

the Massachusetts

nurse.



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

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ADVOCATE



MNA marches with Occupy Boston

October/November 2011



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MNA endorses Elizabeth Warren for U.S. Senate



Elizabeth Warren is welcomed by MNA President Donna Kelly-Williams.

Just days after Elizabeth Warren announced the establishment of an exploratory committee for her U.S. Senate run in Massachusetts, the MNA unanimously endorsed her candidacy at its August Board of Directors meeting.

The MNA was the first labor union to endorse Warren, and its 23,000 nurse members combined with 150,000 additional NNU members, provided the Senate candidate with strong motivation to enter the race.

“Her dedication to the nation’s middle class,” said Donna Kelly-Williams, RN and president of the MNA, “reflects one of the MNA’s key goals: restoring a basic standard of living for working people by creating financial remedies that hold Wall Street accountable while protecting those who live and work on Main Street.”

The MNA and NNU recognized early on that their “Main Street Contract” campaign was focused on the same issues that Warren has been dedicated to during her work as a Harvard professor, bankruptcy attorney and as an advisor to President Obama and Treasury Secretary Timothy Geithner. These issues include:

- Providing jobs at living wages for everyone
- Creating a secure retirement system that allows everyone to live out their lives with dignity
- Establishing a just taxation system where corporations and the wealthy pay their fair share

“For too long now we have seen the results of Wall Street controlling the economy,” said Karen Higgins, RN and co-president of the NNU. “It is time for the ‘Main Street’ values of financial equality and fairness to take prece-

dence, and Elizabeth Warren is the person to lead us in that direction. She will go to Washington, D.C. not to serve the interests of Wall Street, but to serve the interests of working people in Massachusetts and across America.”

Warren has spent years fighting for working-class families and highlighting the need for financial reform and meaningful consumer protection. Following the financial crisis of 2008, she became the chair of the Congressional Oversight Panel, which was created to oversee the U.S. banking bailout. Warren was also a long-time advocate for the creation of a new Consumer Financial Protection Bureau and helped establish it following the passage of the Dodd-Frank Act.

Following the union’s endorsement, Warren attended the MNA’s annual convention where she thanked members for both their endorsement and support.

The next evening, at a highly publicized fund-raising event, Warren had MNA member Shannon Sherman, an RN from Cape Cod Hospital, provide the night’s opening remarks. “[Elizabeth Warren] is one of the smartest, warmest, most authentic women I have ever encountered,” said Sherman, “and she is truly dedicated to helping middle class Americans get on solid financial ground again.”

Sherman described how her father’s retirement dissolved after a long-established New England company faltered and ultimately declared bankruptcy. “Those at the top somehow managed to walk away with their financial futures fully protected,” she said. “Everyone else was left with retirement accounts hovering near zero. I believe that Elizabeth Warren will fight for all middle class Americans.” ■

the Massachusetts nurse

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Nurses standing up and speaking out for their beliefs

Our President's column this month is taken from the presidential address delivered at the MNA Convention on Oct. 5, 2011

By Donna Kelly-Williams

When I look over the past year of MNA activity, what resonates with me is the repeated image of nurses standing up and speaking out for what they believe in.

There is no doubt that the past year has been one of great turmoil for our country and continued economic insecurity for working people. In our workplaces, I see unprecedented changes, with massive consolidation and changes in ownership and affiliations among providers and our employers. I see the growing assault on nursing practice and workplace rights, both nationally and in our bargaining units, with the resurfacing of workplace redesign, the layoff of staff and the closing of services. I see other unions and organizations across the country shrinking from the challenge, talking about things like "shared sacrifice," and efforts to capitulate and cajole their way into the future.

Then I look at the MNA/NNU and I see nurses rising up:

- I saw the nurses of Burbank Hospital and their colleagues from surrounding facilities fighting to prevent the closing of their psychiatric unit.
- I saw the nurses of St. Vincent Hospital and Tufts Medical Center fighting for safe staffing and for an end to mandatory overtime and unnecessary floating—a fight that they won.



Donna Kelly-Williams

• I saw the nurses at Cape Cod Hospital, Falmouth Hospital, Northeast Health Corp., Cooley Dickinson Hospital, Quincy Medical Center and Berkshire Medical Center ALL standing up, walking the line, fighting for safer staffing, and

protecting their benefits and their union rights.

- I saw the Steward nurses, leading the fight of their lives, trying to hold onto something they were promised: a Taft-Hartley pension plan.
- And this year, I saw the growth and maturation of our affiliation with National Nurses United, the largest and most important union for nurses in U.S. history.

When the Tufts and St. V's strikes were looming, the Massachusetts Hospital Association tried to undermine our cause in the public by taking out ads and making statements about this being part of some national agenda driven by the MNA and the NNU. Aside from helping raise the profile of the NNU, for which we offer our sincere thanks to the MHA, this tactic had no impact. And I have news for the MHA, and for the AHA, and for MONE: You are right. We do have an agenda. It is about nursing power, it

is about safe patient care, and it is about justice for all in this country.

Now, when it comes to justice, the MNA and NNU are not talking about sharing any sacrifice for a crisis we had no part in creating. In fact, we have taken a leadership role in setting a new progressive agenda for the American people and for the labor movement. I am talking about our new campaign: the "Main Street Contract" for the American people.

I am so proud that we are part of this campaign, which seeks to hold Wall Street accountable for creating this crisis. Through our efforts we aim to restore "jobs at living wages" for everyone, health care for all, a secure retirement, equal access to quality public education, good housing and protection from hunger, a safe and healthy environment and a just taxation system where the corporations and the wealthy pay their fair share.

We are the ones who need to lead this fight, because unlike other unions in this country, we have tremendous credibility with the American public. We are the most trusted professionals on the planet, and our license obligates us to advocate for our patients to ensure that they receive what they need to be well.

When I was in Washington for a recent NNU event, I picked up a bumper sticker that reads: "Save one life, you're a hero; Save a hundred lives and you're a nurse." I want you—all of you nurses out there—to know that we truly are heroes. I cannot wait to see what happens in the year ahead! I thank you. ■

the Massachusetts nurse

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Like us on Facebook

The MNA is pleased to announce the launch of our Facebook page: facebook.com/mass-nurses.

The MNA Facebook page is an excellent source for the latest news and information about the organization, nursing/health care and our ongoing activities and campaigns. This page is all about community. We invite you to get involved and welcome members' thoughts, comments, links, photos, questions and opinions. So visit us today!





MNA/NUU protests in Washington

The MNA and National Nurses United, joined by the AFL-CIO and community activists, including participants from the Occupy Wall Street movement, protested outside the U.S. Treasury Department in Washington on Nov. 3 to press President Obama and Treasury Secretary Timothy Geithner for a meaningful financial transaction tax (FTT) to help heal the U.S. and join the growing global movement for an FTT. More than 150 RNs, including student nurses, from Massachusetts attended the event.

That same day, nurses from four continents, including a delegation from NNU, were at the opening of the G-20 summit of world leaders in France to demonstrate how to “inject an FTT” to resuscitate the ailing global economy.

The MNA and NNU have been campaigning since early spring for an FTT, essentially a sales tax on trades of stocks, bonds, derivatives, and other financial transactions. An FTT would mainly target the big banks and investment firms whose reckless activities caused the current economic crisis. As much as \$350 billion annually could be raised by a meaningful FTT, with the revenues available for such needs as good jobs, health care for all, and funding for quality public education. ■



Nurses and patient advocates gather across the state in name of safe staffing

In early autumn, nurses and patient advocates from across the commonwealth gathered together at several press events all in the name of protecting patients and ending mandatory overtime.

The MNA and the Coalition to Protect Massachusetts Patients hosted several press conferences on Sept. 19, just one day prior to the Joint Committee on Health Care's hearing on the Patient Safety Act (H.1469) and a second bill (H.1506) that would prohibit the dangerous practice of utilizing mandatory overtime as a means of staffing hospitals.

The Patient Safety Act calls upon the Massachusetts Department of Public Health to set safe limits on the number of hospital patients

a nurse is forced to care for at one time. The limits would be based on scientific research and testimony from public hearings and, once established, could be adjusted in accordance with patient needs and requirements using a standardized, DPH-approved system. The Bill would also protect against the reduction in the number of other members of the health-care team including LPNs, aides, and technicians. Patients would have the right to know and demand safe limits.

The second bill would prohibit the dangerous practice of utilizing mandatory overtime as a means of staffing hospitals such as forcing exhausted RNs to work extra hours or double shifts. Under this bill, a hospital could not,

except in the case of a declared state or national emergency, require or permit a nurse (or other hospital workers, such as nurse's aides) to work more than 12 hours in any given shift or to exceed 16 hours in a 24-hour period. A nurse who works 12 consecutive hours in a shift must be given at least eight hours off from any work between shifts.

The press conferences drew significant media attention, with MNA members and patient advocates holding events outside Cooley Dickinson Hospital in Northampton, UMass Memorial Medical Center in Worcester, North Shore Medical Center in Salem, Tufts Medical Center in Boston and Cape Cod Hospital in Hyannis. ■



Standing up for patient care:
On the North Shore ...



In Hyannis ...



In Western Mass.

Crowds gather in protest on doorstep of Cerberus/Steward

Crowds of outraged nurses, health care professionals and health care activists picketed outside the corporate headquarters of Cerberus/Steward Health Care Systems in October to protest the company's shameless pattern of breaking its promises and employing oppressive management practices that harm patients and those who care for them.

For more than a year the MNA nurses and health care professionals who work at eight area hospitals have been under the management of Cerberus/Steward, a multi-billion dollar, private equity firm. The facilities are St. Elizabeth's Medical Center, Norwood Hospital, Good Samaritan Hospital, Morton Hospital, Quincy Medical Center, Carney Hospital, Holy Family Hospital and Merrimack Valley Hospital.

The crowd of MNA members and supporters who picketed in front of the corporate giant's home at 500 Boylston St. wanted to draw public attention to several problems created by Cerberus/Steward that threaten the health and safety of patients as well as the security of members' jobs and futures, including Cerberus/Steward's well-established habits of:

- Threatening to close hospitals and eliminate essential programs/services
- Breaking its promise to provide its MNA nurses/health care professionals with the fair pension plan that was negotiated
- Utilizing Wall Street-style management tactics that harm patients and those caring for them
- Firing nurses and union advocates without just cause
- Refusing to provide safe, appropriate staffing levels and equipment

As part of the day's events, the nurses and



Nurses and their supporters outside Cerberus/Steward headquarters in Boston.

health care professionals also visited the Occupy Boston site in Dewey Square, drawing attention to the fact that Cerberus/Steward exemplifies the unbridled corporate greed that has undermined the middle class.

"We are here because your fight is our fight and because we are the ones who are caring for the 99 percent," said Joan Ballantyne, an MNA member and staff nurse working at Cerberus/

Steward Norwood Hospital. "We are also here because our nurses who work for Cerberus/Steward are working for a corporation that epitomizes 1 percent and that is actively working to undermine the middle class in America."

"You are an inspiration to millions of Americans," added Ballantyne, "and the nurses of Massachusetts stand with you in this fight for a just and equitable future for our country." ■

Cooley Dickinson RNs hold informational picket

Management refuses to accept safe staffing language

After being at the bargaining table for 15 months, the registered nurses of Cooley Dickinson Hospital held an informational picket on Nov. 9 in front of the hospital along busy Route 9. The picket was held to draw attention to the nurses' ongoing effort to fight for safe staffing language in their contract. Management has stated it will not accept this language as an issue subject to grievance, but the nurses know that enforceable contract language is the only way to guarantee the highest quality of patient care. In addition to the safe staffing language, the nurses are fighting to keep their pension intact and to add successor language to their contract, which will protect their contract should a new owner take over the hospital.



UMass Memorial replaces skilled RNs with 'lactation consultants'

Move comes after CDC calls on hospitals to improve breastfeeding services

Just weeks after the Centers for Disease Control issued a call for hospitals to improve maternity care practices to better support breastfeeding for mothers and babies, UMass Memorial Medical Center has made a decision to significantly degrade its own breastfeeding program by eliminating patients' access to certified registered nurse lactation consultants.

In a callous move to cut costs at the expense of quality patient care, UMMMC management has announced plans to lay off all four of its registered nurse lactation consultants, who have an average of 17 years of experience working in the hospital's once renowned maternity program. The new plan is to outsource the breastfeeding education to non-nurse consultants who work for the company that supplies breastfeeding pumps to the hospital. They plan to implement the change as of Dec. 1.

The hospital has made this decision when it operates one of the state's busiest maternity programs (with more than 4,000 deliveries per year), which includes a Level 3 neonatal intensive care unit and an infertility program, serving some of the most vulnerable and fragile mothers and babies in the state. No other hospital in Massachusetts of like size employs non-RN lactation consultants, and most community hospitals in the state rely on RNs for this vital service.

"The nurses of this hospital are shocked by this decision and what it will mean for our moms and babies," said Lynne Starbard, RN, a nurse on the UMMMC maternity unit which is located on the Memorial Hospital campus on Belmont Street in Worcester. Starbard is also a co-chair of the MNA bargaining unit for the Memorial Hospital campus. "I have personally worked with these nurses for years and I can tell you they are all outstanding professionals who provide an invaluable service to this community. There is no way in the world that a non-nurse lactation consultant, no matter how experienced, can ever replace these nurses, particularly in caring for the complex population of patients we serve."

To understand the ire of nurses on this issue requires a clear understanding of the importance of breastfeeding for new mothers, and the unique needs of the mothers and babies served by the UMass Memorial program.

In addition to the CDC, all of the state, national and world health organizations have issued strong positions and edicts underscoring the importance of breastfeeding for the health and well-being of children, including the state Department of Public Health, the American Academy of Pediatrics, UNICEF and the World Health Organization.

"Denying optimal breastfeeding support is a cruel blow to new mothers and babies," said Marsha Walker, RN, IBCLC, who serves on the board of directors for the Massachusetts Breastfeeding Coalition, an organization that advocates for appropriate breastfeeding practices for mothers and newborns. "Substituting lactation support personnel with lower cost replacements is not in keeping with national breastfeeding goals and recommendations established by the Centers for Disease Control and the surgeon general."

Darlene Breed, RN, has more than 25 years experience in maternity care, including 15 years as a certified lactation consultant. She said the nurses regularly care for mothers and babies with a variety of medical

and psycho-social issues that must be assessed by a professional nurse. "Based on that assessment, we have the ability to provide the counseling, teaching and nurturing to ensure that mother and baby bond and breastfeed successfully," said Breed, who is one of the nurses slated to be laid off. "We have years of experience working with these types of patients, we know what to look for, what to say and how to say it in a way a mom can hear us and move past their fears and anxiety."

"As RNs, we bring more to the table than just the mechanics of breastfeeding, we bring the ability to understand the biology and physiology, and yes, the cultural factors that are involved in this process," said Susan DiMario, RN, who has more than 42 years experience as a nurse and 25 years as a lactation consultant. "We can spot issues and problems

that a non-nurse cannot, and we know how to communicate those concerns with other members of the caregiver team to ensure the overall safety of mom and baby."

All four nurses point to instances where, in the course of their counseling on breastfeeding, they have spotted something about a newborn that signaled a potential problem and were able to take steps to avert a potential crisis, or improve the outcome of that child's care.

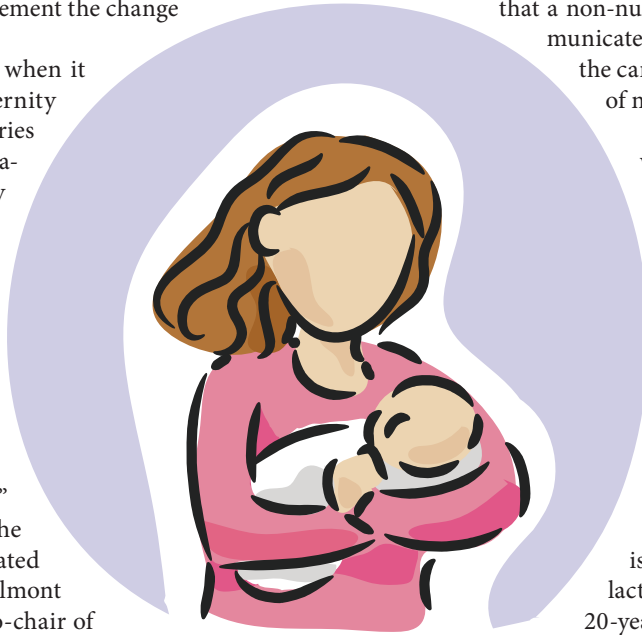
"As registered nurses we are advocates for the patient, and because we get to spend an extended period of time with these newborns interacting with their mothers, we are able to sometimes spot subtle physiological issues that might be missed by a non-RN lactation consultant," said Julie Naya, RN, a 20-year veteran in nursing with 12 years as a lactation consultant.

The nurses also report instances when things went wrong, and they were right there to save the child. "I had a child stop breathing and turn blue, right before my eyes," said Breed "But I knew what to do, and I was able to resuscitate the child right on the spot."

Behind this "business story" of hospital cost cutting, lies a deeper story about what it means to provide appropriate care by the professionals best equipped to deliver that care. In the parlance of business, what UMass is doing is known as "deskilling," attempting to deliver the same service with lower paid, lesser qualified workers. The approach is a staple of the "lean" factory model production processes being employed by UMass and other health care employers in recent years. The same processes were tried during the 1990s in response to managed care and were an abject failure, leading to a dramatic deterioration in the quality and safety of patient care in America's hospitals. The move to deskill care delivery is resurfacing in the wake of the latest round of health care reform.

The MNA, which represents more than 2,000 nurses at UMMMC, has long opposed any efforts to replace qualified nurses with lesser skilled non-nurse technicians, because the scientific research shows that patient care is vastly improved when it is delivered by RNs, and conversely, care is compromised when patients have less access to RN care.

The MNA is particularly concerned about such misguided strategies when the institution that is implementing it is one of the most profitable health care systems in Massachusetts. UMass posted profits of more than \$57 million in 2010 and through the first quarter of 2011, had profits of greater than \$11 million. ■



Supporting the 'Occupy W

Since the Occupy Boston movement got underway in early fall, the MNA and its supporters have visited and marched with the people in Dewey Square on several occasions. Our support for them represents a natural



Members

Wall Street' movement

Partnership as we are all fighting for the same thing: to protect the 99 percent by healing America and taxing Wall Street.



from Region 2 at Occupy Worcester.



Cornell West, American philosopher, author and civil rights activist, joined in the MNA's march with Occupy Boston in Dewey Square. At left, he answers questions with MNA President Donna Kelly Williams.

Patient advocacy also means we support one another as professionals

By Tom Breslin

Associate Director, Labor Relations

From the “You Can’t Make This Up Department”: I was recently talking with a nurse from an NNU-represented hospital who worked in the ER for 35 years. One night a patient came in who was infected with



Tom Breslin

lice. The physician on duty directed that the patient’s clothes be taken away and that the drapes, the stretcher and all equipment in the area be removed to avoid those things being contaminated. The patient ended up lying naked on the ER floor. This nurse intervened and advocated for the patient and had the stretcher and linens put back so the patient had somewhere to lie and so that he could be covered. Two days later she was fired. This is a true story. I am not capable of making up something this outrageous.

The hospital, of course, concocted some other reason for her termination. She is accused of being intimidating toward a scab from a strike a few years ago and swearing in the break room, using the word “ass.” While I realize that swearing in a nurses’ break room has never happened in the history of American health care, even I had a hard time believing that a nurse with her tenure would be terminated for these offenses, even if they actually happened.

I don’t want to make light of this situation. This has had a massive impact on this particular nurse, her family and their future. Her ability to make mortgage payments, etc. is gone and will be gone until she gets her job back. She will have to figure out what to do in the year or so it will take to get her grievance to arbitration in order to provide for herself and her family.

What is encouraging in this situation is that her fellow nurses have taken on her termination and are fighting back as a united bargaining unit.

While this did not happen in Massachusetts, that is not to say that we don’t have our share of similar discipline situations. I don’t think it’s a stretch to say that there are more senior nurses being disciplined and disciplined more severely than in the past.

There may be a variety of reasons for this, but I think two reasons are clear. Whether warranted or not, management wants to cut costs, regardless of whether the hospital is for profit or not-for-profit and regardless of whether they are profitable. The easiest way to cut those costs is to get rid of the people who are at the top of the scale so that they can be replaced with less expensive nurses who also may, incidentally, be less likely to advocate for themselves or their patients.

The second reason is more onerous. It can only take one of these terminations to create and distribute a culture of fear in a hospital and take the life out of a bargaining unit. This obviously benefits management by creating a culture of fear in the unit, decreasing the probability

that nurses will speak up for patients in the future. What we need to do is to put life into our bargaining unit so it can quickly and effectively respond to a situation like this.

Whether the issue is a nurse who is being disciplined on a trumped-up documentation issue or a nurse disciplined because she attempted to warn others in the bargaining unit about unsafe and potentially violent conditions on her floor, the issue is continued and repeated attempts by hospitals to silence nurses.

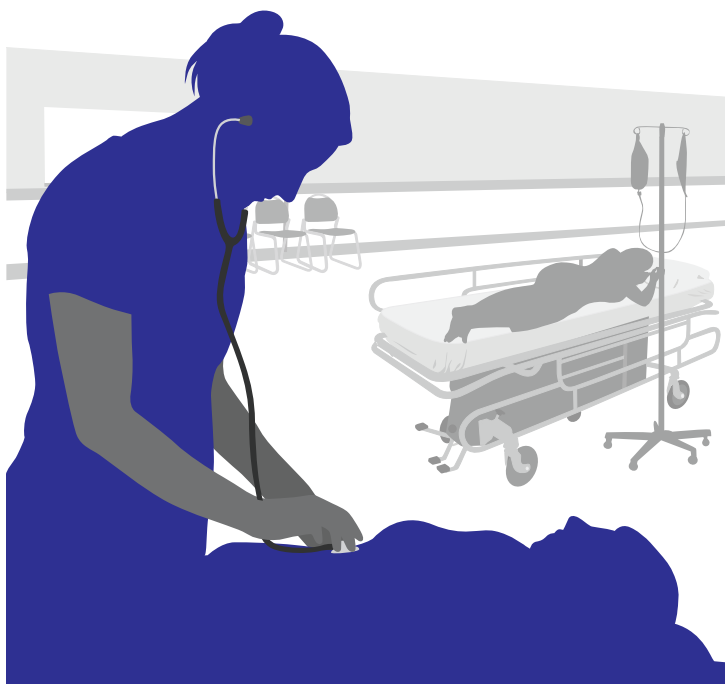
Certainly, grievances should be filed and, in extreme cases like these, will likely be won. After all, the grievance section of our contract is the method that we have to enforce the contract and protect nurses’ rights. But it is important to remember that the grievance process is a tool, not the solution. Grievances by themselves don’t build stronger bargaining units. In addition, the employer might attempt to delay the process by refusing to respond to information requests or other tactics. Nurses often have to wait as long as 18 months to finally get an arbitration hearing. While it is gratifying to win a grievance—either at arbitration or before—winning a grievance one to two years after it has been filed does not always do anything to build the union. An employer will likely be willing to make the trade of having to pay back pay in exchange for silencing nurse activists for a year or two.

The other choice the union has is to engage in collective action in response to the employers’ action. The key here is to engage the bargaining unit, in this case, in support of disciplined nurses. This is critical for the employer to understand that the bargaining unit supports individual nurses and that the nurses are united, mobilized, motivated and will not back away from their role as patient advocates. Bargaining unit support for grievances like these is critical in building a strong visible bargaining unit. Building a model which lends itself to collective action, while a challenge, is effective in not only the grievance process, but contract negotiations, political activity and in every activity the union engages in.

It will be easier for nurses to accept the premise that they have a responsibility to each other if they realize that an action taken against

one of them could just as easily happen to any of them. Helping nurses to understand that the advocacy role they accept on behalf of their patients also applies to each other will go a long way toward achieving the goal of building a unit in which nurses support each other and are willing to engage in the actions necessary to force the employer to view the bargaining unit in a much different light.

I do not yet know what will happen to the ER nurse I mentioned earlier. I am confident that she will prevail, that she will get her job back and will return to her practice in the emergency room and to continue to advocate for those who have no voice. I am confident of this because I know that she not only has the unconditional support of the nurses in her hospital, but the nurses there are also willing to take on her issue both to the employer and to the public. This is what I hope we can achieve for all nurses in all our bargaining units. ■



Keep seniors covered

MNA joins seniors in protest against MHA efforts to sell out the elderly

Members of the Massachusetts Nurses Association/National Nurses United (MNA/NNU) joined dozens of outraged seniors for a demonstration outside the offices of the Massachusetts Hospital Association to protest the industry's recently announced campaign to push Congress to raise the age for Medicare eligibility from 65 to 67.

The event featured dozens of seniors in hospital gowns, opened in the back to reveal oversized plastic backsides, with signs that read "Keep Seniors Covered."

The hospital industry is seeking the change to boost their profits by shifting the health care cost burden onto the elderly in Massachusetts, who are already struggling to maintain their health and well being under the current system. The Massachusetts Senior Action Council called for the demonstration after being flooded with calls and emails from angry elders and their family members who are outraged by efforts to decrease access to health care for the state's most vulnerable residents.

"We are here to express our outrage and disgust, demanding the reversal of MHA's position," said Ann Stewart, MSAC president. "We call upon Senators Kerry and Brown to stand with us against these attacks and protect future Medicare beneficiaries."

Following the demonstration, the protesters visited the offices of the two U.S. senators from Massachusetts to deliver a letter seeking their support for the protection of Medicare and Medicaid. ■



Senior activists who were protesting possible changes in Medicare eligibility sported fake derrieres and real hospital gowns to make their point: "Keep seniors covered."

MNA position on flu vaccine for members

The MNA supports regulations by the Massachusetts Department of Public Health requiring health care employers to offer nurses and other health care workers flu vaccine, along with education about the vaccine's benefits and risks. The MNA encourages nurses to educate themselves on the pros and cons of flu vaccination each year before making a choice whether to be vaccinated. The MNA encourages members to consider vaccination as a means of protecting themselves and their patients.

The MNA concurs with the following position on influenza vaccination recommended by the American College of Occupational and Environmental Medicine, which represents 4,500 physicians and other health care professionals specializing in the field of occupational and environmental medicine. It is the largest medical society dedicated to promoting the health of workers through preventive medicine, clinical care, research and education.

Comprehensive influenza prevention programs include: flu immunization, education and adherence to good infection control programs at the bedside. These constitute a three-legged stool upon which the health of health care workers and patients are balanced.

Employee immunization programs are the most successful when:

- vaccine is provided free of charge and



- during weekend/night shifts
- adequate staff and resources are allocated to the campaign
- influenza education is provided at locations and times that are convenient to the worker
- upper level management is supportive of the vaccination program
- the program's outcomes are reported to the organizational leadership

Current evidence regarding the benefit of influenza in health care workers as a tool to protect patients is inadequate to override the workers autonomy to refuse vaccination, and

as such, the MNA/NNU opposes a mandatory vaccination policy.

Influenza-like illness (ILI) is the term used to describe illnesses associated with a number of organisms including influenza, noro virus, rhino virus, corona virus, etc. The Centers for Disease Control differentiates the annual influenza death rate of about 8,000, from the much larger total of 36,000 deaths from ILI, attributable primarily to pneumonia and circulatory complications.

In order to reduce the death rate from all ILI, hospitals need to implement control measures beyond just influenza vaccination such as hand washing, isolation, gloves, masks and gowns, sick leave policy, environmental controls, ventilation, housekeeping, equipment and visitor controls. A paramount concern is that hospitals provide adequate staffing so that nurses have flexibility and time to gown, glove, mask and hand wash sufficiently as they move between patients.

Influenza vaccine can be a valuable tool but is no more than an adjunct to other established infection control measures. MNA with the support of its Congress on Occupational Health and Safety and Emergency Preparedness Task Force has been actively working to educate its members about ILI and influenza issues affecting both nursing and patient safety. For more information refer to the MNA web site on Health and Safety, at www.mnarn.org. ■

And the survey says ... We're getting sick of surveys!

By Deb Rigiero

If you have recently purchased a car, bought groceries, dined out, stayed at a hotel, been admitted to a hospital, visited a doctor, gone to work, done anything online, Facebooked, tweeted, or even answered a phone, then you have most likely been asked to complete a survey. So the question is, how much information do we willingly give out about ourselves on a daily basis?

Sometimes we are enticed to complete a survey by a chance to win something, a free gift card, free appetizers, etc. Other times we are pressured into filling out a survey so that the employee will be rewarded or not be penalized. At work we are often pressured into filling out surveys and, without a union, you may be forced to fill out surveys.

The questions you should be asking yourself before you fill out a survey include:

- How does filling out this survey help me?
- Why are they asking this information?
- Who sees the information I provided?
- How do they use the information?
- Is it really anonymous?
- Can the information be used against me?

Some surveys should be accompanied by the warning "any information you provide can and will be used against you." If you are filling out a survey for your employer should you let them know how often you exercise, if you smoke, do you drink, or even provide a sample of your blood for complimentary tests like cholesterol or blood sugar? Why does your employer need this information? Could your employer use this information against you? Will your answers to workplace surveys be used against you at the negotiation table?

How about surveys our patients are asked to fill out? Are we being told what to say to patients so that their surveys are positive? Doesn't this feel phony? Isn't it more important for our patients to have a nurse who has the resources to provide the care they need? Yes, maybe the



nurse didn't smile or seemed harried because they had too many patients to care for at one time. Who gets blamed for a negative survey? Do the survey questions really reflect what is important to patient care?

Surveys are not all bad. Many surveys actually are helpful and can positively impact us.

I would suggest that all union members take advantage of the union's contract or issue survey so that your issues and concerns can be addressed either in a contract or at the labor/management table. Surveys that ask how something can be improved or what would help you to utilize their services better can be helpful. ■

Complete our survey to win a great prize!

I hope this article gave you something to think about. Please complete the following survey and you will receive a free copy of the *Massachusetts Nurse*.

1. Did the author keep you interested?
Yes
No

2. Was the article too long?

Yes
No

3. Would you read another article by this author?

Yes
No

4. Are you sick of surveys?

Yes
No

Mass. BORN updates nurse license renewal process

As of Oct. 1, the Massachusetts Board of Registration in Nursing began mailing one-page renewal reminders to nurses. The renewal will direct nurses to the Division of Health Professions Licensure website at www.mass.gov/dph/boards to renew their license online.

Nurses will be able to renew their nursing license 24/7 through a secure internet connection using Visa, MasterCard or an electronic check. Once the online renewal process is complete, the nurse's renewed license status will immediately appear on the board's license verification site.



The board will no longer automatically mail out the paper renewal application. However, the renewal reminder, which will be mailed to the nurse's last known address of record approximately 90 days before the license expiration date, will include information on how to request a paper renewal form.

Nurses will also complete the biennial nursing workforce survey with their online renewal process. The survey is designed to create an accurate picture of the commonwealth's nursing workforce which is vital to the implementation of relevant, evidence-based health care policy. ■

MNA Business Meeting features call to action on a number of fronts

Motions pass for safe staffing, protecting Main Street, improving communications

The annual MNA Business Meeting at the MNA Convention this year featured a lively discussion over important issues affecting members' nursing practice and patient care, the economic health of our society and the need for improved communications to mobilize member involvement.

A number of important motions were passed at the meeting, which will set the organization's agenda for the coming year. Below is a review of the specific motions approved by the membership.

MNA commitment to safe staffing bill reaffirmed

With the fight for passage of the Patient Safety Act and with the pressure by hospitals to cut staffing and redesign how nursing care is delivered on the rise, the membership took up a motion to reaffirm the MNA's commitment to setting safe limits on nurses' patient assignments via the legislative process. The passage of this legislation will improve the quality of patient care, save millions of dollars and prevent complications and medical errors. The message to the industry coming out of convention was clear: The nurses of Massachusetts are not going away, and we will not stop until we have safe staffing in every hospital for every patient.

MNA/NU Main Street Contract campaign

One of the most important and exciting initiatives launched by the NNU over the past year is the Main Street Contract campaign, and the call for a tax on Wall Street transactions that will raise sufficient revenue to make Wall Street pay for the devastation it has caused Main Street. MNA members are seeing the casualties of this crisis every day in their practice, with patients flooding EDs and psychiatric units as they suffer from illnesses and complications driven by delays in care and other stressors resulting from this growing economic crisis. The campaign aims to reclaim the American dream with good jobs, health care for all, quality education, good housing, protection from hunger and a secure retirement. The timeliness of this campaign is underscored by the nationwide and worldwide "Occupy Wall Street" movement, which arose only a few months after MNA/NU began our activities in June.

Supporting protests demanding support for jobs, not cuts

In line with our position on the Main Street campaign, members

pledged the MNA to support protests and other initiatives, and specifically a National Week of Action which began on Nov. 17. This campaign is designed to pressure the bipartisan Congressional Super Committee (and John Kerry) to deal with the federal budget crisis. The motion passed with an overwhelming vote. The message of these actions to the committee is to hold the line and protect against cuts to social security, medicare and Medicaid; to create jobs through a federal program to invest in America's infrastructure; to slash Pentagon spending; and to increase taxes on the super rich and large corporations.

Call for survey of membership about issues of concern

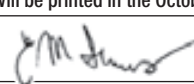
A motion brought forward by members was passed to have the Board of Directors conduct a survey of the membership over the coming year to determine those issues of greatest importance to the members as we move into the future.

Call for improved communications strategies to reach and mobilize MNA members

With the explosion in the use of social media and other forms of electronic communications, the membership passed a motion for the Board to explore the utilization of these communications vehicles to reach, inform and mobilize the membership, particularly the younger generation of nurses coming into the field. Even prior to the meeting, the Board had begun implementation of just such an initiative, and the MNA will be launching its presence on Facebook, Twitter, and other communications vehicles in the coming year.

Support for nurses at the New York State Nurses Association

The membership voted to support the frontline nurses of the New York State Nurses Association, who find themselves embroiled in a fight to assume control of their organization from executives and administrators, similar to the struggle the MNA went through in 2001. Last month, a majority slate of union nurses won election to the NYSNA board of directors, with the goal of assuring control of their organization. After winning the election, the sitting NYSNA Board refused to seat these duly elected members. Through this motion, the MNA will provide support to these courageous nurses as they attempt to claim their association. ■

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Subject to verification, members who qualify for one of the following categories may elect to pay 75 percent of the annual dues:

1. Health professional labor program member—any health care professional, other than a registered nurse, who is represented for purposes of collective bargaining by MNA;
2. Limited hours labor program member—any labor program member who is represented for purposes of collective bargaining by MNA and who has 988 or fewer hours paid in the preceding calendar year.

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 75 percent dues category 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. ■



Application for Minimum Hours Reduced Dues Category

Please print clearly and submit to the Membership Division of MNA by April 1.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone: Daytime _____ Evening _____

Confirmation of receipt of this application will be sent to your MNA email account,

This is to certify that I _____, RN

was paid for _____ hours in the year January 1, 2011 through December 31, 2011*

at the following MNA facility(s) of employment for the year of application:

1. _____

2. _____

3. _____

List each MNA facility separately

I certify under penalty of perjury that the information herein is true and complete to the best of my knowledge.

Signed _____

Date _____

**MNA reserves the right to verify this information to determine eligibility*

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