the Massachusetts nurse

ADVOCATE

The Newsletter of the Massachusetts Nurses Association ■ Vol. 91 No. 2

St. Vincent RNs Holding the Line for Patient Safety!

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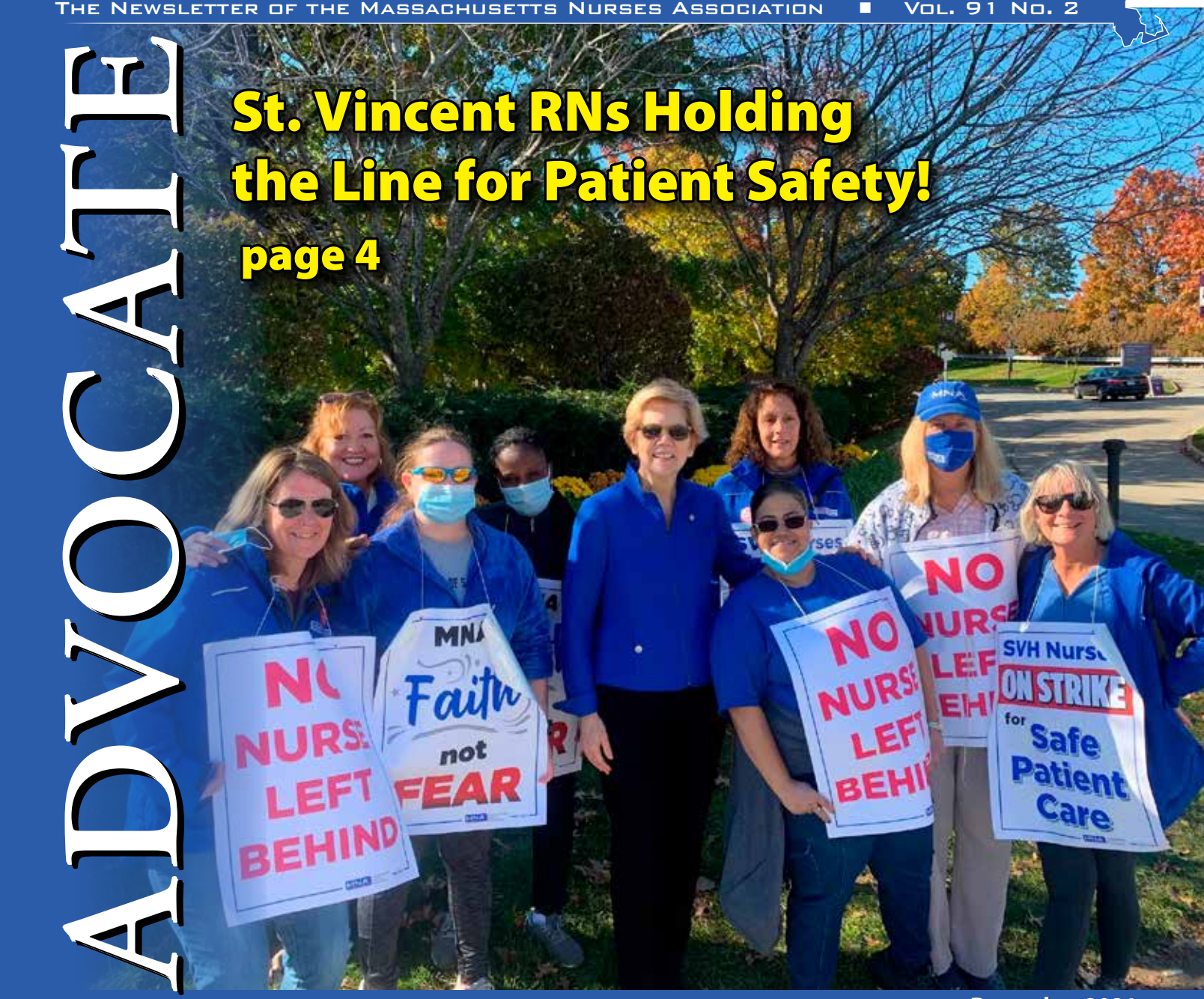

December 2021

MNA Massachusetts Nurses Association

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On the web: massnurses.org

ANNUAL AWARDS

Stephanie Conley
MNA Bargaining Unit Rookie of the Year
Tewksbury Hospital

Kerrianne Mello
MNA Nursing Education Award
Tewksbury Hospital

Danielle Preston
MNA Image of the Professional Nurse Award
Tewksbury Hospital

Worcester Interfaith
Isabel Gonzalez-Webster, ED
MNA Advocate for Nursing Award

Brooke Coulter
MNA Excellence in Nursing Practice Award
Cambridge Hospital

Laurie Bartee
MNA Excellence in Nursing Practice Award
Cambridge Hospital

Susan Gordon
MNA Human Needs Service Award
Tewksbury Hospital

Karen Coughlin
Kathryn McGinn Cutler Advocate for Health and Safety Award
Retired From Unit 7

▲ Cheryl Hamel
MNA Bargaining Unit Rookie of the Year
Milford Medical Center

◀ Sara Burton
MNA Bargaining Unit Rookie of the Year
Milford Medical Center

Susan Wright Thomas
MNA Nursing Education Award
Cambridge Hospital

Joan Ballantyne
Judith Shindul-Rothschild Leadership Award
Norwood Hospital/St. Elizabeth's Medical Center

Ellen MacInnis
MNA Image of the Professional Nurse Award
St. Elizabeth's Medical Center

Beth Piknick
Kathryn McGinn Cutler Advocate for Health and Safety Award
Retired from Cape Cod Hospital

MNA Steward Norwood Hospital Bargaining Unit
MNA Solidarity Award

MNA St. Vincent Bargaining Unit
MNA Solidarity Award

President's Column


Katie Murphy

Greetings Sisters and Brothers,

This holiday season we are looking at benchmarks that a year ago we thought we would never see. The global pandemic continues to affect every aspect of our lives, especially as nurses and frontline caregivers. We also continue to walk the picket line at St. Vincent Hospital after walking out nine months ago (pg. 4). Our fight on both these fronts continues with unrelenting vigor.

It is crucial to express our ongoing support of our courageous colleagues at St. Vincent. This is truly a David and Goliath, battle with our nurses standing strong for both patient safety and organized labor. Corporate healthcare would love nothing more than to see the voices of its workers diminished, and it would happily maintain unsafe assignments if it meant a few more dollars in their pockets. The committed nurses at St. Vincent show the "industry" every day that we will never back down in our righteous struggle to keep our patients and colleagues safe.

Please redouble your efforts to get to Worcester and walk the line. Our continued strength depends on it, and our fellow MNA members at St. Vincent need your continued support.

Meanwhile, MNA nurses and healthcare professionals across the commonwealth are at the table negotiating first and ongoing contracts — from the Berkshires to Boston, from Lawrence to Leicester (pg. 6). MNA committees are working tirelessly to hammer out fair contracts in a timely fashion, and several units recently ratified impressive new settlements (pg. 9).

We are continuing our work on the legislation that is so crucial to our work and our workplaces. It seems there are almost-daily reports of nurses being assaulted at work. Our bills on workplace violence, essential services, and COVID-related issues are on Beacon Hill and we continue our advocacy and outreach to see these critical precautions codified in law.

In an abundance of caution, the MNA's Board of Directors recently voted to keep all programs and meetings virtual through the first half of 2022. This is a mixed blessing: More nurses will now be able to access CE programs and meetings without sitting in traffic, but that all-important in-person contact gets sacrificed. Our ability to walk through our facilities and hold committee meetings has been minimized. I know how important those one-on-one conversations are to building and maintaining our strength. I also know that every time I join a meeting with nurses around the state, I emerge energized. The work you are doing is heroic and makes a real difference in your workplace, and that spreads to other workplaces.

I am urging everyone to attend the Labor Summit on March 17, 2022. While we will not be able to meet in person, it is my hope that you will attend and (perhaps!) bring along a future leader from your bargaining unit!

Please enjoy this issue of *MassNurse*, and I look forward to seeing you on Zoom and on the picket line at St Vincent. Happy holidays! ■

Katie Murphy RN

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MNA Massachusetts Nurses Association

St. Vincent Nurses Strike Reached Nine Months on December 8 and Still Ongoing

On Wednesday, December 8, the historic St. Vincent Hospital nurses strike reached the nine-month mark, another sad milestone in their struggle against Dallas-based Tenet Healthcare. This for-profit corporation has spent more than $100 million and engaged in several unfair labor practices to retaliate against the nurses for exercising their right to advocate for safer patient care. The strike is the most extended nurses strike in state history and one of the longest of several strikes by workers across the nation, who are standing up to corporate greed and the devaluation of essential workers in the wake of the COVID-19 pandemic.

The strike caught the attention of labor and social justice advocacy organizations from across the nation after Tenet pursued an aggressive campaign to undermine the nurses' union rights and to replace the nurses permanently, what some in the labor movement have called a "PATCO moment," referring to efforts by the Reagan administration to replace air traffic controllers following their strike in the early 1980s. In the St. Vincent nurses' case, the action has already had a dramatically negative impact on the care delivered to patients served by the hospital, as the nurses have received reports from numerous staff members inside the hospital, as well as recent patients, of serious medical lapses and errors by ill-prepared and/or incompetent replacements, including the nurses' own experiences encountering and providing care to compromised indigent patients being dumped outside the hospital's emergency department by Tenet.

"After eight long months, sadly, it is clear that Tenet was never interested in a good faith effort to negotiate an equitable contract, but their ultimate goal is to destroy our union to prevent us from exercising our legally protected right to protect our patients and our community. We will not let that happen," said Marlena Pellegrino, RN, a longtime nurse at the hospital and co-chair of the nurses' local bargaining unit of the Massachusetts Nurses Association. "Our nurses want nothing more than to be back at the bedside to provide our patients with the dignity and expert care they expect and deserve from this, their community hospital. Unfortunately, Tenet has refused to an agreement that would allow that to happen, choosing instead to spend millions to keep us out and to pursue illegal practices to punish us for our advocacy. Tragically, it is our patients who are ultimately paying the price for these objectionable practices."

The strike by the St. Vincent nurses, which began on March 8, followed more than 18 months of negotiations and advocacy by the nurses to convince their CEO, Carolyn Jackson, that

conditions for patients were patently unsafe and needed to be improved to protect their patients and stem the mass exodus of nurses, after more than 100 nurses left the facility mainly due to the deplorable working conditions. The strike followed a year of great sacrifice and courageous service by the nurses during the pandemic, as they worked tirelessly to care for patients with inadequate staffing conditions and the required personal protective equipment (some nurses resorted to wearing trash bags after Tenet failed to provide appropriate protective gowns), resulting in hundreds of the nurses becoming infected.

Back in August, after four days of negotiations, the nurses had agreed to staffing improvements negotiated throughout the strike and were ready to return to work to provide care, particularly during the recent surge caused by the Delta variant. Yet, a final agreement was scuttled by Tenet when they demanded the nurses accept an unprecedented and punitive back-to-work provision that is not only unfair to nurses, but its replacement of highly skilled nurses with lesser qualified staff would undermine all the patient safety gains the parties had negotiated. The hospital's proposal also called for the nurses to retract all the unfair labor practice charges, opening the door for Tenet to continue its efforts to retaliate against the striking nurses.

In October, Tenet declared an impasse in the negotiations and implemented its last offer for the replacement nurses inside the hospital. The nurses maintain that Tenet's attempt to declare an impasse implementing their last offer was illegal and made in bad faith as it is compromised by its inclusion of an unlawful bonus for replacement nurses and by one or more of the unfair labor practices involving their actions regarding the return of nurses to work.

As the strike continues, the nurses continue their effort to hold Tenet accountable for its actions. They have filed a total of eleven unfair labor practices against the corporation for its actions before and throughout the strike, including making unlawful threats against striking nurses, retaliation and discrimination towards striking nurses, promises of benefits to non-strikers, and bad faith bargaining tactics, all designed to break the strike and to remove MNA as the nurses' bargaining agent.

The nurses are clear that any negotiated return to work agreement must also include a negotiated resolution of all unfair labor practice charges the nurses have filed.

Steve Striffler, a professor of anthropology and director of the Labor Resource Center at the University of Massachusetts Boston, commenting on Tenet's refusal to grant nurses a return to their previous positions in a recent news report said, "It's unheard of for two sides to agree, after a contentious strike, and for them, the employer, to say, 'No, we aren't going to guarantee you can come back to the job you've been in.'"

In recent weeks, nurses have been buoyed by a growing chorus of voices from throughout the community. The entire Massachusetts Congressional delegation signed a letter to Tenet's CEO calling out Tenet for its attack on the nurses and its endangerment of the community, demanding that the CEO of Tenet corporate visit Worcester to ensure an equitable end to the crisis it has created.

"We are alarmed and dismayed by Tenet's efforts to prolong this crisis with their demand that nurses be denied a return to the positions they held, many of them for decades before the strike. Tenet's approach violates long-accepted standards for the conclusion of a work stoppage and jeopardizes the safety of the patients who will be subject to care from more inexperienced replacement staff," the lawmakers wrote. "Of more concern is Tenet's decision to purposefully close desperately needed beds and eliminate services as a punitive ploy to force the nurses to end their strike, using patients and our communities as pawns in their anti-union strategy."

The AFL-CIO recently sent a letter to Tenet's CEO registering the federation's support for the St. Vincent nurses' strike and calling on him to resolve the corporation's unfair labor practices and negotiate an equitable end to the work stoppage.

While the nurses continue to picket outside the hospital, and the patients of Worcester go without needed care following Tenet's decision to close desperately needed beds and services to prolong the strike, the corporation recently released an announcement of third-quarter profits over $448 million and total revenues of more than $4 billion. This largesse is in addition to the $197 million Tenet generated in the first two quarters of the year, which means that the Fortune 100 company has reaped profits above $645 million throughout the nurses strike—a strike waged to encourage Tenet to invest a portion of its vast resources into safer patient care. ■

Who's At the Table?

- Atrius Health
- Berkshire Medical Center (Berkshire Health Systems)
- Boston Med Flight
- Brigham and Women's Hospital (Mass General Brigham system)
- Burbank Hospital (UMass system)
- Clinton Hospital (UMass system)
- Dana Farber Cancer Institute (Mass General Brigham system)
- Faulkner Hospital (Mass General Brigham system)
- Gloucester School Nurses
- Heywood Hospital
- Lawrence General
- Leicester School Nurses
- Medford School Nurses
- MetroWest Medical Center
- Milford Hospital (first contract)
- Morton Hospital (Steward system)
- Nantucket Cottage Hospital (Mass General Brigham system)
- Northeast Hospital Corporation (Beth Israel Lahey Health system)
- Saint Vincent Hospital (Tenet system; on strike for nine months)
- St. Luke's Hospital (Southcoast system; first contract)
- VNA Boston, Healthcare Professionals (first contract)
- VNA Boston, RNs
- VNA & Hospice of Cooley Dickinson
- Wachusett School Nurses
- Wilmington School Nurses

U7 Out in Force!

Members of Unit 7 turned out in impressive numbers at the MNA's annual convention and awards dinner in early October. Many thanks to all of them for their commitment and never ending hard work.

MNAers at Good Samaritan Demonstrate for Improved Staffing

On Oct. 6, MNA members from Steward Good Samaritan Medical Center were joined by hundreds of local supporters to call on management to commit to staffing the hospital appropriately. The public demonstration came just days after the state's independent agency responsible for providing objective analysis of healthcare quality and costs in Massachusetts (CHIA) reported that Steward Good Samaritan Medical Center was the single most profitable hospital in the state (17.2% profit margin, compared to a statewide hospital profit margin average of less than 3%). Nurses and healthcare professionals at the hospital have been attempting to work with management for months to improve staffing inside the healthcare facility. The problem is longstanding, but it has worsened exponentially during the pandemic. With no resolution on the horizon and patients in an unsafely staffed environment, hospital staff and community stakeholders organized the demonstration to draw public attention to the staffing crisis that has relentlessly plagued the hospital. One solution that the MNA has pushed for that would immediately improve the staffing crisis would be for hospital management to temporarily reduce the number of elective procedures currently being performed. This would make more staff available to deliver care to patients in the emergency department and elsewhere while also opening beds that elective patients would otherwise take up. Surgeries are highly profitable, and management has ignored this demand of the staff while agreeing that there is a staffing crisis.

Rally in New Bedford for the RNs of St. Luke's!

On Nov. 4, the Greater Southeastern Massachusetts Labor Council hosted a tremendously successful community rally for St. Luke's Hospital nurses, who are in the final stretch of negotiating a first MNA contract that will provide competitive wages to improve staffing and patient care conditions.

Berkshire VNA Nurses and Healthcare Professionals File for NLRB Election to Join the Massachusetts Nurses Association to Improve Working and Patient Care Conditions

The nurses and healthcare professionals of the Berkshire Visiting Nurses Association recently filed notice with the National Labor Relations Board seeking an election to join the Massachusetts Nurses Association (MNA) as they exercise their strong, united voice to improve conditions for their patients, co-workers, and community.

Approximately 66 registered nurses, and physical, occupational and speech therapists would be represented by the MNA following an election overseen by the NLRB. Berkshire VNA is owned by Berkshire Health Systems, which also owns Berkshire Medical Center where the MNA represents approximately 900 registered nurses.

The Berkshire VNA nurses and healthcare professionals filed their petition with the NLRB after the agency refused to voluntarily recognize their union and after experiencing increasingly challenging working conditions and unpredictable benefits and staff support systems that have negatively impacted morale and their ability to provide the best possible care to patients.

"An overwhelming majority of Nurses and Healthcare Professionals at the Berkshire VNA have decided that we would like to have a real and independent voice on all decisions that affect us, the work we do and the patients we take care of. We would like to be real partners with you in setting priorities for our work and ensuring a healthy future for Berkshire VNA," the nurses and healthcare professionals wrote to Roberta Gale, VP of Community Health Services, in a letter delivered October 6 seeking voluntary recognition.

"We have chosen to join together as a union of nurses and healthcare professionals because we are losing good staff due to inflexible and unsustainable working conditions that make it extremely challenging to provide patients the level of care they deserve," said Emma Mattison, RN, and member of the organizing committee at Berkshire VNA. "I support unionizing the BVNA because I want to make staff here love their jobs as much as our patients love their nurses, therapists, and aides!"

"After spending three years unsuccessfully trying as individuals to advocate for improved conditions with management, we have decided to form our union with the MNA to have a united voice and make real change," said Tamaryn Clowdus, physical therapist and member of the organizing committee at Berkshire VNA. "I believe with the voices of our nurses and healthcare professionals joined together, we can become the best agency, providing superior patient care while improving our work/life balance."

"As a nurse, I was always taught to advocate for my patients. At graduation from nursing school, we recited the Nightingale Pledge, which includes a phrase that has stuck with me: 'To devote myself to the welfare of those committed to my care,'" said Sarah Roberts, a registered nurse and member of the organizing committee at Berkshire VNA. "It is that devotion to our patients' welfare that makes me want a union at our workplace. We also need a more powerful voice at the table for our co-workers and those members of our community who may become patients or who have family in our care."

Established in 1901, the Berkshire VNA provides comprehensive care to patients of all ages who are recovering from an illness or hospitalization in their own home. The medical needs of Berkshire VNA patients are varied and complex and may include, among other things, post-surgical conditions such as total hip or total knee replacements; stroke; Parkinson's Disease; Multiple Sclerosis; Amyotrophic Lateral Sclerosis (ALS); cardiopulmonary conditions; amputations; and post-trauma care (breaks, fractures).

In recent years, many hospital-based services for patients have shifted to in-home services, making VNAs and their caregivers an essential and ever-expanding part of the healthcare system. Hospitals now move patients back home faster than before as doing so reduces costs and opens in-hospital beds. This has led to a dramatic increase in the size of the region's at-home patient population as well as in the complexity of those patients. ■

RNs at Beth Israel Deaconess Hospital Plymouth Ratify New, Three-Year Contract Agreement

The 412 registered nurses at Beth Israel Deaconess Hospital Plymouth (BIDP) who are unionized with the Massachusetts Nurses Association (MNA) voted to ratify their recently-settled tentative contract agreement. The nurses' campaign to win a fair contract that included enhanced nurse staffing and workplace benefits was nearly a year in the making, and it was bolstered by a far-reaching community coalition that supported the BIDP caregivers. Highlights of the agreement include:

Staffing Improvements

- A commitment by hospital administration to make every effort to ensure that as of Sept. 8, 2021, "charge nurses" will not carry a patient assignment in the emergency department, the operating room, and the post-anesthesia care unit. On Sept. 1, 2022, this new standard will roll out elsewhere in the hospital.

  A charge nurse is an RN responsible for managing the nursing responsibilities in a specific hospital unit during a particular shift. They play a crucial role in supporting other nurses as they care for patients, especially during times of crisis or high census. Until this contract, BIDP charge nurses were required to carry a patient assignment, which greatly limited their ability to support their colleagues, manage the units, and be a resource during emergencies.
- The hospital's "RN float pool" will always include at least 13 full-time equivalents. A nursing float pool is a group of nurses hired and trained to work in different units and move about the hospital to care for various patients, making them an essential piece of the nurse-staffing puzzle.
- A guarantee that the current number of patients-to-nurses will not be increased, and a commitment from management to make feasible efforts to meet those documented staffing plans.

Compensation and Benefits

- An increase in wages by 8 percent over the next three years, plus the addition of new steps.
- Increase in the charge nurse differential to $3 per hour, plus increases in other key differentials.
- Preservation of the medical insurance plan, with no increase in co-pays or deductibles for the contract's duration.
- Improved short and long-term disability, life insurance, and other benefits.

In February of 2021, as the nurses' fight for a fair and equitable contract went public, a community coalition dedicated to supporting the RNs and keeping BIDP patients safe was launched in the greater Plymouth area. The coalition's Facebook page quickly attracted an audience of more than 1,600 members. Lawn signs followed, as did a series of "honk and wave" rallies. Soon after, a public petition was launched calling on the hospital to accept the nurses' proposals to improve the safety and quality of patient care at BIDP.

At each event and rally, local elected leaders joined the nurses and publicly called on the hospital to enhance staffing and working conditions to improve the recruitment and retention of nurses.

"We were not asking for anything impossible during these contract talks," said Janet DeMoranville, a nurse in the hospital's BirthPlace. "We wanted basic staffing improvements that would enable us to better care for our patients and some enhancements to working conditions that would improve nurse recruitment and retention. This newly ratified contract does just that."

"Helen Keller said, 'Alone we can do so little; together we can do so much,'" added Kristina Kenyon, RN and bargaining unit co-chairperson, "and we are a living example of that. We owe a debt of gratitude to everyone who supported us in this fight — from patients and their families to community supporters and local elected leaders. Thank you!" ■

The Labor Corner:

Let's Talk About PFML and FMLA

by Deb Sullivan, MNA Labor Educator

Let's talk about Paid Family Medical Leave (PFML) and the Family Medical Leave Act (FMLA). This topic came up quite a bit in the past, when many employers were passing the PFML tax onto workers. Yet little is understood about how either PFML or FMLA work.

PFML is a Massachusetts state law enacted in 2018 and funded by contributions from employers and employees who perform services in the commonwealth and the self-employed. The state's Department of Family and Medical leave (DFML), per M.G.L. c.175M, manages this program, and it is different from FMLA, a federal law enacted in 1993.

All Massachusetts businesses may be subject to PFML law, even those that are not subject to FMLA. Businesses with at least one Massachusetts employee must remit PFML contributions to the Family & Employment Security Trust Fund. Under FMLA, only businesses with over 50 employees, public sector agencies, and private and public schools are subject to the guidelines of the act. Employers may be subject to allow both PFML and FMLA, the same way they must pay state and federal taxes.

Individuals covered by PFML include those who file W-2s, whether they work full time, part-time, or seasonally. Generally, the same criteria found under the unemployment insurance program in Massachusetts apply in determining PFML eligibility. To be eligible to receive paid leave under PFML, a worker must have earned at least $5,400 in the previous 12 months. PFML eligibility is not dependent on how long an individual has worked for a current employer.

A differing criterion is used to determine eligibility for FMLA. To qualify for FMLA, an employee must have been with their employer for at least 12 months, with at least 1,250 hours worked over that time. Private-sector employers must have over 50 employees to qualify for eligibility under FMLA, which also applies to all public sector workers and workers in all public and private schools.

Under Massachusetts' PFML, eligible employees can take up to 26 weeks of paid leave for medical or family reasons. It is broken down by 20 weeks per year of paid leave when you cannot do your job due to a serious health condition and 12 weeks of leave for family leave purposes. No combination of leaves can exceed 26 weeks total in a benefit year. In contrast, FMLA provides up to 12 weeks of job-protected, unpaid leave in a calendar year for family or medical reasons, or up to 26 weeks of job-protected, unpaid leave in a calendar year to care for a family member in the armed services. Employers are not required to pay workers taking FMLA leave. However, they can force you to use your own paid time for it.

In both PFML and FMLA, employers must maintain an employee's health insurance at the same levels before their leave. Upon return, an employee must be allowed to return to their previous position or a position of similar responsibility and compensation.

In both PFML and FMLA, family leave may be taken to:

- Bond with a newborn or newly adopted child.
- Care for a family member with a serious health condition.
- Care for a family member who is a covered servicemember injured while serving in a foreign country.
- Manage family affairs when a family member is deployed or will be deployed in a foreign country.

In both PFML and FMLA, medical leave may be taken if you cannot work due to a serious medical condition.

You can apply for PFML if:

- You work in Massachusetts.
- You must take time off for a serious health condition.
- Your employer is contributing to the program on your behalf.
- Your employer does not have a private paid-leave plan that has been approved by the Department of Family and Medical Leave because it provides benefits equal or greater to the state's coverage.
- You are a former employee who has been unemployed for fewer than 26 weeks.
- You have earned at least $5,400 during the last four completed calendar quarters and at least 30-times the benefits

you are eligible to receive (for assistance, use the calculator feature found on the PFML site on mass.gov).

- There are some exclusions (please reference law citation). One pertinent exclusion is, "Work done by work-study students, **student nurses and interns**, or workers in trainee programs administered by nonprofit or public institutions."

An important note: If your Massachusetts employer offers a private plan with benefits that match or exceed those in the state's program, and the employer has been given an exception as a result, you will be covered under your employer's plan instead for PFML. To find out whether your place of work is exempt or offering an exempted plan, please get in touch with your employer.

Lastly, the benefits you can receive under PFML are based on weekly wages when you apply for said leave and average weekly wages for Massachusetts workers across the state. If you earn less or equal to the average weekly Massachusetts worker wage, you receive 80% of your wages. If you make more than the average weekly worker in Massachusetts, you receive 50% of your wages up to the maximum allowed benefit of $850 per week.

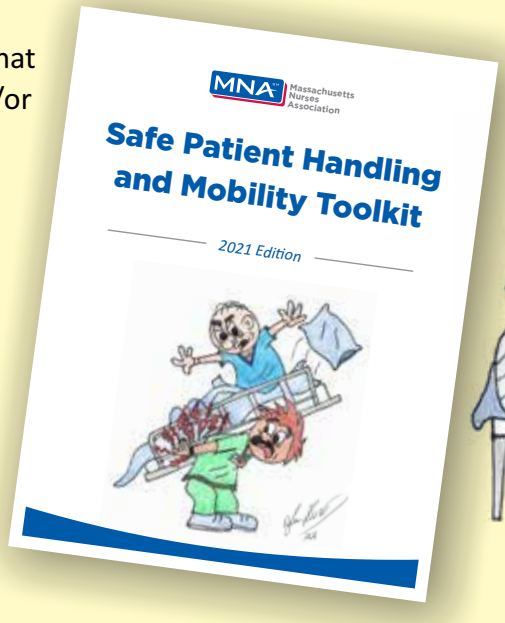
Benefits for PFML are based on a rolling 52-week calendar starting on the first week, beginning on Sunday of the week you become eligible, and the maximum amount of leave time in one benefit year is 26 weeks. The Department calculates your weekly benefit amount using the information you and your employer provide as part of your application.

Contact your employer for more information, and watch for a related leaflet coming soon from the MNA. ■

Download the MNA's "Safe Patient Handling Toolkit" Today

With so many nurses and healthcare professionals currently working shifts that are understaffed, as well as longer and/or additional shifts, now is the time to be sure that you are safely transitioning patients so that you can prevent both personal and/or patient injuries.

The MNA's "Safe Patient Handling and Mobility Toolkit" can help! Visit massnurses.org/SPHToolkit to review and download the kit. Questions? Call 781-821-4625, press "0", and ask for the division of health and safety.



Caregivers of the Developmentally Disabled in Western Massachusetts Sound Alarm as Patient Care Inside of Group Homes Spirals Due to Severe Understaffing and Training Failures

Under the safety of the state's whistleblower protection law for healthcare workers, several employees from the Department of Developmental Services (DDS) in western Massachusetts, who are unionized with the Massachusetts Nurses Association (MNA), recently sent a detailed letter to the department's commissioner imploring her to intervene in a growing patient-care crisis that is unfolding in many of the region's DDS group homes.

The letter, dated September 21 of 2021, was sent to Commissioner Jane Ryder, and it detailed the crisis in care facing some of the state's most vulnerable patients.

The clients living in the state's DDS group homes, including those in western Massachusetts, are some of the state's most vulnerable citizens. Nearly all of them have multiple diagnoses with comorbidities, and most are non-verbal. As a result, these clients require around-the-clock care from highly specialized nurses and healthcare professionals.

The lack of staff and a lack of *adequately trained* staff in these homes are problems that have long plagued the department, and MNA leaders have a well-documented history of trying to address them with management. But the issues had increased exponentially in recent months.

Professional staff and clinicians at the affected homes — which included homes in Hadley, Amherst, Whately, Westfield, South Hadley, and Wilbraham — detailed numerous problems and concerns in their whistleblower letter, including:

- Significant increases in DDS clients being sent to the ER; patient falls; and medication errors.
- Medication errors had doubled since the staffing crisis began in April of 2021.

DDS

Department of Developmental Services

- There had been 126 documented ED visits by group-home clients through mid-September of this year versus a total of 145 in all of 2020.
- Volunteer staff taking open shifts are often not appropriately trained, potentially putting clients' health and safety at risk.
- The credentials of volunteers filling open shifts are generally unknown to supervising nurses and clinicians.
- Having staff untrained in MAP (the state's Medication Administration Program) violates DDS's policies, but it occurs regularly with volunteer staff and staff who are floated to other homes/facilities without nursing notification.
- When there are no volunteers to cover a vacant shift, DDS management "mandates" staff to work overtime, which means staff members are forced to stay beyond their scheduled shift, often without warning or the opportunity to plan accordingly.

  One MNA leader inside DDS commented that a colleague was mandated to work for 48 hours. Mandated overtime can, and often does, result in errors because affected staff are not rested and alert enough to deliver the best care possible.

MNA leaders at the region's DDS group homes have called on the department to bring in more staff or outside support, train all staff appropriately, and work collaboratively with elected MNA leaders on short- and long-term solutions. ■

Congratulations to the Massachusetts Nurses Foundation 2021 Scholarship Recipients!

The Massachusetts Nurses Foundation scholarship committee awards more than $50,000 in scholarships. We congratulate the following members and children for their accomplishments and continued pursuit of excellence in the healthcare profession.

Applications for 2022 scholarships will be made available here in February of 2022, so please visit massnurses.org/mnf/scholarships then. Questions? Contact Cindy Messia at cmessia@mnarn.org

Rosemary Smith Memorial Scholarship

Anna Januskiewicz, Nashoba Valley Medical Center

Jeannine Williams Memorial Scholarship

Ella Whelan, Child of Member from Cambridge Hospital

MNA Member Scholarship

Jacqueline Agranat, Tufts Medical Center
Donna Connaughton, Pappas Rehabilitation Hospital
Julie Cormican, Brigham & Women's Hospital
Melissa Coughlin, Brigham & Women's Hospital
Danielle D'Auteuil, Brigham & Women's Hospital
Hillary Downing, St. Elizabeth's Medical Center
Anna Januskiewicz, Nashoba Valley Medical Center
Sean Mannion, Carney Hospital
Hannah Mignard, Beverly Hospital
Laura Moloney, Tufts Medical Center
Shannon O'Laughlin, St. Elizabeth's Medical Center
Haram Park, Tufts Medical Center
Heidi Pfeifer, Mass General Hospital
Jaqueline Rivera, Falmouth Hospital
Rebecca Thomas, UMass Memorial HHH
Kimberly Wall, Tufts Medical Center
Jacquelyne Wilson, Tufts Medical Center

MNA Member's Child (Parent's Bargaining Unit)

Erica Anderson, Whidden Hospital
Livia Cormican, Pappas Rehabilitation Hospital
Madeleine Fortier, Noble Hospital
Megan Furtado, Cambridge Health Alliance
Mary Sue Goodick, Good Samaritan Hospital
Emily Kearns, Tufts Medical Center
Felicia Laguerre, Newton-Wellesley Hospital
Emily Martin, Noble Hospital
Heather O'Donnell, Whidden Hospital
Ella Whelan, Cambridge Hospital

Faulkner Hospital – Entry Level Scholarship

Megan Furtado, Cambridge Health Alliance
Emily Kearns, Tufts Medical Center

Alzheimer's Training Notice

11/04/201 Board of Registration in Nursing
Board of Registration of Physician Assistants

Pursuant to chapter 220 of the acts of 2018, as of November 7, 2018, applicants for **initial licensure** must complete a one-time course of training and education in the diagnosis, treatment and care of patients with cognitive impairments, including, but not limited to, Alzheimer's disease and dementia.

There is no prescribed course or number of education hours for this this training. If you received any training or education in your academic nursing program, through professional staff development, conferences, seminars or continuing education in the diagnosis, treatment and care of patients with cognitive impairments including but not limited to, Alzheimer's disease and dementia at any time then you meet the requirements of the training. You must complete this requirement by November 7, 2022.

Licensees applying to **renew a license** must complete the required course by **November 7, 2022**.

MNA Position Statement on COVID-19 Vaccine Requirement and Other Strategies to Combat The COVID Pandemic

Introduction

The COVID-19 pandemic has resulted in the deaths of over 4 million people globally, over 600,000 nationwide, according to the WHO's COVID-19 dashboard. The death toll for Massachusetts is over 18,000 (USA Facts). The MNA represents nurses and non-nurse healthcare professionals working in various settings across the Commonwealth of Massachusetts. Our healthcare professionals are represented in over 60% of the acute care hospital facilities statewide managing the seemingly relentless waves of suffering caused by the pandemic. For months our members witnessed and experienced firsthand the devastation that COVID-19 has had on our families, colleagues, neighbors, and communities. As healthcare providers charged with administering care in the initial chaos at the emergence of the novel coronavirus, our members bear the physical trauma of bodies worked and taxed beyond their limits and mental trauma borne from the helplessness of not being able to prevent the overwhelming suffering and death experienced during the initial phases (Carmassi et al, 2020). We "Healthcare Heroes" have suffered the loss of colleagues who succumbed to the virus as they put themselves in harm's way to treat others, separating themselves from their own families and friends, risking themselves to care for others (Hakan & Lucey, 2020). The resulting physical and mental trauma has taken a toll on all care providers and our healthcare systems. This ongoing trauma is now manifested by burnout, resignations/retirement, self-medication, and suicides (D'Ettorre et al, 2021; Feinstein et al, 2020).

The emergence of the COVID-19 vaccines provided much-needed hope and relief. However, the emergence of the Delta and other more contagious variants as well as hesitancy around vaccine acceptance threatens to undo the hope for a return to some new sense of normalcy. We are again forced to watch as our hospitals and ICUs are overwhelmed by our stricken community members. We are again forced to witness the anguished cries of families as they stand vigil over cherished loved ones gasping for breath as they struggle to recover and, in many cases die from what now in many cases can be preventable effects of COVID-19 (Rendall, 2021). The MNA believes that we are ethically, morally, and professionally obligated to work collectively to reduce further harm to our members, patients, and communities. To that end, we believe it is imperative that we use all available tools to reduce the ongoing harm being inflicted by the continued unchecked transmission of the COVID-19 virus.

COVID Vaccination an Important Tool for Ending the Pandemic

To date worldwide, over 5 billion doses of some version of COVID-19 vaccines have been administered, with over 366 million doses administered in the U.S. (Bloomberg, 2021). No other vaccines in U.S. history have endured the level of testing and ongoing scrutiny as the COVID-19 vaccines approved for use (Safety of COVID-19 Vaccines | CDC). Within the large sample of millions of individuals receiving the vaccines, although moderate to mild temporary side effects appear to be common and expected, severe adverse effects, while significant to the sufferer, have proven to be statistically rare (Safety of COVID-19 Vaccines | CDC).

The U.S. approved COVID-19 vaccine options include a traditional viral vector-based vaccine, Johnson and Johnson, with a mechanism of action consistent with commonly known vaccines, such as those that inoculate against chicken pox and measles (Different COVID-19 Vaccines | CDC;). The other approved COVID-19 vaccine options are the Pfizer-BioNTech & Moderna, mRNA-based vaccines (Different COVID-19 Vaccines | CDC). The mRNA vaccines have been met with skepticism by many who mistakenly believe that it is a new unproven technology; however, mRNA vaccine technology has in fact been in research and development and clinical use for decades. In the past this vaccine technology has mainly been focused on cancer therapies. The emergence of the SARS-CoV-2 in 2002-2003 highlighted the urgency to study mRNA vaccine therapies to address the then emerging risk of viral pandemics. Because of this decades long research, the scaffold of the mRNA technology was available to be deployed to meet the urgent need in this COVID-19 pandemic (Oligonucleotide Therapeutic Society).

Information continues to evolve, and researchers are gaining new insights and information daily. After more than 12 months of use in trials, and more than eight months of widespread use in the general public, and with millions of doses administered globally, the vaccines have proven to be relatively safe and highly effective in preventing hospitalization and death (Rendall, 2021; Safety of COVID-19 Vaccines | CDC). While there are still questions about the duration of natural immunity for those who have contracted COVID-19, as well as the duration of vaccine derived immunity, the COVID-19 vaccines have proven to be a highly effective tool in achieving the goal of managing the pandemic by preventing severe cases resulting in hospitalization or death in most fully vaccinated people (Rendall, 2021).

MNA has been proactive and vocal in encouraging our members to get vaccinated against the COVID-19 virus. Early adoption by MNA members is evidenced by the fact that some unionized MNA hospitals have already achieved 90% or greater compliance among MNA members. However, while the great majority of MNA members have adopted COVID-19 vaccination as an important mechanism for combatting the current COVID-19 pandemic, we understand this has not been the case for all MNA members or for many forward-facing workers in other disciplines and positions. The reasons for this are varied including missteps and bad choices made by employers in the early stages of the pandemic. This in addition to ongoing biases and discriminatory practices endemic in the healthcare system has resulted in many employees having lost trust in their employers. This distrust in conjunction with the panic and uncertainty that the continuous stress of the pandemic has had on our collective psyche, the deluge of misinformation, and the understandable shifting nature of emerging information, has left many individuals with doubts and anxiety related to the safety of what they believe to be new technology.

All medications including the COVID-19 vaccines carry some level of risk (COVID-19 vaccines - Harvard Health; Possible Side effects from Vaccines | CDC). However, the known risk of short-term and long-term harm from exposure to the virus itself overshadows documented transient mild side effects and in very rare incidents severe adverse effects from the vaccines (Post-COVID Conditions | CDC). In light of new variants resulting in surges that threaten to once again overwhelm our healthcare systems risking the health of our communities, and colleagues, MNA supports requiring FDA approved COVID-19 vaccinations for healthcare workers subject to religious and medical exemptions, as well as focused attention to mitigating systemic barriers to access and widespread adoption.

If required, the COVID-19 vaccine will be one of many already required of nurses and non-nurse healthcare professionals. These include vaccines that protect against highly contagious infections such as Measles, Mumps, and Rubella (Adult occupational immunizations Massachusetts recommendations and requirements, MDPH). Like generally preventable diseases, the COVID-19 infection and variants have been proven to be highly communicable if untreated or managed with vaccination and other mitigation. Given the fact that patients entrusted to our care are already immunologically compromised and are at greater risk for contracting the highly contagious emerging variants of the COVID-19 virus, MNA supports COVID-19 vaccination be added to the list of vaccines required for healthcare workers provided that they be given the right to choose between traditional viral vector option or mRNA vaccine option and medical and religious exemptions are approved.

Vaccine as One Part of the Solution

Vaccines are only one part of the solution. Other proven COVID-19 protocols must be universally promoted by healthcare facilities with as much vigor as vaccination requirements. Healthcare employers must restore trust and establish standards that will improve education, and

access with the goal of increasing adoption and ensuring safe conditions for healthcare workers and patients. To this end, employers should:

- Create culturally competent educational modules and deploy trusted staff or surrogates to educate staff about the hazards and effects of the COVID-19 virus and create spaces for staff to ask questions and have their concerns heard.
- Make the vaccines available at the worksite and on work time and offer the option of mRNA based or traditional Viral Vector vaccine options.
- Assure time off without loss of pay or without the staff member having to use their own sick or earned time in the event employees experience the expected short-term mild symptoms that result from the body's production of antibodies after receiving the required vaccine.
- Refrain from stigmatizing staff who have already been traumatized by the experience of working through COVID-19 and are anxious and need reassurance and space to access information with the goal of decreasing anxiety related to taking the COVID-19 vaccine.
- Proactively assist their workers to access resources such as workers' compensation or other relevant assistive programs in the event the employee experiences any incidents of rare but potentially significant adverse effects after receiving a required COVID-19 vaccine.
- Establish plans and procedures to collect data for those workers who do have significant side effect(s) or impacts and need for further support following vaccination. Each facility should have a plan to report out this information.
- Ensure access to appropriate personal protective equipment (PPE) and provide workers with replacements daily or more frequently, as needed in alignment with infectious disease standards for the safety of healthcare workers and their patients.
- Create education and training in languages understood by all staff regarding workplace policies and procedures implemented to protect workers from COVID-19 hazards. https://www.osha.gov/coronavirus/safework#about-covid-19
- Establish protocols for routine cleaning and disinfection and where necessary enhanced cleaning protocols.
- Confirm ventilation systems are properly maintained https://www.osha.gov/coronavirus/safework
- Ensure safe staffing levels to ensure safe patient care and decrease spread.
- Implement regular testing protocols for staff.
- Implement protocols for screening and limiting the number of visitors to reduced spread.

The COVID-19 vaccines are a critical tool in our fight against the pandemic. By applying diverse public health strategies, ensuring best safety practices inside healthcare facilities, and working together on education and equitable access, we can drastically reduce the danger of COVID-19 in our communities and finally put an end to this pandemic.

References

Barda, N. Dagan, N., & Ben-Shlomo, Y. et al (2021). Safety of the BNT162b2 mRNA Covid-19 vaccine in a Nationwide Setting. New England Journal of Medicine (20):384. https://foi.org/10.1177/152700250000100304

Bloomberg. (August 27, 2021) More than 5.2 billion shots given: Covid-19 Tracker. (Retrieved August 30, 2021). https://www.bloomberg.com/graphics/Covid-vaccine-tracker-global-distribution/

Carmassi, C., Foghi, C., & Dell'Oste, V (2020). PTSD symptoms in healthcare workers facing the three coronavirus outbreaks: What can we expect after the Covid-19 pandemic. Psychiatry Research. (292) October 2020 https://doi-org.ezproxyemc.flo.org/10.1016/j.psychres.2020.113312

Centers for Disease Control and Prevention. (July 12 ,2021). Covid-19: post-Covid conditions. retrieved August 30, 2021. https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html

Centers for Disease Control and Prevention. (August 23,2021). Safety of Covid-19 Vaccines. (Retrieved August 30, 2021). https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html

Centers for Disease Control and Prevention. (August 19, 2021) Types of vaccines Available. (Retrieved August 30, 2021). https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html

Centers for Disease Control and Prevention. (n.d.). Vaccines & Immunization: Covid-19 vaccine breakthrough case investigation and reporting: Types of vaccines Available. (Retrieved August 30, 2021). https://www.cdc.gov/vaccines/Covid-19/health-departments/breakthrough-cases.html

Centers for Disease Control and Prevention. (n.d.). Vaccines & Immunization: Possible side effects from vaccines. retrieved August 30, 2021. https://www.cdc.gov/vaccines/vac-gen/side-effects.htm

Clinical Trials.gov. (n.d.). A study of Ad26.COV2.S for the prevention of the SARS-CoV-2- mediated Covid-19 in adult participants. (Retrieved. August 30, 2021) A Study of Ad26.COV2.S for

the Prevention of SARS-CoV-2-Mediated COVID-19 in Adult Participants - Full Text View - ClinicalTrials.gov

Clinical Trials.gov (n.d.) Pfizer-BioNTech Covid-19 BNT162b2 Vaccine effectiveness study-Kaiser Permanente South California, (retrieved: August 30, 202) (https://clinicaltrials.gov/ct2/show/NCT04848584)

Clinical Trails.gov. (n.d.) Safety and Immunogenicity Study of 2019-nCov Vaccine (mRnA-1273) for prophylaxis if SARS-CiV-2 infection (Covid-19), (retrieved: August 30, 2021) Safety and Immunogenicity Study of 2019-nCoV Vaccine (mRNA-1273) for Prophylaxis of SARS-CoV-2 Infection (COVID-19) - Full Text View - ClinicalTrials.gov

D'Ettorre, Ceccarelli, G., & Santinelli, L. (2021). Post-Traumatic Stress syndrome in Healthcare workers dealing with the Covid-19 pandemic: A systematic Review. International Journal of Environmental Research and Public Health. 18(2):601. Doi: 10.3390/ijerph18020601

Feinstein, R., Sussann, K., & Jones, B. (2020). A health care workers mental health crisis line in the age of Covid-19. Anxiety and Depression Association of America. 37(8) 822-826. DOI: 10.1002/da23073

Hakan, E. & Lucey, D. (2020). Healthcare worker infections and deaths due to Covid-19: A survey from 37 nations and a call for WHO to post national data on their website. International Journal of Infectious Disease. 120:239-241. Doi:10.106/j.ijid.2020.10.064

Harvard Medical School. (n.d.). Covid-19 Vaccines: What you need to know before getting vaccinated (retrieved. August 30, 2021). https://www.health.harvard.edu/Covid-19/Covid-19-vaccines

Mass.gov (n.d.) Vaccine administration and clinical guidance. Retrieved from https://www.mass.gov/service-details/vaccine-administration-and-clinical-guidance

Massachusetts Department of Public Health. (August 2021). Adult occupational immunizations Massachusetts recommendations and requirements. Retrieved. https://www.mass.gov/service-details/vaccine-administration-and-clinical-guidance

Oligonucleotide Therapeutic Society (n.d.) Facts about mRNA vaccine and the decades of research that went into creating them. (Retrieved. August 30, 2021) https://www.oligotherapeutics.org/facts-about-mrna-vaccines-and-the-decades-of-research-that-went-into-creating-them/

Rendall, J. (July 29, 2021). 99% of Covid deaths are now of unvaccinated people, experts say: with the delta variant running rampant in the US, Covid cases are on the rise in what is now a "pandemic of the unvaccinated," the CDC says. CNet: Health and Wellness. https://www.cnet.com/health/99-of-Covid-deaths-are-now-of-unvaccinated-people-experts-say/

USA Facts. (n.d.). Massachusetts Coronavirus cases and deaths: How is Massachusetts daring against Covid-19, both overall and at a state level? (Retrieved August 30, 2021). https://usafacts.org/visualizations/coronavirus-Covid-19-spread-map/state/massachusetts

World Health Organization. (n.d.). WHO Coronavirus (Covid-19) dashboard. (Retrieved. August 30, 2021). https://Covid19.who.int/

MOT, ICU, and Unsafe Staffing Forms Available Online to Help Enforce Laws and Offer You Protections

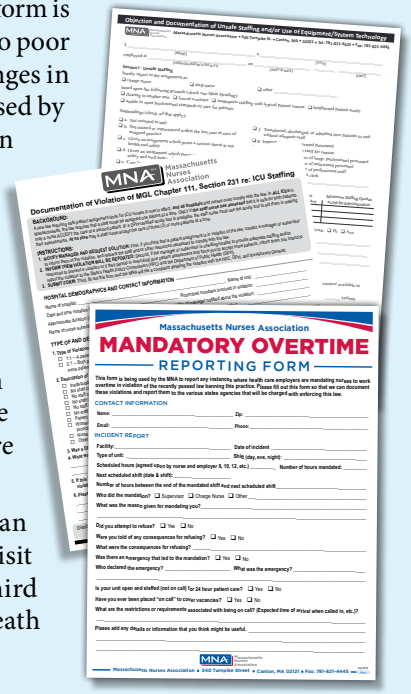
Forms available on the MNA's homepage at massnurses.org

The MNA has new forms available online to document incidents of mandatory overtime (MOT), violations of the ICU patient limit law, and unsatisfactory staffing. The goal of the newly updated forms is to gather and relay the important data contained within them as concisely and efficiently as possible to the agencies and parties that need them. For example, the MOT and ICU forms will be sent to the Massachusetts Department of Public Health (DPH) and Massachusetts Attorney General's office (AG). This will allow the MNA to create a record of employer violations of these established laws, which may provide a basis for legal action by the DPH or the AG. These forms also provide notice to employers and the agencies that your completion of the form is protected under the Massachusetts Whistleblower Protection Act, so that we can avail ourselves of this law if necessary.

The purpose of the unsatisfactory staffing form is to document problems with staffing due to poor staffing, lack of support staff, and/or changes in patient acuity. These forms can then be used by your MNA union representative and union leadership at labor-management and/or staffing meetings to address issues related to staffing.

But perhaps of most importance is the use of these forms to protect yourself and your license. Documenting these violations of the law or reasonable staffing can provide you with some protection if there are issues that arise specific to patient care during the periods documented.

All forms can be submitted virtually or can be downloaded and printed out. Just visit massnurses.org; the forms are in the third section down on the homepage (underneath both the billboard and news areas). ■



Reasons You Should Not Work Off The Clock

Working off the clock puts your nursing license at risk!

- Working off the clock violates wage and hour laws.
- Working off the clock may violate your hospital policies that strictly forbid the practice of working off the clock.
- While working off the clock you may not be covered by nursing liability insurance policies. Your malpractice insurance will probably not cover incidents that arise if you have signed out from your shift and then continue to perform work. This would leave the nurse vulnerable in the event of litigation.
- Working off the clock potentially violates HIPPA (Health Insurance Portability and Accountability Act). Healthcare facilities may file HIPAA violations against employees who are accessing patients records while not on the clock.
- Working off the clock could potentially void claims under workers' compensation. Any injuries sustained while the employee was not on the clock may not be covered under worker's compensation policies.

Unit 7 members on the line in Worcester supporting the striking St. Vincent nurses.

Massachusetts Nurses Association
Full member (75 percent) of applicable dues rate

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 healthcare 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 healthcare professional to verify to the satisfaction of MNA on an annual basis his/her eligibility for the 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 application needs to be received by April 1 to the Membership Division of MNA

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

at the following MNA facility(s) of employment for the year of application (*list each MNA facility separately*):

1. _____
2. _____
3. _____

Signed _____

Date _____

Personal Email Address: _____

Eligibility for the Reduction is verified by MNA with each Employer

Confirmation of receipt of this application will be emailed to your *MNA email* account within 72 hours of receipt.

MNA will set up your email to be forwarded to your home email.

Contact Division of Membership, 781-821-4625, if you need assistance accessing your member email.

MNA℠ Massachusetts Nurses Association **Safe Limits Save Lives**

Massachusetts Nurses Association • 340 Turnpike Street • Canton, MA 02021

Fax: 781-821-4445 • Email: membership@mnarn.org

MEMBERSHIP BENEFIT$

MNA SM

As an MNA member, you are entitled to receive substantial group discounts on valuable programs and services. Below is a partial listing of our discount programs that can help aid in improving the quality of your personal and professional life, as well as provide you with great cost savings. Combined, these savings directly offset the cost of your union membership.

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

PERSONAL & FINANCIAL

- Aflac
- Altus Dental
- American General Financial Group/VALIC
- American Income Life
- Berkshire Money Management
- Cavallo & Signoriello Insurance Agency
- Cross Country Mortgage LLC
- Edward Jones
- Home/Auto Insurance
- Insurance Specialists, Inc.
- Lead Brokerage Group, Inc.
- Legal Shield
- Nurses Service Organization
- UNA Rx Card
- Short Term Disability
- Ultimate Defender® Legal Plan from ARAG®

PRODUCTS & SERVICES

- AT&T Wireless
- BJ's Wholesale Club
- Brooks Brothers Discount
- Hewlett-Packard
- Sprint
- Sullivan Tire
- Valvoline
- T-Mobile
- Work 'n Gear
- Wrentham Village Premium Outlets

TRAVEL & LEISURE DISCOUNTS

- Broadway in Boston
- Funtown Splashtown USA
- Boston Sports Club (Canton)
- Boston Bruins & TD Banknorth Garden
- Boston Celtics
- Boch Center (Formerly CitiCenter)
- Canobie Lake Park
- Car Rental Discount: Alamo, Avis, Budget, Hertz
- TNT Vacations
- Cruises Only
- Wyndham Hotel Group Discounts
- Orlando Vacations
- VBT Biking and Walking Tours
- Endless Vacation Rentals Discounts
- DCU Center - Worcester
- Disney World & More
- Edaville Railroad
- Movie Passes
- MNA Traveler
- Red Roof Inn
- Six Flags New England
- Universal Studios Fan Club
- Water Country
- Working Advantage
- Zipcar

Know a nurse who wants to be part of the MNA? They can join!

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 them to become involved with the MNA and it's 23,000+ members. Joining as an associate member also provides them with access to the discounts, benefits, and resources that MNA union members enjoy daily, including full access to the organization's free CE programs.

To learn more, email membership@mnarn.org.

**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.*