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nurse



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ADVOCATE



**St. Vincent Nurses
ON STRIKE! page 4**

May 2021



Massachusetts
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Association

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**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



Katie Murphy

Fifteen months.

For fifteen months we have been on the frontlines of a global pandemic. The costs to us professionally, personally, emotionally, physically, and as community members have been unmeasurable. But, as always, nurses persevered!

I first must express my awe at the work you have done during this time. You have worked overtime and spent untold hours in hot PPE — some of it new, some reused. You have placed yourself second as you battled to save everyone. And, when you could not bring a patient back from the precipice, you sat silently at a bedside, holding a hand, maybe holding an iPad and orchestrating a virtual goodbye.

This spring finds little has changed on many subjects. At press time, we are still on the picket line in Worcester (pgs. 4 and 5). Our strong, dedicated St. Vincent nurses are fighting the good fight to keep

patients safe. This fight is for patients and colleagues everywhere. I have spent many hours on the line at St. Vincent and the stories are all the same: not enough staff to provide quality care, not enough resources, and a for-profit corporation placing profit over patients.

Many MNA bargaining units are currently at the bargaining table, and you will have a chance to review their contract highlights in this issue (pg. 8). In addition, the pandemic has shone a bright light on the disparities in healthcare that have so devastated some of our communities. At our negotiations we continue to fight to improve both healthcare access and healthcare delivery to communities across the state.

The MNA's Diversity Committee continues to address the issues manifested during the pandemic as well. We are looking closely at systemic racism in our workplaces, our communities, and our society, as well as how it affects all of us (pg. 10). Look for some important MNA programs on this topic coming soon.

We have welcomed the nurses of Milford Regional Medical Center to the MNA (pg. 9)! They fought hard, won their election, and are contributing from day one! They reported at our annual Labor Summit event last month and they are regularly on the line in Worcester. Congrats Milford RNs, and welcome to the MNA family.

The Massachusetts Legislature convened its 192nd session in January. As we note on so many issues, many decisions about our practice are made far from the bedside. As a result, we have filed 19 bills this session, ranging from occupational presumption and essential services, to workplace violence prevention and the creation of stabilization units (pg. 9.) Please be sure to contact your legislators and remind them that you are a constituent and to please support our bills.

We are looking forward to some "return to normal" as more people are vaccinated. Meanwhile, stay safe, stay strong, and see you on the picket line! ■

Katie Murphy RN

SAVE THE DATE

June 15, 2021

Registration launching soon!

Watch the MNA's web site and social media accounts

LESSONS LEARNED: A GLOBAL PERSPECTIVE



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 **Massachusetts Nurses Association**



St. Vincent Nurses on **STRIKE!**



As the Massachusetts Nurse Advocate went to press, the 800 nurses of St. Vincent Hospital were well into their sixth week of an open-ended strike against Dallas-based Tenet Healthcare in their call for improved staffing to ensure safer patient care.

The nurses' strike and their stand for safer patient care has galvanized support from a variety of public officials, labor advocates, and community leaders, including the entire Worcester City Council, the Worcester state legislative delegation, Senator Elizabeth Warren, Senator Edward Markey, Congressman Jim McGovern, and Attorney General Maura Healy.

The nurses have also won unwavering support from Worcester Interfaith, a community coalition comprised of 21 faith-based organizations, who held a candlelight vigil to support the nurses. "Worcester's faith communities stand in solidarity with the St. Vincent nurses, as they hold steadfast in seeking safety standards in staffing," said Isabel Gonzalez-Webster, executive director. "In the middle of a worldwide pandemic and widespread economic, housing, health, and food insecur-

ity, it is not the time for corporations to put profits over safe working conditions and patient safety. We must support our front-line workers who have put their lives at stake to support our most vulnerable residents."

Prior to the vigil's closing benediction, Reverend Clyde Talley, pastor at the Belmont AME Zion Church, perfectly summed up the immorality and intentionality behind Tenet's decision to invest in a strike rather than the care of the community. "In all the articles I have read they [Tenet] never said they can't afford to give you what you are asking for, not one article. So that means you got the money, you just choose not to use it, and that's a problem," Rev. Tally said. "We're out here now because you are not being heard, and we as a community are out here with you to let you know you are not alone."

As the issue of Tenet's misplaced spending priorities are being raised, the local media and staff working inside the hospital have shared disturbing reports of poor patient care being delivered by hundreds of inadequately trained strike-replacement nurses who have been flown in from all over the country to break the nurses' strike.



Tenet's price tag to prolong the strike and avoid being held accountable for ensuring safe patient care will surpass \$28 million, while alarming reports of substandard care being provided by strike replacement nurses continue to proliferate. According to a number of accounts received by the MNA, the MNA believes that these strike replacements are providing substandard care. The reports show the nurses did not know how to operate key pieces of operating room equipment, have mislabeled labs, failed to respond to patients in a timely way (neglecting the needs of those patients), and failed to follow basic protocols designed to prevent serious errors in care.

"The nurses of St. Vincent are truly humbled by the level of support and by the kindness and generosity we have received from our nursing colleagues from all over this country, it brings tears to my eyes just thinking about it," said Marlena Pellegrino, RN, long-time nurse at St. Vincent and co-chair of the nurses' local bargaining unit with the Massachusetts Nurses Association. "While this is a local fight with our

"So that means you got the money, you just choose not to use it, and that's a problem."

employer, what we are experiencing is not an isolated struggle, but one shared by so many nurses. To see that our fight for patient safety is inspiring others in this way, as well as the financial support that has been offered, gives us the strength and motivation we need to hold on for as long as it takes to achieve the improvements we know our patients and this community deserve."

The strike began on March 8, after Tenet refused to negotiate with the nurses over improvements the nurses are seeking to unsafe patient care conditions in the hospital. The decision followed earnest and painstaking efforts over the last two years by the nurses to convince Tenet to improve the patient care conditions at the facility, poor conditions that have only been exacerbated by the pandemic. Adding insult to injury, the same day nurses voted to authorize the strike, Tenet announced annual profits of more than \$400 million.

To check on the status of the strike, or to support the St. Vincent nurses in their fight, visit massnurses.org/StVincentNurses. ■

“State of Nursing in Massachusetts” Survey Shows Nurses Have Common Concerns Around Unsafe Staffing, Pandemic Preparedness and Support, and Workplace Safety

The majority of Massachusetts nurses see patient care in hospitals suffering as time with patients decreases and unsafe patient assignments increase

The latest “State of Nursing in Massachusetts” survey, conducted in March by Boston-based Beacon Research, highlights many of the concerns nurses have been sharing with each other during the pandemic. Hospitals, already understaffed before COVID-19 hit, were unprepared to deal with a major healthcare crisis. The just-in-time model of staffing that has taken over the healthcare system could not support the needs of a sudden influx of extremely sick patients.

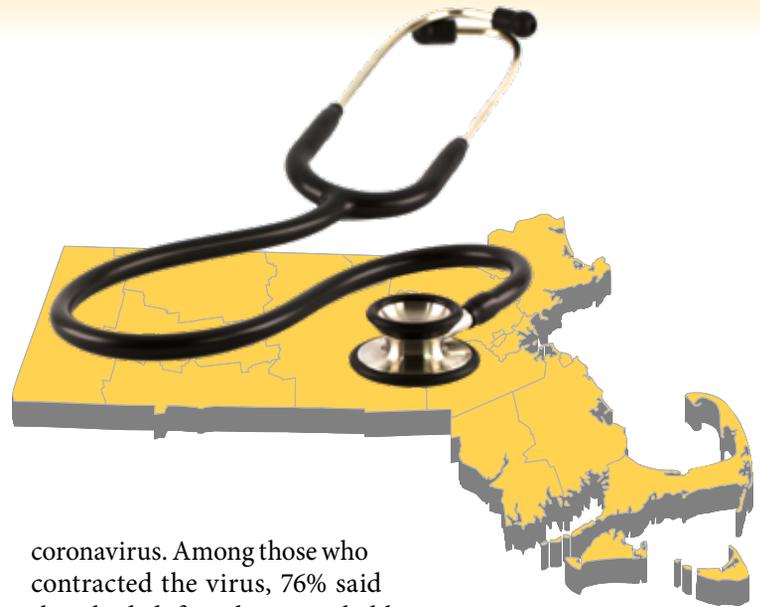
Inadequate personal protective equipment left nurses at higher risk for infection. When nurses did get sick, their employers told them they must have been infected in the community despite mountains of evidence to the contrary. Insufficient or inconsistent COVID safety protocols, lack of emotional support, the danger of workplace violence, and scarce childcare and time off all have contributed to nurses feeling burned out and more likely to leave the profession.

“The COVID-19 pandemic has intensified longstanding problems in our healthcare system that threaten the safety of patients and nurses,” said Katie Murphy, a practicing ICU nurse and president of the Massachusetts Nurses Association. “We struggle to get the resources we need to provide quality care while taking care of ourselves and our families. The voices of nurses from across the state are lifted up in this survey, which provides the public a look into the challenges we face and is motivation for healthcare leaders and elected officials to provide the support we need.”

“The State of Nursing in Massachusetts” is a randomized survey of Massachusetts RNs, drawn from the Board of Registration in Nursing list and conducted March 25 to March 30. Since 2014, the MNA has conducted an annual survey of nurses, excluding last year because of the timing of the COVID-19 outbreak. Nurses from all types of healthcare settings were involved in the survey, including teaching hospitals, community hospitals, non-hospital settings and non-direct patient care. A plurality of nurses who responded (45%) worked in hospitals and most (58%) were not MNA members.

COVID-19 Pandemic

The COVID-19 pandemic has hit nurses particularly hard. A Mass General Hospital study found frontline healthcare workers were at a nearly 12 times higher risk of testing positive for COVID-19 compared with the general community. Nearly 20% of nurses who responded to the survey said they have contracted the



coronavirus. Among those who contracted the virus, 76% said they had definitely or probably acquired it at work, which corresponds with studies showing that a lack of proper PPE has made healthcare workers more at risk for infection.

“Healthcare workers have been on the frontlines of the COVID-19 pandemic since day one,” MNA President Murphy said. “Nurses have worked without the appropriate protective equipment, without adequate testing of patients and in facilities that were slow to implement policies and procedures to slow the spread of the virus. Yet healthcare employers have refused to recognize these risks and provide the benefits and support that nurses need to recover and keep their families safe.”

MNA legislation on this topic would presume that any frontline healthcare worker who contracts COVID-19 acquired it at work. It would also prohibit employers from requiring healthcare workers to use their own sick time, vacation time or other PTO to quarantine, treat or recover from COVID-19.

The pandemic has greatly exacerbated emergency department boarding, with 68% of nurses surveyed reporting increased boarding for children and adults. Emergency departments across the state were already overburdened by mental health patients waiting for beds before COVID-19 hit. In a 2018 state study, 155 mental health patients waited at least 96 hours in EDs over four months.

The MNA has proposed addressing this problem through the legislature by creating 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 for treatment is found.

Another MNA bill would strengthen existing hospital closure law to address the epidemic of hospital and/or hospital unit closures that have left patients and their families without local essential services, especially mental health units, maternity units, and emergency departments. A separate piece of legislation would prohibit the closure of beds, units, or facilities for the duration of the novel coronavirus public health crisis.

A Staffing Crisis

Fifty-five percent of nurses surveyed said hospital care is getting worse, compared to only 10 percent who said it is improving. This is a significant acceleration of a trend seen in previous surveys. Since 2014, with only one exception in 2017, more nurses have reported care is getting worse rather than better, and this year the number of nurses concerned about care quality exploded.

Closely linked to the diminishment of care quality is time nurses are able to spend with patients. Nearly twice as many nurses (60%) reported not having enough time with their patients as those who felt they had adequate time (33%). This problem saw a marked increase from the 2019 survey, when 47% said this was a major challenge.

The largest reported obstacles to providing quality care to patients were understaffing (30%), nurse to patient ratio (15%), lack of assistance/staff (9%) and lack of time to spend with patients (9%). Nurses also reported significant issues related to unfilled positions, with 65% saying RN positions have been left vacant compared to 50% in 2019.

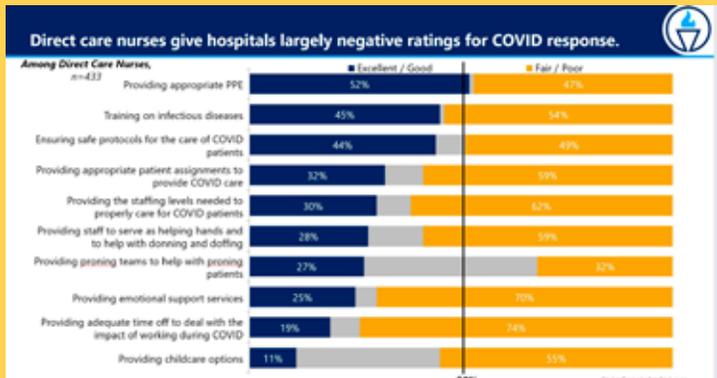
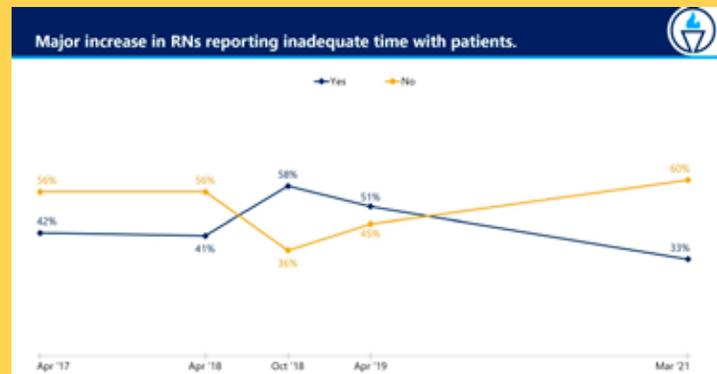
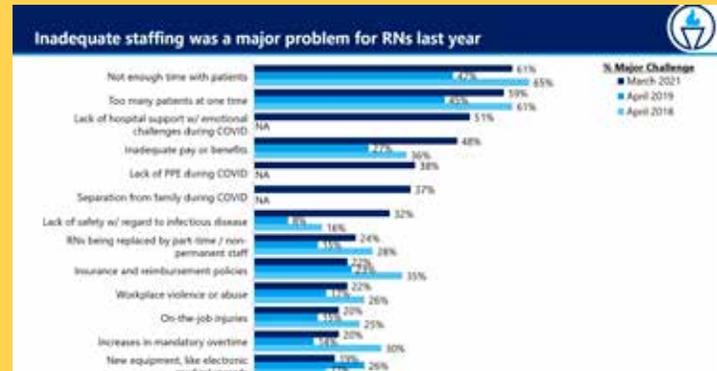
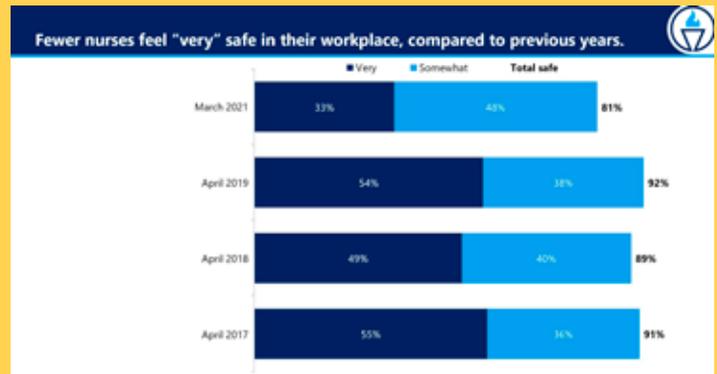
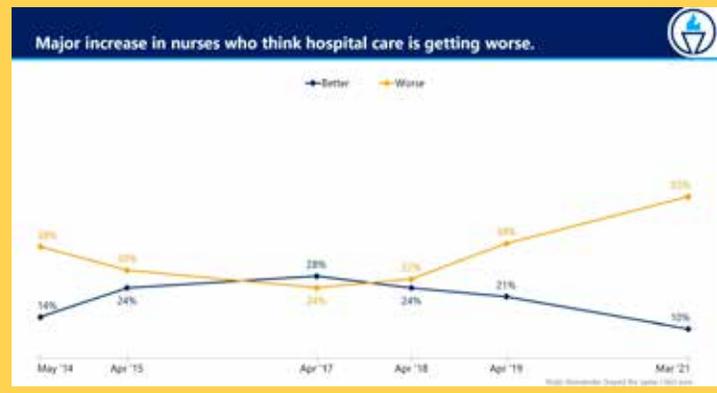
Decades of research have proven the connection between inadequate nurse staffing and negative patient outcomes. To provide additional information to help address the worsening staffing crisis, the MNA has proposed the creation of an independent legislative commission to conduct studies on the state of nursing in Massachusetts.

Workplace Safety

Another area in which an existing problem in the healthcare system was made worse by the pandemic is workplace violence. Fewer Massachusetts nurses surveyed in March reported feeling “very” safe in their workplace (33%) than at any time in the last four years. Nearly 60% reported personally encountering at least one instance of workplace violence or abuse in the past two years.

Proposed MNA legislation would require healthcare 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 healthcare workers assaulted on the job to address legal issues and require semiannual reporting of assaults on healthcare employees.

“We know violence escalates during emergencies and the pandemic placed incredible pressure and risk on nurses and healthcare professionals,” said Karen Coughlin, a registered nurse who worked for the Department of Mental Health for 34 years and is an MNA board member who specializes in workplace violence advocacy. “I believe this survey, and the united voices of nurses it represents, will help bring about lasting protections to keep healthcare workers safe far beyond the pandemic.” ■



At the Table

The Healthcare Professionals of the Boston VNA Continue Push for First Contract

Gain support of Boston City Council, Launch Petition Drive

The healthcare professionals (HCPs) of the Boston VNA continue to fight for their first contract after the pandemic brought their negotiations to a temporary screeching halt. During that time away from the table, the VNA's physical therapists, occupational therapists, social workers, and speech therapists who make up this new unit continued to provide top-notch, in-home care and recovery services to thousands of Boston-area patients, many of whom were COVID positive or recovering from COVID.

When contract talks resumed, Boston VNA management refused — as they have been doing for the last year and a half — to agree to even the most basic and common components of a contract, including bereavement language and a wage scale.

In response, members of the bargaining unit recently began a public campaign to put pressure on the employer, including reaching out to the area's elected leaders. The Boston City Council took the matter up at its March 10 meeting and voted unanimously to support the BVNA HCPs while simultaneously

announcing their expectation that management would move quickly to settle a fair and equitable contract.

Since then, the HCPs have also launched a Facebook ad campaign and an online petition drive, which are available at massnurses.org/BostonVNAHealthPros.

Be sure to visit the HCPs' web page and sign onto their petition. It is solidarity and pressure that will help them win the contract they deserve. ■



Hear the HCPs' story in their own words at massnurses.org/BostonVNAHealthPros

Who's at the Table?

- Beth Israel Deaconess Hospital-Plymouth (Beth Israel Lahey Health system)
- Boston VNA Healthcare Professionals (first contract)
- Brockton Hospital
- Cambridge Health Alliance (public sector)
- Cape Cod Hospital (Cape Cod Healthcare system)
- Cape Cod VNA East & West (Cape Cod Healthcare system)
- Mercy Medical Center (Trinity Health of New England system)
- MetroWest Medical Center (Tenet system)
- Milford Regional Medical Center (first contract)
- St. Vincent Hospital (Tenet system)
- St. Luke's Hospital (Southcoast system; first contract)
- Tufts Medical Center
- Unit 7

St. Luke's Nurses in New Bedford are United!

The nurses at St. Luke's hospital have stood firm to achieve a first contract. During the height of COVID, they met with management on a weekly basis to fight to keep nurses safe and to improve COVID care. Returning to the bargaining table in August of 2020, they have made great progress and secured strong language that will be the bedrock of their contract — a contract that will help to keep experienced nurses from leaving the hospital and the community it serves by providing fair wages and safe staffing. The nurses featured in this photo are part of their bargaining unit's "light brigade." Shining their message over busy, local highways is just one method they have recently used to draw community attention to their efforts at the contract table.

Until Southcoast Health corporate management and its board of trustees respects the nurses and settles a fair contract, the St. Luke's nurses will be united for their patients! ■



Milford Regional Medical Center Nurses Vote Overwhelmingly to Join Massachusetts Nurses Association!

Nurses voted to form a union after hospital executives repeatedly failed to listen to their concerns about patient safety, COVID-19 pandemic response, and much-needed improvements to communication and RN working conditions

The approximately 525 registered nurses of Milford Regional Medical Center (MRMC) have voted overwhelmingly to form a union and join the Massachusetts Nurses Association, empowering nurses to speak up together and secure lasting improvements that will benefit patients, nurses, and the community.

The National Labor Relations Board oversaw a mail-in election that took place from January 29 to February 19. Vote counting on February 22 by NLRB officials was observed via Zoom by MRMC nurses and representatives of the hospital and nurses voted by a strong majority to join the MNA.

“It was the best day ever! For years, we have been trying to get hospital executives to listen to us and help us better care for our patients,” said Karen Kerr, RN on MRMC’s MP1 unit who has been caring for COVID patients. “When the pandemic hit, the importance of our work and the need to properly support nurses so we can keep our community safe became abundantly clear. Now that we have formed our union, we can help build a strong, safe, satisfied workforce and make positive change for our patients and our community.”

MNA president and practicing ICU nurse Katie Murphy congratulated the Milford nurses for their dedication to safe patient care and supporting each other.



Milford nurses at their rally as mail-in voting began.

“When nurses are organized in a union, patients benefit greatly, as does the entire community,” Murphy said. “Nurses at Milford Regional Medical Center now have an equal seat at the table with management to improve their working conditions, protect their nursing practice and address issues impacting patients under their care.”

MRMC nurses are now moving quickly to negotiate their first contract with the hospital. They have already begun the process of gathering feedback from each other to develop contract proposals that will address the unique needs of MRMC nurses and patients.

MRMC nurses came together to improve conditions at the hospital and provide safe high-quality care when they filed with the NLRB to join the MNA in December. Problems surrounding the hospital’s response to the COVID-19 pandemic made forming a union even more urgent. ■



Legislative Agenda 2021-2022



The 2021-2022 Massachusetts legislative session began in January when all 200 members of the House and Senate were sworn in to serve a two-year term. At the beginning of a legislative session, bills are filed (or re-filed). This session the MNA worked with our legislative partners to refile bills that were not passed last session, as well as file new bills largely focused on issues related to the COVID-19 pandemic. As we move forward

into this legislative session, these bills will be assigned to subject-matter specific committees that will hold public hearings on each bill. You can find the MNA’s 2021-2022 legislative agenda at massnurses.org/CurrentLegAgenda. If you are interested in a particular bill or issue, please reach out to the staff in the division of legislation and government affairs.



With Unveiling of Statement, MNA Launches Effort to Combat Racism Within the Association, Nursing/Health Profession, and Healthcare Workplaces

The Massachusetts Nurses Association has announced its organization-wide effort to educate and mobilize its membership to confront structural racism and its impact on the nursing/health professions, the health care workplace, and in the broader society.

The MNA's Board-approved initiative (which is accessible at www.massnurses.org/AntiRacismStatement) is summarized in its recently approved anti-racism position statement, developed by the association's Diversity Committee. The group began work on the statement in response to the murders of George Floyd and Breonna Taylor last year, as protests occurred across the nation, and as the first wave of the pandemic wreaked disproportionate havoc on communities of color in Massachusetts.

"As an organization whose members work on the frontlines of the health care system, who confront the real life public health impacts of structural racism on our patients and members of color we feel it is imperative that the MNA is actively engaged in the work of shining a light on the issue and working for real change in our health care system," said Samantha Joseph-Erskine, RN, a nurse at St. Luke's Hospital in New Bedford, member on the MNA board of directors, and co-chair of the MNA's Diversity Committee.

The statement makes clear the impact of racism on patients and communities:

As nurses and health care professionals, we name racism as a determinant of health (Hahn, Truman, & Williams, 2018; Office of the Attorney General, 2020). We bear first-hand witness to the consequences of systemic racism and the inevitable policies which result in predictable, observable health disparities as well as the social, economic, institutional, physical, and psychological violence perpetrated against people of color, working-class people, and all members of society who are socially devalued and systemically assaulted. (Institute of Medicine, 2002; Causadias, 2019; Hahn, Truman, & Williams, 2018).

"As the pandemic has unfolded, we have watched in painful despair as our community members of color and those from poor and disadvantaged communities filled the beds of our hospitals, again bearing the brunt of disparities created by deeply entrenched systems that foster unequal outcomes and treatment," said Judith Laquerre, RN, a nurse at Cambridge Health Alliance and co-chair of the MNA's Diversity Committee.

The statement also highlights the unique impact on minority populations and communities during the current COVID-19 pandemic, stating:

As the pandemic evolved in the U.S. it revealed that African American, Black, Latino(a), and Native American communities were more likely to contract the COVID-19 virus and were also more likely to die from complications resulting from the virus (Yancy, 2020; The Joint Commission, n.d.; Office of the Attorney General, 2020). These health disparities, while shocking in the moment, are unfortunately not new. Research has consistently shown that minorities/people of color, indigenous people and individuals in vulnerable communities have greater difficulty accessing needed health care services, are more likely to be uninsured, and are overrepresented in publicly funded health systems (Institute of Medicine, 2002; The Joint Commission, n.d.; Causadias, 2019; AHRQ, 2018; Office of the Attorney General, 2020). Research also confirms that health disparities in quality of care and outcomes appear to persist even after researchers control for education, income, access to insurance, and access to care (Institute of Medicine, 2002; The Joint Commission, n.d.; Heath, 2020).

The statement and the MNA campaign to address racism establishes the organization's commitment to work internally and externally to address the crisis, including the impact of racism on nurses in the workplace.

"We believe it is essential for the MNA to use its platform to acknowledge and explicitly name racism as being antithetical to our principles as healers and care providers and the mission of our Association," said Marie Ritacco, MNA vice president who worked with the committee that drafted the statement.

The document concludes with a list of recommended actions to be undertaken over the coming years, including development of educational programs for nurses on these issues, the establishment of a process for nurses and union members to report and document instances of racial discrimination, along with mechanisms within the union to address these violations; creating an electronic library of resources for nurses and union members to access regarding these issues, and the establishment of relationships and participation with other groups and activists working on addressing these issues.

"As a predominantly white profession subject to biases that contribute to this problem, we believe it is vital that we do our part to educate and mobilize our members to both understand and begin to more aggressively address the crisis that is racism," said Katie Murphy, president of the MNA.

To read the full statement, visit www.massnurses.org/AntiRacismStatement. ■



COMMUNITIES RESPONDING TO EXTREME WEATHER

Climate Change Is a Public Health Threat, Especially for Those Living in Underserved Communities of Colors

By Rev. Vernon K. Walker, CREW Program Manager

At this epoch we are living in, accelerating climate change is happening and, because of such, severe weather events are happening more frequently and with greater force. More and more lives are at risk, especially individuals from poorer and historically disadvantaged and underrepresented social groups. Worldwide, people of color feel a heavier burden from contaminated air, toxic water, and shrinking natural resources. Climate change is a public health crisis.

In 2018, the world's leading climate scientists authored a report through the UN Intergovernmental Panel on Climate Change warned there are only twelve years for global warming to be kept to a maximum of 1.5°C, beyond which even half a degree will significantly increase the risks of drought, floods, extreme heat, and poverty for hundreds of millions of people.

We have witnessed the damage that extreme weather has done to communities. Hurricane Katrina was one of the most devastating hurricanes in the history of the United States. It produced catastrophic damage, an estimated at \$75 billion in the New Orleans area and along the Mississippi coast. The total number of deaths from hurricane was 1,200.

Hurricane Sandy affected 24 states and all the eastern seaboard and resulted in 147 deaths in the Northeast United States, Canada, and the Caribbean. Boston was spared the most devastating effects of Hurricane Sandy due to the storm missing Boston's high tide by five hours, although the city still experienced high winds and coastal flooding. Without doubt, Boston is vulnerable to climate change.

As the climate changes, the likelihood of coastal and riverine flooding — as well as other hazards like stormwater flooding and extreme heat — will increase. Climate change is not a single special interest issue, but rather a complex crisis affecting public health, foreign policy, jobs and the economy, labor, civil rights, immigration, agriculture and the food supply, housing, transportation, the survival of nature, and every facet of human lives. The preeminent social justice issue of our time is climate change.

Historically communities of color have not been deeply involved in the climate justice movement. There are many other immediate concerns that people of color must grapple with, such as housing justice issues, racial justice issues, healthcare access, and more. That does not mean people of color do not care about environmental justice issues.

People of color are interested in climate change but not just learning about the problems of climate change. People of color are interested in tangible solutions and steps that can be taken to slow down or alternatively prepare for climate change. Preparing for climate change is one step in the right direction to understanding how broad the subject is.

This is what the Communities Responding to Extreme Weather (CREW) program does: empowers and prepares people for extreme weather that comes because of climate change. CREW is a newly formed grassroots organization that aims to build equitable, inclusive neighborhood climate resilience in Massachusetts and New England through hands-on education, service, and planning. CREW is under the organizational umbrella of the Better Future Project.

One of CREW's chief functions is to help prepare people for the extreme weather resulting from climate change through climate preparedness workshops. The workshops demonstrate what climate impacts are and show people how to create emergency backpacks to use in case of flooding.

Additionally, CREW is interested in partnering with organizations trusted by the community that have physical space to offer to convert into a cooling center during heat waves and a warming center during winter emergencies. Such conditions would greatly impact poor frontline communities where every person does not have central air in their homes or air-conditioning units, and these resources can increase the likelihood of people surviving during weather emergencies. CREW hopes to help mitigate the impacts of climate change by connecting people to community resources and community-anchoring institutions.

To learn more or to find volunteer opportunities, visit www.climatecrew.org. ■

MNA Develops and Launches Workplace Violence Reporting Form

The MNA's Workplace Violence Task Force developed and recently released its "Workplace Violence Reporting Form." This form is available for both download and online filing at www.massnurses.org/WPVReportingForm. The intent of this form is to help those seeking assistance after an assault and to collect data to provide evidence on the frequency and severity of workplace violence.

The Workplace Violence Reporting Form is a formal, written report that gives members the ability to provide the MNA notification of workplace violence incidents and to have follow up with someone regarding the incident if they so choose. Forms submitted will be protected on the MNA's secure website and faxed forms will be secured in locked files to maintain the confidentiality of submissions, subject

to any lawful order compelling release of the information. Data (absent personal identifiers) provided on the forms will be reviewed to identify and analyze trends which can lead to safer practice recommendations. This information will also be an invaluable resource when lobbying for workplace violence legislation, as it will provide documented vs. anecdotal evidence of workplace violence. If you have additional questions, please call the MNA's Health & Safety Division at 781-821-4625.

A reportable violent incident is any threatening remark or overt act of physical violence against a person(s) or property. Do not include a patient's name or any health information that may compromise a patient's right to privacy.

MNA Workplace Violence Reporting Form

MNA Massachusetts Nurses Association
 Massachusetts Nurses Association • 340 Turnpike St. • Canton, MA • 02021 • Tel: 781-821-4625 • Fax: 781-821-4445

A reportable violent incident is any threatening remark or overt act of physical violence against a person(s) or property. Do not include a patient's name or any health information that may compromise a patient's right to privacy.

- Member name: _____
- Facility name: _____
- Date & time of incident: _____ Incident report filed with hospital: yes no
- Specific location of incident (ex.: hallway, pt. room, garage, etc.): _____
- Type of unit (ex.: emergency room, ICU, med-surg, etc.): _____
- Violence directed toward: patient staff visitor other
 Assailant: patient staff visitor other
 Assailant: unarmed armed specify weapon: _____
 Assailant: male female
- Predisposing factors (check all that apply): short staffing drug/alcohol use dissatisfied with care/waiting time
 grief reaction prior history of violence gang related other (describe): _____
- Description of incident (check all that apply): physical abuse verbal abuse sexual abuse other
 Describe: _____

- Injuries: no yes Describe: _____

- Were there witnesses? yes no
- Were you able to get help and get to a safe area? yes no
- Were you relieved of your assignment? yes no
- Notifications: supervisor yes no hospital security yes no police yes no
 local MNA committee member or MNA staff yes no
- Disposition of assailant: stayed on premises escorted from premises left on own other
 Describe: _____

- What measures do you think could be taken to prevent further incidents of this type? _____

- Would you like someone from your local MNA committee or MNA staff to contact you? yes no
 MNA committee MNA staff
 If yes, please provide a non-work email and/or phone number where you can be reached: _____

Downloaded PDF forms, fax to MNA, Attn: Division of Health & Safety at 781-821-4445.

The MNA is committed to decreasing incidents of workplace violence for the health and safety of all healthcare workers and believes that employers have a responsibility to provide safe and healthful working conditions. This includes preventing and addressing conditions that lead to violence and abuse by implementing effective security and administrative work.

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 97% of the regular MNA membership dues for chargeable expenditures. Non-members are not charged for expenses,

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

1. When to object

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

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

MNA members are responsible for full membership dues and may not object under this procedure. MNA members who resign their membership after September 1 must object, if at all, within thirty 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 thirty-day period set forth above:

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

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

To be valid, objections must contain the following information:

- The objector's name
- The objector's address
- The name of the objector's employer
- The non-member's employee identification number
- Objections must also be signed by the objector

Objections will be processed as they are received. All non-members who

file a valid objection shall receive a detailed report containing an accounting and explanation of the agency fee. Depending on available information, the accounting and explanation may use the previous year's information.

3. How to challenge MNA's accounting

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

Challenges must be specific and must be made in writing. Challenges must be received by MNA at the same address listed above in section 2 within the thirty-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 minimum dues rate will increase to \$70.16 effective July 1, 2021. The current maximum monthly dues rate will remain unchanged at \$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.



The following CE programs are now available online:

- Understanding the Complexities of Substance Use in the Workplace
- Conflict in the Workplace: A Nursing Perspective
- Migraine Headache Attacks: Enhancing Nursing Knowledge
- Leadership Lessons Learned: Ten Tips to Self-Actualization
- Meeting the Global Care Needs of Persons Living with the Challenges of Dementia - *meets the 2022 relicensure requirement for dementia training*
- Parkinson's Disease (PD): A Nursing Perspective
- WEATHER or NOT: How the Environment Affects Patient Care and What You Need to Know
- How to Care for Yourself When You Are Working in Crisis Mode for Long Periods of Time
- Care of the Patient with PTSD
- The Nurse's Role in Suicide Prevention: Shifting the Perspective from Despair to Hope
- Vaping 101: Old Vices New Devices (*expires in September*)
- Pediatric Endocrine Emergencies
- Pediatric Vomiting and Dehydration
- Fundamentals of Apheresis
Clinical Indications & Treatment Overview of Therapeutic Plasma Exchange, Red Blood Cell Exchange
- Kids Eat the Darndest Things - Pediatric Toxicological Emergencies
- Neonatal Cardiovascular Dysfunction and Shock
- Total Knee Arthroplasty
- Total Hip Arthroplasty
- Acute Respiratory Distress Syndrome (ARDS): Etiology, Pathophysiology, Clinical Presentation, and Treatment Management
- Reported to the BORN? Understanding the Process, the Issues and How to Avoid a Complaint
- Examining the Impact of Racism and Social Injustice in Nursing Practice and Healthcare

The following programs will available in late Spring 2021:

- Vaping 101.3: Old Vices, New Devices... and a Pandemic
- Finding Your Inner Strength: Balancing Grit and Resilience

To access, go to the CE online portal from the MNA website.

Time to Renew your 2020 Massachusetts Nursing License!

MNA reminds everyone to renew their nursing license for 2020 if you have not already done so. Early in the pandemic, Governor Baker extended the period to renew until the pandemic emergency ended. At this point, the MNA strongly encourages you to renew if you delayed doing so during this 2020 renewal year for any reason.

The online site for the Massachusetts Board of Registration in Nursing for license renewal or to print out your license is <https://www.mass.gov/nursing-licenses>.



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Prices include airfare **AND** departure taxes & fees

2021



Welcome to the “New Normal” ... Traveling Again! *Pack your bags, grab your passport & vaccination card and let’s explore the globe again! MNA has two great offerings this fall. We anticipate the pent-up demand for travel to fill these trips fast, so don’t wait to book.*



Grand Tour of Sardinia - September 14-22, 2021: Price \$3499 per person (which will be reduced if the group size is over 25 passengers)

Explore the second largest island in the Mediterranean Sea. Sardinia is a charming and historic island with nearly 2,000 km of coastline, sandy beaches and a mountainous interior crossed with hiking trails and quaint villages. Its rugged landscape is dotted with thousands of nuraghi – mysterious Bronze Age stone ruins shaped like beehives. This grand tour of Sardinia will explore all the key sites and scenery of this amazing island. We will tour wineries, small ports and castles. We will learn about the important olive oil production and visit a local farm for a tasting. We will take a ferry to La Maddalena and explore the national park and unspoiled beaches. Almost all meals are included (with the exception of three lunches) and wine and water is included with lunches and dinners. This beautiful trip is sure to fill fast.



Christmas Markets on the Danube River Cruise aboard AMA Waterway’s Lea ship – December 5 - 13, 2021: Prices start at \$4319 per person

Experience timeless holiday traditions and elegant pageantry in four countries—Hungary, Slovakia, Austria and Germany. Explore the iconic capital cities of Budapest and Vienna that will be decked in holiday finery with glittering Christmas trees illuminated by thousands of lights, bells pealing from cathedral towers and children dressed as angels singing Christmas carols, dazzle you. Wander the stalls of Europe’s most traditional and enchanting Christmas Markets, including Nuremberg, Regensburg and Salzburg, shopping for handcrafted toys and gifts, sipping hot mulled wine and inhaling the fragrance of gingerbread and roasted chestnuts. Cherish all the glory and magic of the season in grand European style as you cruise along the Danube during this festive time of the year. This tour will feature a choice of excursions, such as standard walking tours, bike tours and nature hikes. Unpack once and cruise along with the amazing views of Europe. Includes airfare, as well as all meals on board; specialty beer, wine & water included.

Prices listed above include: air from Boston, departure taxes and fees, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast, reserve early. *Prices listed are per person, double occupancy based on *check* purchase. Applicable departure taxes **are** included in the listed prices (subject to change). Credit card purchase price is slightly higher than listed price. Group price will be reduced if group size is over 25, see full brochure for details at www.massnurses.org. For more information on these great vacations and/or to sign up to receive email notifications of specials and yearly program flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing and email address.



Save the Date!
Monday • July 26, 2021
Blue Hill Country Club • Canton

*to benefit Scholarship Programs
for Nursing & Healthcare Professionals*

**Visit www.massnurses.org
or call to register at 781-830-5720**

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