

the Massachusetts

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ADVOCATE



**The ongoing crisis of
sexual harassment in
healthcare**

April 2019



Massachusetts
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Association

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Learn more at <https://www.massnurses.org/member-services> and logging into your MNA account.



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Want to be part of the MNA? Join us as an Associate Member!

The MNA has an exciting opportunity for non-unionized RNs working in the commonwealth. Our "associate membership" option, which is available at a reduced rate, opens the door for you to become involved with the MNA and its 23,000+ members. Joining as an associate member also provides you with access to the discounts, benefits, and resources that MNA union nurses enjoy daily, including full access to the organization's free CE programs.

To learn more, email membership@mnarn.org or visit <http://bit.ly/AssociateMemberInfo>.

**Please note that joining as an associate member does not provide you with voting rights or the right to serve on the MNA's board of directors, nor does it provide you with the workplace protections and benefits that are contained within MNA contracts.*

President's Column



Donna Kelly-Williams

Welcome to the April edition of the *MassNurse*, the MNA's newsletter that, this month, is being sent to all registered nurses in the state of Massachusetts! One of our organization's resolutions for 2019 and beyond is to stay

in regular touch with all RNs, not only MNA members. We are committed to sending you four issues of the *MassNurse* each year, with the one you are holding now being your inaugural edition.

Our reason for sharing this magazine with you four times annually is that we are, and always have been, the premier resource for bedside nurses in Massachusetts. We have also been the voice of bedside nurses in the commonwealth for nearly 120 years now. But as times and technologies have changed, it has become a bit more challenging to find and connect with all of the state's wonderful registered nurses. Ever-changing email addresses and social media accounts — although great for communicating with RNs who are already MNA members — have made it harder for us to stay in touch with you. So we opted to go a little old school: Sending you a jam-packed, paper newsletter that you can thumb through at your convenience.

This edition is, without doubt, jam packed. And the content touches on numerous and varied topics:

- The issue of sexual harassment in health-care (pgs. 4-5)
- A Q&A with the recently unionized RNs at St. Luke's Hospital in New Bedford (pgs. 8-9)
- Contract, grievance, and arbitration wins/updates (pgs. 6, 10, & 12)

- "Phishing emails" and the risks they pose for healthcare institutions (pg. 11)
- Our 2019/2020 legislative agenda and all we are hoping to win at the Statehouse (pgs. 14-15)
- The "hidden" benefits of union membership (pg. 7)
- CE course listings, including a new class that addresses the issue of substance use disorder among healthcare workers (pg. 16)
- And pages that cover everything from our member benefits (pg. 2), to a Nurse's Week celebration opportunity from the MNF and a summer photo contest (pg. 13)

It is the MNA's long-term goal to have each of its upcoming newsletters as jam packed as this one, and to always include the content that will help you both professionally and personally.

An item not covered in this edition was the success we had at last month's annual MNA Labor Summit. This was our seventeenth time holding this event, and I have to say it was probably our best yet. We had close to record-breaking attendance. Our speakers — including nationally known union organizer Richard Bensinger and a panel of proud, grateful USW leaders — were top-notch. And our breakout clinics provided participants with resources and tools that they could use immediately with members in order to improve communication and grow solidarity. Everyone left excited, motivated, and ready to take on what's next.

And what's next, you ask? What's next is we continue to grow, build, and organize in order to tackle the challenges that still plague our patients and our practice each day, each shift, and each hour. Namely, the lack of established safe patient limits.

Our research and assessment following the 2018 election show that this is still *the* issue that nurses, patients, and the public want resolved. Meanwhile, while we are regrouping, the hospital industry has made

no progress on the issue, even though they told voters they "heard them" and that they were "committed" to making changes and improvements.

What the hospital industry really did at the end of the election was hijack our issue and used it to lull the public into believing they'd follow through on their corporate band-aid agenda. There have been no improvements, not even band-aid improvements, and staff nurses continue to desperately tread water ... waiting to be heard, waiting to be respected, waiting for improvements.

The hospital industry will not willingly come forward with improvements. It is up to us. We need to win these improvements by taking charge, and we need to win them for our patients and ourselves.

This is why the MNA is still here nearly 120 years after its founding: Because MNA is, and always will be, the voice of the bedside nurse. ■

Donna Kelly-Williams, RN

MNA 2025

On a regular basis, the MNA assesses the current healthcare environment and our organizational resources with members and staff for the purpose of determining a five-year plan that aligns with members' goals. This process is again underway, and we will soon be engaging those interested at regional meetings, bargaining unit meetings, telephone town hall meetings, and via web/email communications. The MNA's board will then identify common themes and develop a vision and plan for what's next. So start thinking about what you want the MNA to look like in 2025 and beyond; we will need your input!

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#MeToo Who?

The Ongoing Crisis of Sexual Harassment in Healthcare

by Judith Parè, PhD, RN, MNA Director of Nursing



The explosion of the #MeToo movement has resulted in countless stories in the media about women and men who have been victims of sexual harassment. It should come as no surprise then that these same problems plague the healthcare sector, as no part of our society is immune to these abuses.

Therapists who specialize in counseling healthcare workers who are victims of sexual harassment report that one of the major challenges to confronting these unhealthy and dangerous working conditions is that victims of sexual harassment often miss the early, subtle signs of what is happening. In fact, it is very common for victims to say that they struggled to initially realize that these “uncomfortable behaviors” were a form of sexual harassment. (Ilies, Hauserman, Schwochau, Stibal, 2003).

Sexual harassment can affect nurses working in all healthcare settings. The impact of sexual harassment can affect the physical, mental, and emotional health of the nurse, as well as their coworkers and family, and it often becomes a barrier for the worker whose goal is to provide safe, comprehensive patient care. Evans (2018) reminds us that one of the largest jury awards for a single sexual harassment claim was to a physician assistant who faced continued abuse even after she reported the behavior. The allegations included recurrent sexual language and slaps on the buttocks by a surgeon.

The MNA wants nurses to be prepared to recognize, report, and survive sexual harassment and its consequences. In order to be prepared, we need to start by defining the various types of sexual harassment. The Equal Employment Opportunity Commission (EEOC) describes sexual harassment as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when 1) submission to such conduct is made

either explicitly or implicitly a term or condition of an individual’s employment, 2) submission to or rejection of such conduct by a person is used as the basis for employment decisions that affect an individual, or 3) such conduct has the purpose or effect of unreasonably interfering with a person’s work performance, otherwise negatively affects an individual’s employment opportunities, or creates an intimidating, hostile, or offensive working environment (EEOC, 1990).

Types of Sexual Harassment

The EEOC describes two types of sexual harassment:

Quid Pro Quo: This means “the exchange of something for something else” and defines behavior in which a superior or other person in authority demands sexual favors such as inappropriate touching, or physical advances from an employee in exchange for his or her job.

Hostile Work Environment: Sexual harassment claims of hostile work environment include such issues as inappropriate postings, sexual innuendos, and inappropriate comments or stories told by supervisors, coworkers, and third parties. These comments do not have to be directed toward the person who files the report.

Consequences of Sexual Harassment to You and Your Practice

The consequences of sexual harassment adversely affect nursing practice at an alarming rate. Spector, et al (2014) states that the 28 percent confirmed rate of sexual harassment in nursing could in fact be a gross underestimation of the problem. Isolated patient care units like the operating room, emergency room, and psychiatric units, as well as rotation of shifts — particularly off-shifts when there are fewer staff in attendance — often compound the risks for nurses and may lead to fears of retaliation if they file a sexual harassment report.

In fact, you may have been exposed to sexual harassment without realizing it. For example, has a coworker or superior ever made offensive remarks about your body? Has someone ever relayed a story or joke to you that made you feel uncomfortable, or unsure of how you should respond? Or has someone attempted to engage in a physical relationship with you despite your objections? If you have been the recipient or observer of any this type of behavior you have indeed experienced the trauma of sexual harassment.

Strategies for Moving Forward: Knowing Your Rights & Responsibilities

Prior to the 1980s it was not uncommon for nurses to have to relinquish a chair to a male physician who entered a nursing unit. There was no job security for nurses who were out on maternity or sick leave for a sudden illness. The consequence of that culture was a nursing workforce that was left to accept these inequities. If you experience or witness a colleague experiencing sexual harassment, knowing your rights and responsibilities will help you to protect yourself and your nursing practice:

- **Just say NO.** Behavior that is based upon mutual consent is not sexual harassment, so licensed and non-licensed staff must be clear about saying no. Giggling, or ignoring an offer for a date, is not tantamount to a clear and firm no. If a patient or colleague is making aggressive or sexually appropriate comments the nurse, or any member of the health care team, should deal with those comments by saying, “Your comments/actions are inappropriate and unacceptable.”

- **Document any incident of sexual harassment as soon as possible, and be sure to report the specific facts when you do.** Report any incidence of experienced or witnessed sexual harassment in writing as soon as possible. Include the day, date, time, and presence of any witnesses to the event. If necessary, utilize pen and paper so that you are able to document the events in “real time.” However, do not utilize an employer-owned device to document the event. Documentation may include photos of inappropriate materials or other forms of communication. Never share those materials over an employer’s network. Your work’s IT network is controlled by the employer and you need to protect yourself and your information from being deleted or altered in any way. You should also be sure to follow the reporting procedures of your employer. Report the day, date, time, location, witnesses, and the specifics of the event, and avoid using slang terms.
- **Seek Help and Support.** From your colleagues, friends, family, an employee assistance program (EAP), and/or a labor representative.
- **Sexual Harassment is a Union Issue.** Your MNA representatives are ready to help you.

MNA Massachusetts Nurses Association

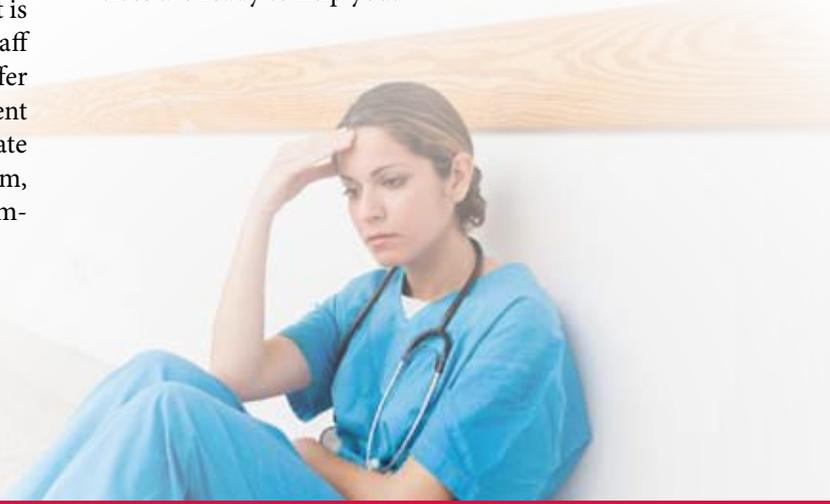
SAVE THE DATE

The Ongoing Crisis of Sexual Harassment in Healthcare

Date: October 2, 2019
Time: Registration and Continental Breakfast: 8:30-9 a.m.
Program: 9-4 p.m. (hot buffet lunch will be provided!)
Location: Lombardo's 6 Billings Street, Randolph MA

Program Description:
 This continuing education program is designed to meet the needs of nurses and other health care professionals who may be struggling with issues related to sexual harassment in health care settings. The content of this program will focus on the legal definition of sexual harassment, the physical, emotional, and spiritual stressors that are experienced by victims of sexual harassment and specific steps to reporting, managing, and surviving sexual harassment. The program will include case studies of nurses and health care professionals who have reported issues related to harassment and empowering strategies to implement if you are experiencing issues related to sexual harassment or if you know someone who is! Contact hours will be provided.

Registration will be available online starting April 1. Go to MassNurses.org.



Some of the most devastating consequences of sexual harassment reported by victims are the feelings of shame and isolation that come with it. You are not alone though. Our staff and organization are here to provide you with guidance, support, and a pathway of hope. On October 2, 2019 the MNA will be host-

ing a day-long CE program about the impact of sexual harassment on nursing. This event will be held at Lombardo's in Randolph, located at 6 Billings Street; online registration now available. Please save the date and stay tuned for registration details. We will welcome you with information, education, and hope. ■

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The MNA RNs at Heywood Hospital Knew it All Along: Wearing a “Yes on 1” button a protected right!



by Joe Markman, MNA Associate Director of Public Communications

Heywood Hospital nurses who advocated for safe patient limits during the Question 1 ballot campaign successfully pursued an unfair labor practice charge against the hospital, resulting in a settlement requiring Heywood to promise, in writing, that it will not prevent nurses from exercising their right to stand up for patient safety.

Lisa Sullivan and Bob King, registered nurses at Heywood for 13 and 28 years, were both threatened with discipline in September of 2018 for wearing “Yes on Question 1” buttons. They asserted their rights under federal labor law to wear the buttons but were told by supervisors they would be disciplined anyway. The unionized nurses, with the help of the MNA, filed a charge with the National Labor Relations Board.

“I was wearing a button on my scrubs to show support for safe patient limits, as I had done many times in the past for other causes that were important to me,” Sullivan said. “The hospital came down on nurses and patients who supported safe patient limits, even as the hospital itself was holding meetings against Question 1 and posting signs all over the building. A manager even moved a patient’s ‘Yes on 1’ sign from the window of their room.”

“The intimidation against nurses and patients who advocated for safe patient limits was not isolated to inside Heywood Hospital,” King said. “There was a huge banner outside our hospital opposing Question 1. Supervisors carried ‘No on 1’ lawn signs in the hospital and we received a staff-wide email from Heywood’s CEO suggesting we should tell patients to vote against safe patient limits. Hospital executives engaged in this kind of behavior all across Massachusetts.”

Heywood settled the charge after the NLRB issued a complaint against the hospital for violating the National Labor Relations Act. The hospital changed its appearance policy without notifying employees or allowing the nurses to negotiate over the modification. The settlement requires Heywood to email to its employees and post in the hospital a notice describing the rights workers have under federal labor law to join and act together.

The notice also includes a series of statements by the hospital, including:

“WE WILL NOT do anything to prevent you from exercising the above [federal labor] rights.”

“WE WILL NOT tell our employees that they may not wear, or that they will be disciplined for wearing, ‘MNA political items,’ or political buttons at work while permitting them to wear other such items or buttons.”

“WE WILL NOT change our employee policies in response to employees’ protected concerted or union activity.”

Nurses at Marlborough Hospital and Lawrence General Hospital filed unfair labor practice charges for similar reasons. The NLRB also found in those cases that the hospitals had violated the National Labor Relations Act by threatening to discipline nurses for wearing “Yes on Question 1” buttons and/or stickers.

Widespread Question 1 Intimidation by Hospital Executives

Heywood’s threats of discipline against its nurses were part of a wave of intimidation by the hospital industry that swamped hospital staff, patients, and voters during the Question 1 campaign. Utilizing \$25 million of taxpayer-subsidized campaign funds, hospital executives spread fear and misinformation throughout Massachusetts.

Examples:

- **Hospital executives used patient data to send out political mailings.** The Yes on Question 1 campaign heard from many patients appalled to learn that their patient information was utilized to target them with letters threatening that essential services relevant to their care needs would close if Question 1 passed. The Springfield Republican reported on patients who complained about this tactic.
- **An employee of the Department of Mental Health** circulated a flier in September 2018 to state employees’ email containing anti-Question 1 material. A formal complaint was filed and confirmed received by the state Ethics Commission on September 25, 2018.
- **Hospital executives spent more than \$30 million** – funded predominantly through non-profit health care revenue – to place misleading and sometimes outright false advertisements on television, radio and online. For each Yes on Question 1 ad, the hospital industry ran at least four opposition ads.

Question 1 would have dramatically improved patient safety in Massachusetts hospitals by setting a safe maximum limit on the number of patients assigned to a nurse at one time. Since the November election, the MNA has been working with members, staff, and representatives from supporting organizations to debrief on the overall campaign, assess the campaign’s successes and challenges, and to plan for the future. ■



The Benefits of Union Membership: Much More Than Just \$\$\$

by Deb Sullivan and Joe Twarog, Associate Directors of Labor Education

So, you are a union nurse. That's awesome! But what does it really mean? Is it simply about getting higher wages and better benefits? What exactly *does* your union do for you?

Well, yes, it is true there are some distinct advantages to belonging to a union in terms of finances. Union employees make, on average, 30 percent more than non-union workers, and 92 percent of union workers have job-related health care coverage vs. 68 percent of nonunion workers. Similarly, union members are more likely to have guaranteed pensions than nonunionized employees.¹

Those things matter a lot, especially since, by law, an employer is only required to:

1. Pay employees minimum wage of \$12.00 per hour (or any higher if a state/local rate applies)
2. Pay employees overtime at time and a half for hours worked over 40 in a week
3. Provide employees with workers' compensation

Everything else that unionized employees have available to them was won by union members through contract negotiations. Everything.

Clearly, unionized workers fare much better financially than their nonunionized counterparts. But a union, and the MNA in particular, provides so much more than that. The MNA offers countless resources that support you as a nurse, as a union member/leader, and as an individual. These include:

- Dozens of free CE classes, in person and online, that cover countless topics, from workplace health and safety to how to best care for patients with any number of chronic conditions (see a full class list at <http://bit.ly/SpringCE2019>)
- Free ACLS certification and recertification
- Access to free classes that are required for license renewal, most recently sexual and domestic violence prevention
- A free, comprehensive labor education program that teaches members the basics of unionism — everything from filing a grievance to negotiating a first contract

- Access to hundreds of discounts on consumer products (cell phone plans, movie tickets, vacations, personal finance programs, insurance programs, uniforms, clothing, and more) that add up to big savings over the course of a year

Unions also give employees a protected voice. Without the benefit of a union, you would have no say in the way things operate in your hospital or on your floor. Sure, managers may include you in discussions around *certain* topics or initiatives that *they* support in order to push forward an agenda that *they* control. But essentially, your right to raise your voice in protest and to make your employer stop and take heed of issues of concern and safety is nonexistent without the protection of a union. And *that* is really the most important “hidden benefit” of union membership: The opportunity to be on the same playing field as management, which gives union members the power to be seen and heard in a meaningful way.

It is also important to note that when you are a union nurse, it means you are joining together with thousands of other workers across the commonwealth, the country, and the globe. The collective power of unions help to build stronger workplaces everywhere, as well as brighter futures for those in our society who struggle or who are less fortunate. Unions can influence policies and apply pressure to decision makers, which means they can be game changers when it comes to issues like the ongoing fight for Medicare For All; for a comprehensive minimum wage threshold; and for ending worker exploitation. Clearly, the benefits of union membership extend far beyond the almighty dollar.

For those of you who are existing MNA members, there is likely no doubt that you have already seen and/or experienced the benefits described above. If you would like to learn more about how to become a union leader within your bargaining unit, so that you can further build on these impressive benefits, visit the MNA's Labor School calendar at <http://bit.ly/MNALaborSchool>. For nonunionized nurses who want to learn about unionizing with the MNA, visit <http://bit.ly/OrganizingFAQs>.

1. Unionplus.org





Becoming the MNA's Freshman Bargaining Unit

How the 722 RNs at St. Luke's Hospital Made it Happen

The registered nurses of St. Luke's Hospital in New Bedford voted to form a union and join the MNA on Nov. 29, 2018. In late February, they held an election and voted on which of their colleagues would be their day-to-day union leaders, as well as their representatives at the table during their upcoming contract talks.

Deb Falk and Dara Souza, who both live in Dartmouth, were voted in as co-chairs of the St. Luke's nurses' executive board as part of that election. What follows is a summary, in their own words, of what led them to unionize, how they made it happen, and what's next for this newest MNA bargaining unit.

What got St. Luke's nurses interested in forming a union?

Deb Falk: This all began about three years ago, as nurses were feeling increasingly frustrated with staffing issues and disconnected from management. We saw the opportunity to have more of a voice in our practice.

Dara Souza: Many of our nurses were sick and tired of the status quo. The status quo was too many patients per nurse; non-competitive wages; and the fact that the hospital could, and did, change the rules every five minutes at their whim. There was, and still is, favoritism; benefits being taken away little by little every year such as holidays and earned time; the increasing cost of short-term and long-term disability, while decreasing the amount one would receive if they had to use it; and medical insurance premium and medicine co-pay increases. The hospital also changed our insurance so we can only see Southcoast physicians or pay out of pocket. The list went on and on.

What is your specialty? What are some of the issues facing nurses in your unit?

Deb: I have been in the ED for 34 years. Specific issues there are staffing, large patient assignments, and a lack of support.

Dara: I work on Century 5, which is primarily an ortho/med surg floor. The biggest issue on our floor is staffing. When St. Luke's found out about our organizing, they tried everything to stop us. One of the things they did was to come up with a new staffing grid. This grid is great if we actually had the staff. But instead we get a lot of, "Sorry, we have no one to send you." The grids never had a chance of working as a result.

And we were right back where we started: understaffed and overwhelmed.

How did you get from the early stages of organizing a union to actually having an election to join the MNA? How did you build support?

Deb: We started off small then gradually had more people we shared information with. We found out obstacles nurses were dealing with and used an app called Slack to network further.

Dara: We built our union by having weekly/biweekly meetings. And we also visited nurses at their homes via a door-knocking campaign. Essentially, we talked with every nurse in the hospital, repeatedly, in order to get their thoughts and feelings about forming a union. The response was overwhelmingly positive.

What challenges did you face? How did you overcome them?

Deb: A big challenge was a lack of understanding by our nurses of what a union is ... that "we" are the union vs. the MNA or its staff being the union. We educated our colleagues, met often in small groups, and met with MNA organizers who helped teach nurses what forming a union meant.

Dara: St. Luke's spent a lot of money instilling fear and doubt in nurses' minds. Tensions were high in the hospital at that time. Keith Hovan, the CEO who I had never met in my 12 years working there, was visiting every unit on every shift

telling us that they “hear us and want to make things better” and to “give them a chance.”

At the same time, I was told to put my union papers away and not talk about the union at the nurses’ station. Meanwhile, the hospital handed out anti-union paperwork and left it at the nurses’ station. They misled our nurses by giving them false information about the pay for the RNs at our unionized sister hospital, Tobey. But we had access to the Tobey contract through the MNA and could see the truth. We would clearly be making more money with a union contract in place.

What was it like when you found out you won the election?

Deb: One of the happiest days of my life! I felt like I would finally have a voice in how I cared for my patients.

Dara: Pure elation! We had all dealt with so much that when we won, I felt relief and pure elation at the fact that we were finally going to have a voice. Better working conditions, better pay, and better benefits all are part of unionizing. And, as a result, our patients will have nurses who actually have the time to care for them. We can finally live up to the hospital’s motto of “More than medicine!”

How did you continue to build your union after the election?

Deb: Constant networking, revisiting those who we had talked to prior to the election, as well as reaching out to those who were against it, to encourage them to still offer ideas and be involved.

Dara: We continued to have meetings on a regular basis. More and more nurses showed up. We passed out bargaining surveys to all nurses asking them what they would like to change and got nurses excited for the election for our executive and negotiating committees.

What was the response like from your friends and family?

Deb: Very supportive!

Dara: The response from my friends and family was extremely positive. They can see how passionate I am about the union and about having a voice.

What would you like to accomplish?

Deb: I’d like to see a more positive work environment, increased staffing, and having a strong say in our practice.

Dara: I would like St. Luke’s to be a place where patients feel safe, secure, and well cared for. I would like nurses to be able to do their jobs with a great union contract that allows for safe staffing, fairness not favoritism, great benefits, and great working conditions. With a union contract in place, we will be able to enforce these things as opposed to having empty promises.

What are the next steps now that nurses have elected their committee?

Deb: We will get together and get to know each other better. We will come up with an organized plan on how to move forward with negotiating our first contract, focusing on what changes we would like to see.

Dara: After ensuring that all nurses have a voice by electing

their committee, we will sit down and go over all the bargaining surveys and different contract examples, and make our list of items we want to negotiate. We will then notify St. Luke’s and ask for a date to begin negotiations. Every St. Luke’s nurse is encouraged and welcome to attend our negotiations! This is OUR union! ■

Want to learn more about unionizing with the MNA?

Visit <http://bit.ly/StepsToUnionizing> to learn about the formal organizing/unionizing process, or <http://bit.ly/OrganizingFAQs> to review an easy-to-understand list of frequently asked questions. You can also contact the MNA’s division of organizing at 781-821-4625.

St. Luke’s Nurses Kickstart OSHA Investigation into Floor Chemicals

During the first two weeks of March, nurses at St. Luke’s Hospital were able to use the power of their new union to take quick action on a pressing health and safety issue. After subcontractors hired by the hospital used noxious chemicals to strip and treat the floors of a unit overnight, nurses brought their concerns to management and then successfully requested an investigation by the Occupational Safety and Health Administration (OSHA).

An OSHA investigator visited the hospital a few days after the incident. She met with supervisors; staff members who had been affected by the chemical fumes; and with the newly elected RN co-chairs of the nurses’ local bargaining unit. The co-chairs persisted in meeting with the investigator and management despite supervisors’ attempts to say the union had not been certified. In fact, the regional director of the National Labor Relations Board had dismissed the hospital’s appeal of the nurses’ November election and had certified the union about two weeks before the chemical stripping took place. As a result, nurses were also able to exercise their right to meet privately with the investigator.

Among the major problems identified by nurses were the lack of advance notice and the absence of required Material Safety Data Sheets. The co-chairs requested accommodations for nurses to switch shifts or work in another department during similar work in the future. They also asked for specific dates and times when projects like these will happen so that nurses can consult with their doctors about chemical sensitivities, inquired as to what precautions will be in place during upcoming floor work, and who in management nurses can contact to stop the work if necessary.

The co-chairs encouraged their affected colleagues to go to employee health to document the exposure. Hopefully the only lasting impact is increased unity and strength — the main side effects of nurses building a union and standing up for each other!

Nashoba RNs, Supporters Hold Community Rally to Call on Steward to “Be Fair to Those Who Care”

The MNA nurses at Steward Nashoba Valley Medical Center (NVMC), along with their friends, family, neighbors, and patients, gathered on Main Street in downtown Ayer on March 27 to call attention to the ongoing issues inside of the Steward-owned hospital that have been affecting patient safety, staff recruitment, and retention.

At the root of these problems are long-standing wage and benefit disparities. A recent analysis that compares wages of Nashoba RNs to those of RNs at 22 competing hospitals shows that NVMC nurses earn up to 20 percent less than some of their local counterparts. Over the course of 20 years with these wages in place, a Nashoba RN would lose out on nearly \$217,000 in wages alone.

This disparity directly affects the day-to-day care of patients and the work of all members of the care team because it leads to extraordinarily high turnover. This is then compounded by the fact that potential new nurses who are qualified candidates are less likely to be interested in working at NVMC due to the resulting staffing conditions.

“Why would someone accept a position at NVMC when they can drive less than 30 minutes in any direction and work in a hospital with better nurse-to-patient staffing and that will pay them 15 or even 20 percent more per hour?” said Fran Karaska, RN and co-chairperson of the nurses’ MNA bargaining unit at NVMC.

High turnover rates and recruitment stagnation do not just affect nurses. They affect patients too, in the form of poor staffing levels:

- In 2018, 12 percent of the time (84 shifts out of 730) the Intensive Care Unit (ICU) was staffed with only one RN. So far in 2019, 35 percent of the time (52 shifts out of 148) there was only one ICU RN.
- Overall turnover is more than 200 percent of the northeast hospital average of 16.5 percent annually. The current RN vacancy rate is likewise more than 200 percent of the national average.



NVMC nurses rally in downtown Ayer.

- Schedules, which are posted three weeks in advance, almost always have “holes,” meaning that management cannot say what RNs will be assigned to what shifts because there are not enough RNs on staff for proper scheduling. In the past six weeks, there were 93 open shifts in the ER alone.
- With the exception of approximately three nurses, the RN staff in the Geriatric Psychiatric Unit has entirely turned over three times in the past three years.
- Over the past nine months a significant number of nurses have left the hospital (or resigned from regular positions) having found jobs elsewhere.

The MNA nurses report that, although NVMC has a good reputation and more patients want to come to the hospital for care, the hospital cannot treat those patients because they do not have enough staff:

- Patients are frequently transferred from the ER to other hospitals because there is not enough staff to care for them.
- ICU patients are routinely transferred to other Steward hospitals, and ICU beds have been closed because of the shortage of ICU RNs. The hospital sometimes therefore “boards” ICU patients in the ER, or transfers ICU patients to regular nursing floors. Some shifts management closes the ICU due to a lack of RN staff.

“As nurses, we want to give everything to our patients each and every day,” said Audra Sprague, RN and bargaining unit co-chairperson. “But working short staffed, always being underpaid and undervalued, and watching great staff leave for other jobs makes doing that very difficult. We need management to make the necessary improvements.”

The nurses, who are in contract talks with Steward NVMC, have spent 11 negotiation sessions with management trying to improve nurse staffing levels and make NVMC competitive in recruitment and retention. To date, management has not responded to those proposals. ■

RNs at Steward St. E’s Announce Successful Settlement, Cancel Scheduled Picket

On March 15, just four days ahead of a scheduled informational picket, the MNA nurses at Steward St. Elizabeth’s Medical Center reached a settlement with hospital management that ensures management will adhere to staffing levels previously agreed to in their union contract, which was ratified in July. As a result of the positive settlement, the nurses canceled their informational picket which was scheduled for March 19.

“We are pleased that Steward and SEMC management responded to our concerns and worked with us to achieve a fair settlement of this issue,” said Chris Kenney, RN and co-chair of the SEMC bargaining unit. “Knowing that management immediately committed to improving the staffing conditions means that the high standard of care our patients expect and deserve is ensured.” ■



The Dangers of Phishing Emails in the Healthcare Sector

by Jennifer Johnston, MNA Associate Director of Public Communications

Having your personal web-based accounts, from email and social media to banking, hacked is pretty much everyone's worst nightmare these days, given how extensive the resulting damage can be and how complicated it is to correct. Which is why, over the years, most of us have learned to be wary of those "phishing emails" that arrive in our at-home inboxes, the emails that try to bait us into sharing passwords, revealing our personal data, or "clicking here" to reset login and password information.

It's not just your personal email accounts that are susceptible to hackers' phishing emails though. Unfortunately, it's your work account too, and this is especially problematic in the healthcare industry.

The Journal of the American Medical Association recently published a report (Assessment of Employee Susceptibility to Phishing Attacks at US Health Care Institutions; *JAMA Network Open*; March, 2019) by William Gordon, MD of Harvard Medical School and Brigham and Women's Hospital, and team that examined the likelihood of health care employees being affected by phishing emails, or emails that "[deceive] individuals into disclosing sensitive personal information or clicking on links that introduce malicious software through deceptive electronic communication."

In the introduction of the study, Gordon and his team report, "The security of health care data and systems is rapidly emerging as a critical component of hospital infrastructure, and attacks on hospital information systems have had substantial consequences, with closed practices, canceled surgical procedures, diverted ambulances, disrupted operations, and damaged reputations ... health care delivery has become increasingly dependent on integrated, complex information systems that are susceptible to disruption. Securing our health information systems is critical to safe and effective care delivery and is now of public health concern." (W. Gordon, *JAMA Network Open*; March, 2019).

Working with six diverse health care institutions from across the nation over a period of seven years, the study involved sending about three million simulated phishing emails to the participating organizations' employees [working in various divisions/departments] as part of 95 separate email campaigns. The initial data showed that, collectively, employees opened 422,062 of the simulated emails. This translates to about 14 percent of emails being clicked, or about one in seven.

Researchers additionally noted that the simulated emails were broken down into three categories: office-related, IT-related, and personal. Simulated IT-related emails, for example, those requesting password resets, had the second highest likelihood of being opened. Simulated personal emails were the most likely to be clicked.

The study goes on to point out that health care institutions are unique targets for hackers and their phishing emails due to the abundance of personal data that is housed within; their large workforces; their high rate of employee turnover; and the ongoing arrival of new employees who may not have received proper cyber security training from their new employers.

The Upside

Although this study shows that a large number of employees working at the participating health care institutions clicked on phishing emails, those results appear to be fairly consistent with findings across other industries. It is, unfortunately, the fact that the stakes are so high when it comes to an IT breach in health care that makes this study unique.

In terms of moving ahead and next steps, the study results show that health care employers must take the lead in making improvements on this issue. Recommendations include having health care employers 1) install and appropriately upgrade proper spam filters, 2) implement multi-factor authentication for system login, and 3) implement proper and ongoing cyber security training for all employees. ■



At the Table

Boston VNA Wins Great Improvements with New Contract

In January, the registered nurses at Boston VNA overwhelmingly ratified a new contract. Highlights include:

- Cost-of-living increases for all members over a two-year period
- Retro wages
- An improvement in work-week hours from 37.5 to 40
- Improvements in caseload management (from 31 to 30 units), as well as improvements in case weights
- Enhancements in workplace safety language
- Improvements in the “severe weather” language
- Expansion of the timeline for requesting vacation days
- The addition of “special life event” language to the vacation language

Nurses at Baystate Home Health Go to Arbitration and Win!

In February of 2018, the management team at Baystate Home Health attempted to save money and delay patient care by forcing nurses to take an unpaid day off before the weekend that they were scheduled to work. The nurses objected and filed a grievance, citing their clear contract language, past practice, and bargaining history. They also called management’s attention to the fact that when nurses were removed from the schedule, patients’ home care visits were delayed, putting them at an increased risk for complications and hospital readmissions. Nevertheless, management refused to settle the grievance.

The nurses ultimately took the case to arbitration, and on February 8, 2019, it was found that Baystate Home Health had clearly violated the contract. Management was ordered to pay the nurses for each of the shifts they were canceled for during the seven-month period, at their overtime rate of pay no less. The nurses were made whole and demonstrated that, by sticking together and holding management accountable to uphold the contract, nurses can successfully defend both patient care and nurses’ rights.

Who’s at the Table?

- Atrius Health
- Beth Israel Deaconess Plymouth
- Cape Cod VNA East
- Cape Cod VNA West
- Northeast Hospital Corporation
- Steward Nashoba Valley Medical Center
- UMass University



Nursing is caring...

but it takes more than a caring person to be a nurse.

It is hard to think of a more under-appreciated occupation than nursing. The women and men who care for us at our worst put up with long hours and medically complex patients. They strive to be there when you need them most. Their feet hurt, they're fatigued and they're hungry, but none of that stops them from being at your bedside. This year, if you know a nurse or see one on a regular basis, take a minute to tell them how important they are.

We are the Massachusetts Nurses Foundation (MNF), a non-profit 501(c)(3) corporation. The primary mission of the MNF is to advance the professional, educational and technological skills of nurses and health care professionals. Last year we awarded more than \$50,000 in scholarships. You can help support our mission in any of the following ways:

- ♥ **Arrange an Honorarium/Memorial Gift** - A donation can be made in honor or memory of family members, friends and associates, or to acknowledge a special event. An acknowledgement will be made to the family of the person being honored.
- ♥ **Arrange for Planned Giving** - Consider making a donation to the MNF through wills, endowments or legacies.
- ♥ **Sign-up to golf/sponsor** our May 20 Golf Tournament at Blue Hill Country Club (please visit our website).
- ♥ **Shop on Amazon?** - Instead go to smile.amazon.com and select the Massachusetts Nurses Foundation Inc. as your charity of choice and Amazon will donate 0.5% of your purchase to the MNF.
- ♥ **Participate in MNF Fundraising Events** - Buy a raffle ticket for a chance to win a 55" LG flat screen TV (includes delivery/setup). Buy online, drawing is on May 20 (please visit our website).

MNF Massachusetts Nurses Foundation
 340 Turnpike Street, Canton, MA 02021
www.massnurses.org/mnf – 781-830-5745

Celebrate our Nurses
National Nurses Week May 6-12

MNA Summer Photo Contest!



#MNASummer

Get your phones and MNA gear ready! Because this summer we are inviting all MNA members to join in our first-ever "MNA Summer Photo Contest!"



The Concept

While you are out and about this summer — be that in your own backyard, at your summer rental, or overseas at an exotic location — be sure to snap a pic of yourself wearing your favorite item of MNA gear and post it to our Facebook and/or Instagram pages along with a caption that includes your name and the name of your bargaining unit. Sharing fun facts about your location and/or adventure is encouraged but not required, as is the use of #MNASummer.

Timeline, Process and Rules

- MNA members can post their summertime photos (taken on days off and/or vacations only please!) to our Facebook and/or Instagram pages starting July 4, 2019 through September 2, 2019
- Only MNA members can participate, although other people can be featured with you; they do not need to be in MNA gear
- Qualifying "gear" includes any clothing item or accessory that displays a visible and recognizable MNA logo
- Photos must have a caption that includes your name as listed with the MNA and your bargaining unit; use of #MNASummer not required but encouraged
- Winner will be chosen at random after the contest ends

Prize is a \$300 gift card!

The MNA has the right to use submitted photos as part of future promotions for similar events, promotions for this current event, or in an upcoming MassNurse newsletter and/or other materials to cover the event after it is over.



Legislative Agenda 2019-2020

The Workforce Development and Patient Safety Act (S.1255/H.2004)

Sponsors: Senator Diana DiZoglio/Representative Dan Ryan

Several questions were raised recently regarding the state of nursing in the Commonwealth, including the impact of nursing on quality patient care and the current and future supply of nurses in Massachusetts. This bill calls for a series of independent studies to examine the makeup of the current nursing workforce, determine the nursing needs for the Commonwealth over the next several decades and to provide an independent, evidence-based analysis of issues affecting the nursing workforce, including but not limited to: hospital staffing, workplace violence, workforce injuries and quality of care. The results of these studies would be used to determine the path forward for setting safe patient limits in Massachusetts acute care hospitals.

An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence (S.1427/H.1416)

Sponsors: Senator Joan Lovely/Representative Denise Garlick

Nurses are assaulted on the job more than police officers and prison guards, with more than 70% of hospital emergency department nurses reporting being assaulted during their career. This bill would require health care employers to perform an annual safety risk assessment and, based on those findings, develop and implement programs to minimize the danger of workplace violence to employees and patients. It would also provide time off for health care workers assaulted on the job to address legal issues and require semiannual reporting of assaults on health care employees.

An Act Providing for Safe Patient Handling (S.1213/H.3487)

Sponsors: Senator Harriette Chandler/Representative Claire Cronin

Nurses and other health care workers suffer more musculoskeletal injuries than any other profession, according to the Bureau of Labor Statistics. This bill would require health care facilities to adopt and implement a safe patient handling program to identify, assess, and develop strategies to control risk of injury to patients and health care workers associated with the lifting, transferring, repositioning, or movement of a patient or equipment.

The Hospital Profit Transparency and Fairness Act (S.714/H.1144)

Sponsors: Senator Michael Moore/Representative Josh Cutler

When health care corporations, which receive a substantial amount of their funding from taxpayer dollars, are closing hospitals, pediatric units, detox units and psychiatric units, the public has the right to know if tax dollars are being spent on patient safety or hospital CEOs. This bill would require hospitals to be transparent about their financial holdings and other activities, assess any hospital receiving taxpayer dollars that has an annual operating margin above a specific, predetermined cap and assess any hospital receiving taxpayer dollars that provides a compensation package for its CEO that is greater than 100 times that of the hospital's lowest paid employee. These assessments would be deposited in a newly created Medicaid Reimbursement Enhancement Fund to increase Medicaid reimbursement rates to eligible hospitals to limit excessive CEO salaries and to limit and claw back excess profits to ensure that taxpayer dollars are dedicated exclusively to safe patient care and necessary services for all communities in the Commonwealth.

An Act Relative to the Closing of Hospital Essential Services (S.672/H.1139)

Sponsors: Senator Julian Cyr/Representative Ed Copping

In the wake of the recent illegal and premature closings of North Adams Regional Hospital and Quincy Medical Center, along with the loss of other essential services throughout the state, this bill would extend the official notice period to the Department of Public Health (DPH) in advance of a closure or discontinuation of health services and require any hospital proposing closure or discontinuation of health services to provide evidence of having notified and provided the opportunity for comment from affected municipalities before the notification period begins. The bill would also instruct the Attorney General to seek an injunction against to maintain the essential services for the duration of the notice period and would prohibit the hospital from eligibility for an application for licensure or expansion for a period of three years from the date the service is discontinued, or until the essential health service is restored, or until such time as DPH is satisfied with a modified plan.

An Act Strengthening the Penalty for Assault or Assault and Battery on an Emergency Medical Technician, Ambulance Operator, Ambulance Attendant or Health Care Provider (S.838/H.1578)

Sponsors: Senator Michael Brady/Representative Paul Tucker

Assaults on health care providers, including nurses, are on the rise. Health care workers experience the most non-fatal workplace violence, with attacks on these professions accounting for nearly 70% of all non-fatal workplace assaults. Thirty-three other states have laws on the books making assault on a nurse a felony- but Massachusetts is not one of them. This bill would increase the penalties for assaulting emergency medical technicians, ambulance operators, ambulance attendants and other health care providers, including nurses, and make it a felony punishable by up to five years in state prison.

An Act Relative to Creating Intensive Stabilization and Treatment Units within the Department of Mental Health (S.1163/H.1719)

Sponsors: Senator Marc Pacheco/Representative Patricia Haddad

This bill would create two Intensive Stabilization and Treatment units within the Department of Mental Health- one for males and one for females. Under this bill, patients exhibiting extreme aggression, highly assaultive behavior and/or self-destructive behavior would be admitted to a specialized unit. These units would be highly physically separate, secure, structured environments with specially trained staff, in order to protect all patients and staff.

An Act Relative to Creating a Pilot Program to Transfer High Acuity Behavioral Health and Dual Diagnosis Patients Away from Crowded Emergency Departments (S.1164/H.1720)

Sponsors: Senator Marc Pacheco/Representative Patricia Haddad

A recent study found that more than 40,000 patients suffering from acute mental illness are boarding for days or even weeks in our hospitals emergency departments each year, leaving these patients languishing without care and impacting staff's ability to provide care to other patients requiring emergency medical care. This bill would create a pilot program at Taunton State Hospital to transfer medically stable, high acuity behavioral health and dual diagnosis patients away from overcrowded emergency departments until such time that an appropriate placement is found to meet the patient's needs.

An Act Ensuring Safe Medication Administration (S.1328/H.1866)

Sponsors: Senator Marc Pacheco/Representative Dan Donahue

In an effort to cut costs, the state of Massachusetts, and other private sector health care providers have implemented programs that allow unlicensed, inadequately trained staff to administer a variety of medications that should only be administered by registered nurses. This bill would prohibit the dangerous practice of unlicensed personnel distributing medication.

An Act Relative to Liability Protection for Disaster Volunteers (S.1340/H.1888)

Sponsors: Senator Michael Rush/Representative Sean Garballey

Nurses are often on the frontlines in the event of a disaster or state of emergency. This bill would protect nurses liability while serving as a volunteer. It would also address instances in which a nurse personally suffers an injury in the course of providing volunteer service in a disaster or emergency occurring in the Commonwealth and would consider a volunteer nurse who sustains injury or disability or who is killed while serving as a volunteer an employee of the Commonwealth with access to certain benefits associated with that designation.

An Act Relative to Credible Service for School Nurses (H.2311)

Sponsors: Representative Kathy LaNatra

Over the course of a career, a school nurse may work in another setting in his or her capacity as a nurse. This bill would permit school nurses to buy back up to three years of time spent working in the private sector as a nurse. The nurse must pay into the pension system what s/he would have paid for those three years, or fraction thereof, plus interest. Any time thus purchased would be counted toward the nurse's number of years of service when calculating their pension.

An Act Improving Fiscal Transparency (H.668)

Sponsors: Representative Natalie Higgins

This bill would require that fiscal analysis of ballot questions be undertaken in consultation with the Attorney General and Secretary of State.

For more information on any of these bills, contact Maryanne Bray, Director of Legislation, at 781-249-9581.

Contact Hours are provided for all programs, pre-registration is required

For full program details and registration information go to www.massnurses.org.

The Growing Use of Antidepressant Medications: A Global Update

Date: Monday, May 13, 2019

Time: 5:30 – 8:15 p.m. (dinner provided)

Location: The Manor, West Boylston, MA

Cannabis (“Medical Marijuana”) and the Endocannabinoid System: What Every Nurse Needs to Know

Date: Tuesday, May 14, 2019

Time: 5:30 – 8 p.m. (dinner provided)

Location: Massachusetts Maritime Academy, Buzzards Bay, MA

Beyond the Windowpane: Examining the Complexities of Forensic Nursing Practice

Date: Wednesday, May 15, 2019

Time: 8:30 a.m. – 3 p.m. (breakfast & lunch provided)

Location: Hadley Farms, Hadley, MA

Conflict Resolution in the Workplace

Date: Wednesday, May 15, 2019

Time: 5 – 8:15 p.m. (dinner provided)

Location: Danversport Yacht Club, Danvers, MA

Beyond the Windowpane: Examining the Complexities of Forensic Nursing Practice

Date: Friday, May 17, 2019

Time: 8:30 a.m. – 3 p.m. (breakfast & lunch provided)

Location: MNA Headquarters, Canton, MA

Diabetes Management for Nurses

Date: Wednesday, May 29, 2019

Time: 5:30 p.m. – 7:45 p.m. (dinner provided)

Location: MNA headquarters, Canton, MA

Diabetes Management for Nurses

Date: Monday, June 10, 2019

Time: 5:30 – 8:15 p.m. (dinner provided)

Location: The Manor, West Boylston, MA

The Impact of Substance Use Disorder and Addiction on Patients, Family, and the Community

Date: Tuesday, June 11, 2019

Time: 8:30 a.m. – 4 p.m. (breakfast & lunch provided)

Location: MNA headquarters, Canton, MA

Current Trends in Nursing: An Update on HIV and Hepatitis Care

Date: Wednesday, June 12, 2019

Time: 5:30 – 8:15 p.m. (dinner provided)

Location: Massachusetts Maritime Academy, Buzzards Bay, MA

Cannabis (“Medical Marijuana”) and the Endocannabinoid System: What Every Nurse Needs to Know

Date: Thursday, June 20, 2019

Time: 5 – 8:15 p.m. (dinner provided)

Location: Danversport Yacht Club, Danvers, MA

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A Workshop to Understand and Address the Complexities of Substance Use by Healthcare Professionals

All programs will be held 6–8 p.m.* (registration and dinner 5:30–6 p.m.) on the following dates:

Region 1 – Delaney House, 3 Country Club Road, Hoyoke, MA – May 6, 2019

Region 2 – DoubleTree Westborough, 5400 Computer Dr, Westborough, MA - May 8, 2019

Region 3 – Mass Maritime Academy, 101 Academy Drive Buzzards Bay, MA – April 17, 2019

Region 4 – Danversport Yacht Club, 161 Elliot Sreet Danvers, MA – May 9, 2019 *

Region 5 – MNA Headquarters, 340 Turnpike Street, Canton, MA – April 11, 2019

*Registration and dinner 5-6 p.m. for Region 4 only.

Addiction is a serious workplace issue. Substance use disorders affect approximately 10% of the US population and a reported 75 – 80% of individuals suffering with substance use problems are working full or part time. Shame, stigma and fear of license issues often prevent healthcare professionals from seeking treatment. This program will discuss the specific risk factors for healthcare professionals and how to prevent, recognize, and support our colleagues with substance use problems. An

overview of the Massachusetts licensing board programs for Substance Abuse Rehabilitation Program (SARP) will be discussed. The issues of recreational and medical marijuana use by healthcare providers will be addressed. Through case studies, practical strategies for addressing substance use in the workplace will be explored. The program will conclude with a discussion of support resources such as the MNA's Peer Assistance program to assist our colleagues toward recovery.

The MNA in Pictures



At the annual meeting of Unit 7, Executive Chairperson Mike D'Intinosanto took time to thank Doug Koziol for his service to Unit 7 and to congratulate him on his retirement.



Richard Bensinger, nationally-recognized union organizer and keynote speaker at last month's annual MNA Labor Summit, pulled MNA members together for a group photo in support of VTA workers who are fighting for a fair and equitable contract.



Region 2 MNAers from St. Vincent's Hospital gather with friend and mentor Eileen Norton (second from left, back row) at last month's annual MNA Labor Summit.



Representatives from the New England Chapter of "Black Nurses Rock" pose with Donna Kelly-Williams following their recent visit with the MNA's board of directors. They attended to share news from their organization, whose mission is to inspire and empower innovative leaders who want to serve and educate vulnerable communities, and to discuss how the two groups can collaborate in the future.



This Month in MNA History. Following the abrupt closure of North Adams Regional Hospital in March of 2014, a mighty group of community activists in Northern Berkshire County rose up to fight the closure and to protect local healthcare services. Shown in this picture from April 1 of 2014 are MNA/North Adams Regional Hospital nurses who came out to hear then Attorney General Martha Coakley address the media at a press conference concerning the status of the closed hospital and its emergency services. Following a long fight that involved hundreds of MNA nurses and supporters, the full-service hospital eventually closed, although an advocacy group known as "North County Cares Coalition" emerged and is still active. The goal of the coalition is to

advocate "for the restoration of a full-service hospital with inpatient beds in North Berkshire County for the benefit of the area's 37,000 residents." Abrupt closures of desperately needed healthcare services still continue. In response, the MNA has filed a bill called "An Act Relative to the Closing of Hospital Essential Services," which, if enacted, will extend the official notice period to the Department of Public Health (DPH) in advance of a closure or discontinuation of health services, as well as require any hospital proposing closure or discontinuation of health services to provide evidence of having notified and provided the opportunity for comment from affected municipalities before the notification period begins. ■

Notice to members and non-members regarding MNA agency fee status In private employment under the National Labor Relations Act

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

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

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

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

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

It shall be an unfair labor practice for an employer –

- (3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other statute of the United States, shall preclude an employer from making an agreement with a labor organization ... to require as a condition of employment membership therein on or after the thirtieth day following the beginning of such employment or the effective date of such agreement, whichever is the later. If such labor organization is the representative of the employees as provided in Section 9(a), in the appropriate collective bargaining unit covered by such agreement when made...

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

This year, the agency fee payable by non-members is 95 percent of the regular MNA

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

1. When to object

Employees covered by an MNA union security clause will receive this notice of their rights annually in the *MassNurse*. If an employee wishes to object to MNA's designation of chargeable expenses, he or she must do so within 30 days of receipt of this notice. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Employees who newly become subject to a contractual union security clause after September 1, or who otherwise do not receive this notice, must file any objection within 30 days after receipt of notice of their rights.

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

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

2. How to object

Objections must be received at the following address within the 30-day period set forth above:

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

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

To be valid, objections must contain the following information:

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

tion number

- Objections must also be signed by the objector

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

3. How to challenge MNA's accounting

If a non-member is not satisfied that the agency fee is solely for chargeable activities, he or she may file a challenge to MNA's accounting. Such a challenge must be filed within 30 days of receipt of MNA's accounting. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

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

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

Notice of Dues Increase to Members

This notice is to inform all MNA members and Agency Fee payers that per MNA dues policy the maximum and minimum rates of dues have been reviewed. Based on this review, the current minimum monthly dues rate will remain \$69.42, and the current maximum monthly dues rate will remain \$89.62. All associated dues categories or fees will be adjusted based on these new rates. For more information, contact the MNA's Division of Member Services at 781-821-4625 or send email to membership@mnarn.org.

Call for Nomination/Consent to Serve for the MNA 2019 Election

I am interested in active participation in Massachusetts Nurses Association, general elections.

MNA General Election

- | | |
|---|---|
| <input type="checkbox"/> Vice President, Labor*, 1 for 3 years | <input type="checkbox"/> Nominations Committee, (5 for 3 years) [1 per region] |
| <input type="checkbox"/> Treasurer, Labor*, 1 for 3 years | <input type="checkbox"/> Bylaws Committee, (5 for 3 years) [1 per Region] |
| <input type="checkbox"/> Director, Labor*, (5 for 3 years) [1 per Region] | <input type="checkbox"/> At-Large Position in Regional Council
(3-year term; 2 per Region) |
| <input type="checkbox"/> Director At-Large, General*, (4 for 3 years) | |
| <input type="checkbox"/> Director At-Large, Labor*, (3 for 3 years) | |

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

Please type or print - Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Personal Email _____

Educational Preparation

School	Degree	Year

Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) Past 5 years only.

MNA Offices	Regional Council Offices

Candidates may submit an **emailed** statement not to exceed 250 words. Briefly state your personal views on nursing, health care and current issues, including, if elected, what your major contribution(s) would be as a delegate and in particular to the position which you seek. This statement will be used in the candidate biography and published on the Massachusetts Nurses Association website. Statements, if used, must be emailed to mnaelections@mnarn.org, subject: elections. Deadline for receipt of statements is June 7, 2019.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Received Deadline: All nominations/consent forms must be received by 4:30 p.m. on May 31, 2019.

**Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021
fax: 781-821-4445/ email: mnaelections@mnarn.org**

- Material must be mailed, faxed or emailed to the attention of the MNA staff person for Nominations and Elections Committee
- Acknowledgment of receipt of your submission will be emailed to your MNA webmail account within 48 hours of receipt

- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org, under applications and forms





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- Program available to family members of MNA members

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*Discounts only available when using select closing attorneys. Certificate terms and conditions: Certificate available for first lien mortgage loans only. Certificate can only be redeemed by closing a loan through the Danvers, MA branch of CrossCountry Mortgage, Inc. Certificate for free appraisal will be redeemed at closing in the form of up to a \$600 lender credit. Borrower cannot receive cash at closing. Approval subject to CrossCountry Mortgage, Inc., mortgage insurance, and loan purchase underwriting guidelines and property approval for all loans. The certificate is available only on loans originated through completed residential mortgage loan applications received directly by CrossCountry Mortgage, Inc. which close on or before October 31, 2019. Loan program terms and conditions are subject to change without notice. Certificate must be presented with an application for a residential mortgage loan. Reproductions of this offer will not be accepted. Only one certificate per loan transaction will be accepted. Certificate has no cash value. Certificate will be rescinded if the borrower elects to cancel the loan transaction or the conditions for sale of the loan change. CrossCountry Mortgage, Inc. has the right to accept, decline, or limit the use of any discount or offer. CrossCountry Mortgage, Inc. is a licensed mortgage lender in the Commonwealth of Massachusetts. Licensed by the New Hampshire Banking Department. NMLS3029 (www.nmlsconsumeraccess.org).