m. (*light lunch provided*)

Place MNA Headquarters, Canton

Fee MNA members \$45; all others \$65

Contact Hours* 6.9

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

Advance Cardiac Life Support (ACLS)

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 class and a one-day recertification. Recertification candidates must present a copy of their current ACLS card at the time of registration.

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

Date Oct. 11 & 18, 2005

Time 9 a.m. – 5 p.m. (*light lunch provided*)

Place MNA Headquarters, Canton

Fee Certification: \$155 members, \$195 others
Re-Certification: \$125 members, \$165 others

Contact Hours* 16 Contact Hours for certification only

MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Diabetes 2005: What Nurses Need to Know

Description


This program will discuss the pathophysiology and classification of Diabetes Type 1 and 2. Nursing implications of blood glucose monitoring and non-pharmacological interventions such as exercise and meal planning will be addressed. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. 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,

Date Oct. 27, 2005

Time 8:30 a.m. – 4 p.m. (*lunch will be provided*)

Place MNA Headquarters, Canton

Fee MNA members \$125; all others \$150

Contact Hours* 7.2

MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

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 Nov. 1, 2005

Time 5 – 9 p.m. (*light supper provided*)

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

Nurse Protect Thyself ... Tool Kit for Nursing Practice

Description

This program will provide nurses with a tool kit of information to minimize liability in nursing practice situations. The elements of negligence and how nurses are accountable through regulations, scope of practice and standards of care will be addressed. Documentation and its uses in litigation will be discussed and strategies provided to protect your nursing practice.

Speakers Legal Nurse Consultants, Southern New England Chapter of the American Association of Legal Nurse Consultants

Date Nov. 4, 2005

Time 8:30 a.m. – 2 p.m. (*light lunch provided*)

Place MNA Headquarters, Canton

Fee MNA and AALNC members \$75; all others \$99

Contact Hours* 4.8

MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Oncology for Nurses

Description


This program will increase knowledge in oncology nursing. The content will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of Hospice care.

Speaker Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner

Date Nov. 9, 2005

Time 8:30 a.m. – 4 p.m. (*light lunch provided*)

Place MNA Headquarters, Canton

Fee MNA members \$125; all others \$150

Contact Hours* 7.2

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

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

Date December 6, 2005

Time 5–9 p.m. (*light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members \$45; all others \$65

Contact Hours* 3.6

MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

**REGISTRATION INFORMATION
IS ON NEXT PAGE**

**All MNA programs are free of charge
to Region 5 members**

CONTINUING ED COURSE INFORMATION

- Registration

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

Payment may be made with MasterCard, Visa or Amex by calling the MNA contact person for the program 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 change speakers or cancel programs when registration is insufficient. **In case of inclement weather**, please call the MNA at 781-821-4625 or 800-882-2056 to determine whether a program will run as originally scheduled. Registration fees will be reimbursed for all cancelled programs.
- *Contact Hours

Continuing Education Contact Hours for all programs except "Advanced Cardiac Life Support" are provided 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" 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 or a certificate of attendance, you must:
1) **sign in,**
2) **be present for the entire time period of the session and**
3) **complete and submit the evaluation.**
- Chemical Sensitivity

Scents may trigger responses in those with chemical sensitivities. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

Sexual Assault Nurse Examiner Program (SANE) Adult/Adolescent Certification Training Program

*Certification Training to be held on Cape Cod fall 2005;
Central/Western Massachusetts in Spring of 2006*

The Massachusetts Department of Public Health invites RNs and APNs who have three to five years of experience (preferably in ED or women's health) to apply for training as a Sexual Assault Nurse Examiner (SANE).

The training will include 48 hours of lectures and labs, and pelvic and sexual assault exam preceptorships. After certification, SANEs provide expert sexual assault exams at designated emergency departments and urgent-care centers.

Fall 2005 certification training is now being planned and is expected to begin in mid-October and will be held on Cape Cod. Application deadline for the Cape Cod training is Sept. 15. Spring 2006 training dates are still being planned and will be announced as soon as possible.

Acceptance into the program is dependent on three letters of reference in good standing and an in-person interview. This is a seven-day, all-day program. Participants **must** attend all seven days. The fee for this training program is \$350 (payable after acceptance into the program). For an application and final training schedules, visit www.mass.gov/dph/fch/sane/trainings.htm

To request an application by mail, contact:
Ginhee Sohn, SANE Program Coordinator
617-624-5432 or by e-mail: Ginhee.Sohn@state.ma.us

For information regarding the program/training, contact:
Mary Sue Howlett, RN, SANE, Adult/Adolescent SANE Training Coordinator
978-687-4262 or by e-mail: mslhsane@comcast.net

MNA membership dues deductibility 2004

Below is a table showing the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

Region	Amount	Percent
All Regions	\$16.63	5.0%

The Massachusetts Nurses Association joins MITSS to provide support for nurses as a result of an adverse medical event.

"To Support Healing & Restore Hope"

- Program Mission/Philosophy**
- We believe that nurses have a professional responsibility to support colleagues who have been affected by unexplained medical outcomes or adverse patient events.
 - We believe that early support can lessen the emotional effects on the nurse clinician provider.
 - **Are you a nurse who has been impacted emotionally by an experience associated with an adverse medical outcome?**
 - **Would you like to talk confidentially to a MITSS therapist?**
 - **Join in a peer-led support group?**
 - **Would you like to join or participate in a structured support group led by an experienced psychologist?**

Medically Induced Trauma Support Services (MITSS), Inc. is a non-profit organization that supports, educates, trains, and offers assistance to individuals affected by medically induced trauma.

- MITSS supports clinicians using the following resources:**
- One-on-one interaction via phone
 - Group sessions led by a professional facilitator
 - Training for fellow survivors who would like to help others

MITSS Toll-Free Number

888-36-MITSS

MNA MITSS Referral Line

781-821-4625, x.770

MITSS Web Site

<http://mitss.org>

This service is available to any RN in Massachusetts.



It is the responsibility of any registered nurse and/or other health care professional to verify to the satisfaction of MNA on an annual basis his/her eligibility for reduced dues within any of the foregoing categories by April 1 of each year. Upon receipt of such verification of eligibility in the prior calendar year, the member shall receive the reduced dues rate effective the following July 1 through June 30. A member may qualify for reduced dues under only one of the foregoing categories in any given year.

7. Article XIV – Meetings and Voting Body

Current	Proposed	Rationale
	Add new Section 2: <i>Section 2:</i> <i>The MNA shall provide teleconference site(s) for their annual business meeting at Convention. These site(s) shall be located in Franklin, Hampden, Hampshire or Berkshire Counties.</i> Renumber Sections 2-9 as 3-10.	Democratic participation. Proposed by Berkshire Medical Center Collective Bargaining Unit.

8. Article XIV – Meetings and Voting Body

Current	Proposed	Rationale
Section 9: Electronic Meetings a. Participation in meetings of the Board of Directors and Committees may be via telephone or other electronic means provided all members participating can hear and speak to each other simultaneously.	Section 9: a. Strike “and Committees” after “Board of Directors”; add a coma and insert <i>Standing Committees, Congresses, Task Forces, the Center for Ethics and Human Rights and Regional Councils</i> If adopted, will read: a. Participation in meetings of the Board of Directors, Standing Committees, Congresses, Task Forces, the Center for Ethics and Human Rights and Regional Councils may be via telephone or other electronic means provided all members participating can hear and speak to each other simultaneously.	Electronic meeting attendance should be extended to all groups that address the work of the Association and are legitimized under MNA Bylaws. Proposed by MNA Bylaws Committee

Proposed Bylaw Amendments: *The Bylaws Committee’s responsibility is to put forward proposed amendments to the Bylaws that are brought forward by various structural units, regional councils and the Board of Directors. Putting forward a proposed amendment, other than an amendment originating from the Bylaws Committee, does not imply the Bylaws Committee’s support for the amendment.*

Benefits Corner

MNA offers choice of cell phone programs

Verizon Wireless 617-571-4626

8 percent discount off any price plan \$34.99 and above. Free Motorola V60s on any new purchase or upgrade. Wide selection of other phones and plans to choose from with special pricing for MNA members, including anytime minutes and many other features. Contact Carol or email carol.mogauro@verizonwireless.com.

Cingular Wireless 781-690-5368

As an MNA member, you and your family can enjoy the convenience and safety of owning a cellular telephone. Save 10– 20 percent off SuperHome rate plans with no activation fee plus 20 percent discount on accessories. Some plans include free nights (9 p.m. – 7 a.m.) and free weekends.

Nextel Communications 617-839-6684

As a MNA member, you and your family can enjoy Free Incoming call plans and Direct Connect! Save 10 percent on all rates and 30 percent off all equipment! Enjoy the ability to talk to all friends and co-workers with a push of a button! Many phones to choose from including the new 1830 and the new Blackberry 7510! Please call Mark, Patty or Don or visit their Web site at www.nextel.com/massnurses.

T-Mobile 508-369-2200

T-Mobile is offering MNA members and their families a free phone with activation, free nationwide long distance and roaming and free nights and weekends (on specific plans). International rates are also available. No activation fee is required for members. Contact Patti for information.

Important information regarding utilizing MNA benefits

MNA has negotiated discounts and savings with several vendors to offer discounts and services specifically designed for MNA members. It is very important that you only contact the specific representative at the telephone number listed on publications or flyers produced by the MNA. These individuals are familiar with the MNA negotiated discounts and are authorized to provide discounts to members in goodstanding. All benefits and discounts are subject to change. Up-to-date information on all MNA benefits and contacts are available on the MNA Web site at www.massnurses.org/member/ or by contacting Chris Stetkiewicz in the Membership Department at 781-821-4625 x726 or email membership@mnarn.org. ■

Summer savings for MNA members

The MNA offers its members savings on fun summer activities. So before you make your summer plans, take a look at the discounts available to you as an MNA member:

Six Flags New England

Once again, the MNA is offering discount admission tickets to the Six Flags New England Amusement Park in Agawam. MNA members can purchase admission tickets directly from the MNA for \$24 per person. Tickets are purchased ahead of time, so there is no waiting in ticket lines at the front gate. Tickets can be purchased at the MNA office in Canton or by calling the MNA at 781-821-4625, ext. 726. Or order by mail by sending a check made out to the MNA for the quantity you wish to order.

Anheuser-Busch Adventure Parks

Traveling to an Anheuser-Busch Amusement Park? Contact the MNA to receive your discount card and save \$5 at Sea World Orlando, San Antonio and San Diego; and at Busch Gardens Tampa Bay and Williamsburg or \$3 at Sesame Place in Laghorne, PA, Water Country USA in Williamsburg; and Adventure Island in Tampa Bay. Call 781- 821-4625, ext. 726 to obtain your discount card.

Universal Studios member extras

Discount admission to Universal Studios is available to MNA members. Simply visit www.massnurses.org/member/index.htm#Universal to purchase tickets online. Discounts are for special admission prices, merchandise and restaurants.

Central Florida area attractions

Traveling to Florida? Discounts are available for many Orlando-area attractions,

including Walt Disney World, Universal Studios, Sea World, Wet n’ Wild, Medieval Times, Kennedy Space Center and others. Contact the official ticket center at 877-406-4836 for discount prices, or view online at www.officialticketcenter.us (ID: MNA, Password: tcotc42).

Discount movie passes

Discount movie passes are available for Showcase Cinemas, Regal Cinemas and AMC Theatres. Contact the MNA for current discount prices and restrictions. Tickets can be ordered by credit card over the telephone by contacting the MNA at 781-821-4625, ext. 726.

Discount Hotel and Travel Privileges

MNA members receive a 20 percent discount at over 4,000 participating Comfort, Quality, Clarion, Econo Lodge, Rodeway and Mainstay Suites. Join the “Guest Privileges Frequent Traveler Program” to earn free nights, gift certificates and other privileges. Advance reservations are required to take advantage of the 20 percent discount. Contact Choice Hotels International at 800-258-2847 and refer to the MNA’s special membership number: 00801502.

Hertz car rental discount

Your “Hertz Membership Savings Card” offers you a choice of \$10 off a weekly rental, \$15 off a weekend rental or a free car seat seat. Contact Hertz at 800-654-2220 and refer to the following code: CDP#1281147. ■

Make a difference in the future of nursing by supporting the Mass. Nurses Foundation

As a member of the MNA, it's easy to make a difference in the future of nursing when you contribute to the Massachusetts Nurses Foundation (MNF). In fact, it is as easy as . . .

Writing a check

Through your tax-deductible donation, you can make a difference in what the Foundation is able to do. All funds are directed toward nursing scholarships and research. Any donation—big or small—will help us make a difference.

If you are in the process of renewing your membership, you can make a donation to MNF by simply completing the MNF donor form and including your donation with your dues payment to the MNA.

Donating honoraria

Have you received an honorarium for a speaking engagement? Consider donating your honorarium to the Foundation. Are you currently serving on an MNA Congress, Committee or Task Force? Consider donating your travel reimbursement—simply check off the MNF box on your MNA travel reimbursement form and the amount will be donated directly to the MNF.

Arranging a memorial gift

A donation can be made in memory of family members, friends and associates or to acknowledge a special event. An acknowledgement will be sent to the family of the person being honored.

Arranging for planned giving

As you consider your tax planning, we hope you will consider making a tax-deductible donation to the MNF through wills, endowments or legacies.

Participating in fundraising events

Whether it's the MNF auction, raffle or golf tournament, your participation in the Foundation's fundraising events will help us raise



funds to support nursing scholarships and research. Watch for announcements about upcoming fundraising events, because your support is always appreciated.

For more information

Our mission is accomplished only through charitable donations. You can make a difference in the future of nursing, because your gift provides the meaningful difference in what the Foundation can do. For more information about the MNF or any of our giving programs, please contact the Foundation at 781-830-5745. ■



MNA

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems



Are you a nurse who is self-prescribing medications for pain, stress or anxiety?



Are you a nurse who is using alcohol or other drugs to cope with everyday stress?



Would you appreciate the aid of a nurse who understands recovery and wants to help?

CALL THE MNA PEER ASSISTANCE PROGRAM

ALL INFORMATION IS CONFIDENTIAL

781-821-4625, EXT. 755

OR 800-882-2056 (IN MASS ONLY)

WWW.PEERASSISTANCE.COM

Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

Boston Metropolitan Area

- Bournwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Contact: Donna White, 617-469-0300, x305. Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. Contact: LeRoy Kelly, 508-881-3192. Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock Street, Suite 209, Quincy. Contact: Terri O'Brien, 781-340-0405. Meets: Tuesdays & Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Eleanor O'Flaherty, 508-559-8897.

Meets: Fridays, 6:30-7:30 p.m.

- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Contact: Jacqueline Sitte, 781-341-2100. Meets: Thursdays, 7–8:30 p.m.

Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Meets: Mondays, 6–7 p.m.
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Facilitator: Teri Gouin, 978-352-2131, x15. Meets: Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Center for Addiction Behavior, 27 Salem Street, Salem. Contact: Jacqueline Lyons, 978-697-2733. Meets: Mondays, 6–7 p.m.

- Partnership Recovery Services, 121 Myrtle Street, Melrose. Contact: Jay O'Neil, 781-979-0262. Meets: Sundays 6:30–7:30 p.m.

Western Massachusetts

- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Contact: Marge Babkiewicz, 413-794-4354. Meets: Thursdays, 7:15–8:15 p.m.
- Professional Support Group, Franklin Hospital Lecture Room A, Greenfield. Contacts: Wayne Gavryck, 413-774-2351, Elliott Smolensky, 413-774-2871. Meets: Wednesdays, 7–8 p.m.

Southern Massachusetts

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-790-1944. Meets: Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke. Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.

- Substance Abuse Support Group, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

Other Areas

- Maguire Road Group, for those employed at private health care systems. Contact: John William, 508-834-7036. Meets: Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Contact: Sharon Goldstein, 800-445-1195. Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 5th Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8852, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m. ■

NEED A SPEAKER FOR YOUR CLASS?



MNA Speakers Bureau

The MNA Speaker's Bureau provides experts to assist nursing school faculty in their efforts to bring important and topical information to students. Below is a listing of topics available free of charge to speak to your class.

- Safe Staffing Saves Lives—The Case for RN-to-Patient Ratio Legislation
- The Politics of Nursing—The Role of Political Action in Protecting Nursing Practice
- No Time for Silence—Using Public Opinion to Protect Nursing Practice
- Medication Errors: Focus on Prevention
- A Primer on Accepting, Rejecting and Delegating a Patient Assignment
- Obtaining Your First Position: A Primer
- Forensic Nursing for Sexual Assault and the Care of the Sexual Assault Patient
- The Role of the Mass. BORN and Its Relationship to Your Practice
- Unions and Nursing—The Power of Collective Bargaining
- The History of Nursing in Massachusetts—100 Years of Caring for the Commonwealth



To arrange a presentation, contact David Schildmeier, Director of Public Communications: dschildmeier@mnarn.org; 781-830-5717.

MASSACHUSETTS NURSE

Massachusetts Nurse accepts unsolicited articles, photography, press releases, and other pieces for consideration as editorial material. Submission by deadline dates does not ensure publication in any issue. All submission copies and ideas should be sent to:

Editor, Massachusetts Nurse
340 Turnpike Street
Canton, MA 02021
781-830-5717 or 800-882-2056, x717
email: dschildmeier@mnarn.org

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Vote BETH PIKNICK for MNA PRESIDENT

Proven MNA Leadership and Commitment

- ✓ MNA Board of Directors Member 1991-1993 & 2000-2005
- ✓ Chair, Cape Cod Hospital Bargaining Unit 1982-1987
- ✓ Congress on Health and Safety 1997-2000
- ✓ Chair, Safe Handling Task Force 2004-Present
- ✓ Chair, Professional Economic & General Welfare Cabinet 1986-1991
- ✓ MNF Trustee 2000-Present
- ✓ President, Regional Council 3

Join us in voting Beth Piknick for MNA President

Cece Buckley	Bill Fyfe	Donna Kelly-Williams	Rosemary O'Brien
Barbara Cooke	Patty Healy	Rick Lambos	Irene Patch
Karen Coughlin	Teana Gilinson	Mary Marengo	Steve Robins
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Paid for by the Committee to Elect Beth Piknick

INTRODUCING THE NEW MNA HOME MORTGAGE PROGRAM

A new MNA family benefit



As an MNA member, you and your family are entitled to receive free mortgage pre-approvals, and credit analysis.

MNA
MASSACHUSETTS NURSES ASSOCIATION

Reliant Mortgage Company is proud to introduce the **Massachusetts Nurses Association Home Mortgage Program**, a new MNA benefit that provides group discounts on all your home financing needs including:

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Group discounts: As the only MNA-endorsed mortgage lender, we provide qualified members and their families with low rates and group discounts. Take advantage of free mortgage pre-approvals, free credit analysis, and free review of purchase and sale agreements for homes financed through the program.

Expert advice: Whether you're a first-time or experienced homebuyer, choosing the right mortgage is important business. Reliant mortgage consultants are available to MNA members and their families to answer your questions, and walk you through the mortgage process.

We can advise you with options for refinancing your current mortgage to reduce your monthly payments, change the term of your loan, or put the equity in your house to work to consolidate debt or pay for home improvements. And if less than perfect credit (including bankruptcy or foreclosure) is a problem, ask us about practical "make-sense" underwriting. Whatever your needs, we're here to help. Give us a call at **877-662-6623**. It's toll free.

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1.877.MNA.MNA3



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Get more of the wireless products and services that keep mobile professionals connected. T-Mobile is offering MNA members and their families a free phone with activation, free nationwide long distance and roaming and free nights and weekends (on specific plans). International rates also available. No activation fee is required for members.

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UNIVERSAL STUDIOS MEMBER EXTRAS

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***Take advantage of these special benefits specifically designed for MNA members.
For more information, contact the representative listed or call Chris Stetkiewicz at MNA, 800-882-2056, x726.
All benefits and discounts are subject to change.***