The MNA Board of Directors signed off on a draft of the constitution for the new national nurses union and is preparing for a vote on the issue by the membership in October. The new RN “super union” is being founded by the unification of the MNA, California Nurses Association/National Nurses Organizing Committee (CNA/NNOC) and the United American Nurses (UAN). In addition, the Board has drafted a proposal for a change in dues policy to support the MNA’s affiliation with the new national union, while also maintaining the MNA’s current position as the strongest voice and union for registered nurses in the commonwealth.

The decision on the MNA’s affiliation with the new national, as well as for the proposed supporting dues structure, will be made by the membership at the annual business meeting on October 1, 2009 during the MNA convention at the Ocean Edge Resort in Brewster on Cape Cod. To help educate members about these important proposals, the Board has scheduled a series of ten membership meetings (two in each Region) in August and September 2009.

The possible formation of the 150,000-member national nurses union represents a stunning development in the history of nursing, creating the largest organization of direct care nurses in the history of the United States!

For MNA members, it means we remain who we are—with the leadership you have chosen, with the same staff, resources and representation that have made us the voice for nurses in Massachusetts—while adding national allies and a stronger national voice to protect our contracts, advance our agenda and promote our patient advocacy role in keeping with our mission and goals.

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The organizations’ proposed constitution was drafted with input from a delegation of MNA leaders and it sets forth the objectives and governing structure of the new organization. It will also ensure a prominent MNA role and voice in the future of this important RN movement to reshape health care in America.

The objectives of the new national union, as stated in the proposed constitution, include:

1. To build a movement to defend and advance the interests of direct care nurses and patients everywhere, in solidarity with sister nurse and allied organizations around the world.

2. To unite and organize all direct care nurses into a single organization capable of exercising maximum influence over the health care industry, governments and employers.

3. To win health care justice: accessible, quality health care for all, as a human right.

4. To provide effective collective bargaining representation to UAN/NNOC members and support to UAN/NNOC affiliates to promote the economic and professional interests of direct care nurses.

5. To advocate for direct care nurses and patients on all public policy matters related to safe care and nursing practice, including safe nurse-to-patient ratios and patient advocacy rights.

As a founding organization for the new movement, the MNA will play a prominent leadership role under the new constitution—including the opportunity to select one of three presidents to head the new organization. The MNA will also have a vice presidential seat on the organization’s 15-member governing executive council and will be able to send a delegate for each 1,000 members to the organization’s annual national convention.

We have created this newsletter to provide members with the latest information on this new national movement for RNs. In the following pages you will find information on why we need the new national organization and how it came to be. You will also learn more about the proposed changes in MNA dues, information on the upcoming ratification vote, as well as information about the Regional meetings that have been scheduled throughout the state so that members can learn more about these exciting events, and to have their questions answered.
As working registered nurses across America, we face the same challenges every day: how to advocate for our patients in the face of bare bones staffing and inadequate resources. That’s why America’s leading RN organizations, including the MNA, have joined forces to form the United American Nurses-National Nurses Organizing Committee (UAN/NOCC). We are building a structure to become the national voice for RNs or, as the media and our opponents call us, the “RN Super Union.” We are working together to make sure that as RNs we have the presence, the power and tools we need to take our rightful place as the key coordinators of patient care.

As you consider your vote to approve the MNA’s affiliation with UAN-NNOC and the dues structure to support it, it is important to understand the reasons and rationale for its creation. Below we have attempted to outline the key reasons for the historic national RN movement.

We are at a unique moment in history for health care specifically and for the labor movement in general.

There has never been a more pivotal moment in history to form a national nurses union made up exclusively of direct care nurses.

- With the Employee Free Choice Act and other labor reforms finally seriously on the political agenda, now is the time for nurses to have a powerful voice to shape that debate. And once passed, the opportunity to organize large numbers of nurses will never be greater.

- From a political perspective, we have a Democratic Congress and White House, the party that has historically been the most sensitive to the role of unions and the needs of workers. If and when we raise our voice, this party is the one most likely to hear it and to respond. However, our voice needs to be LOUD and STRONG, and this national nurses union gives us exactly the voice we need!

- Health care reform and the future of health care is the primary issue on Capitol Hill, and right now the voice of nursing is being ignored while the voices of the industry (the insurers, physicians, hospital executives, pharmaceutical companies) are controlling the debate. We need a unified and powerful organization to force nursing’s positions onto the agenda, and to protect against solutions being proposed by our opponents.
A National Voice Can Mobilize Nursing’s Voice and Power to Change Health Care

For too long, nursing’s voice has been fragmented and diluted among a variety of organizations, too many of which had philosophies or took positions that conflicted with or even harmed the interests of direct care nurses.

By unifying and empowering the largest and most respected group of health professionals, we can demand our seat at the table and eventually dictate the terms of the debate. Without a national voice, we will remain in our individual states, perhaps doing good work locally, but forever at a disadvantage in the face of the health care industry’s power and influence nationally.

Because National Issues Affect Our Practice, the MNA Should Not Go it Alone

The MNA has done great work advocating for its members in Massachusetts, but we can no longer remain isolated. Given that health care is rapidly consolidating and is influenced by national and state policies that can cross state borders, MNA members’ interests are no longer best served by remaining a solely independent voice. Decisions made across state borders, particularly in non-union states like New Hampshire and Connecticut, affect our practice and our ability to change policies in Massachusetts. When non-union nurses are forced to accept policies like floating without orientation, cancellation of shifts, allowing unlicensed personnel to administer medications in hospitals, or placement of patients in hallways of inpatient units, those policies become accepted standards that our employers attempt to adopt.

We need to organize more nurses nationally to deprive the industry of its ability to implement policies and dangerous workplace procedures in states with weaker nursing voices.

Using the combined resources of the new national union, we will be able to capitalize on this unique moment in history to foster the organizing of thousands of nurses across this country, which will in turn further improve our ability to meet all the objectives of the new national nurses movement (see box on page 2).
In 2001 the MNA held a special meeting in Worcester for members to vote on disaffiliating from the American Nurses Association (ANA). That vote, which led to the largest gathering of registered nurses in Massachusetts’ history, affirmed by overwhelming numbers the MNA membership’s desire to free itself from a national organization that failed to adequately represent its views on the national stage. At the conclusion of that vote, a resolution for the formation of a new national nurses union was overwhelmingly adopted.

In the years following disaffiliation, the MNA has flourished. After courageously throwing off the shackles imposed by the management-dominated ANA, the membership of the MNA has built a union that is a strong and powerful advocate for direct care nurses and for our patients. That work has been recognized nationally and we remain committed to advancing the issues of direct care nurses, not only in our state, but in coordination with like-minded organizations.

More recently, at the MNA’s 2008 convention, the membership, in recognition of the sea change taking place in the national political landscape, cast an overwhelming vote in favor of the following motion:

**In these challenging times for patients and nurses, the voice of organized nurses cannot remain fractured. We, the MNA members, charge and authorize the MNA Board of Directors to participate as architects of an independent, national nurses union run by and for nurses; which would represent a majority of the nation’s unionized nurses; and to bring back that opportunity for a vote by the MNA membership.**

While the MNA left ANA in 2001, CNA (California Nurses Association) left ANA in 1995 for reasons much the same as ours. Over time, CNA created a national presence by forming NNOC (National Nurses Organizing Committee). In 2008, the UAN (United American Nurses), formerly the labor arm of the ANA, followed the path of the MNA and CNA by disaffiliating from the ANA.

All three organizations left the ANA for the same reason—to rid themselves of a management-dominated organization that did not represent the interests of direct care nurses. In the wake of this series of events, these three organizations have reached out to one another to take the next logical step, and form a national union that will represent the interests of bedside nurses at the national level, and provide a strong and powerful voice to counter the ANA and its allies in the health care industry. Accordingly, the three organizations have completed the preliminary work to form a new national union run by and for direct care registered nurses.

In October, our members will have the opportunity to make this organizational dream a powerful reality. In the meantime, the three founding organizations have already drawn significant attention from the media and health care executives across the nation have already characterized the new national as the “Super Union.”
The goal of the proposed new dues structure that the MNA’s Board of Directors will be putting forward is two-fold:

1. To fund the MNA’s participation in the new national union should our affiliation be approved by the membership at this October’s annual convention.
2. To maintain the MNA’s current position as the strongest voice and union for RNs in the Commonwealth.

In proposing this dues change, the Board grappled with the dual reality that MNA members have been presented with an unprecedented moment in nursing history, while understanding that we are also faced with an unprecedented economic climate. The Board crafted and evaluated numerous possible dues structures before deciding on this proposal. The Board believes it strikes a balance between the economic climate we face and the desire to continue a strong local organization while seizing this unique moment in history for the benefit of MNA members.

The dues structure would be all-encompassing—meaning that both the local dues (the MNA dues which include the regional dues) and the national dues (inclusive of the AFL-CIO national dues) would exist as one rate. Members would not need to pay dues for separate union entities.

**Proposed Dues Structure**

Under the proposal, a member’s monthly dues amount would be based on her/his base hourly rate of pay “times two hours” per month and would feature a minimum and maximum rate. The initial minimum rate effective July 1, 2010 would be the current dues of $65 per month and the maximum rate of $78 per month. The minimum and maximum would be adjusted annually based on the following method. As of January of each year:

- **Minimum dues rate would be based on the average hourly rate for step 1 in all MNA contracts** - but not less than the preceding yearly dues.
- **Maximum dues rate would be based on the average hourly rate for step 7 in all MNA contracts** - but not less than the preceding yearly rate.

The dues would be set at two times the base rate of pay with a minimum cap and a maximum cap based on the formula above which would become effective July of that year. People making below the minimum would be charged the minimum. People making above the maximum would be capped at the maximum. People making some amount in between will be charged the calculated amount.

Based on the multiple potential variations in dues amounts this model would be based on a payroll deduction system. This would require transitioning the MNA away from a Union Direct model—where the majority of members pay dues directly to the MNA—to a payroll deduction model where the dues are deducted directly from your paycheck and sent by the employer to the MNA. This will require some administrative structural changes at the MNA but the Board’s assessment was a payroll method will be more palatable to members in achieving these goals.
A National Voice with National Power

Be there on Oct. 1 to Cast Your Vote on the New National!

Please plan to attend the MNA Business meeting on Thursday, Oct. 1 where the vote on the affiliation of the new national, as well as the vote to approve the dues, will be conducted. The meeting begins at 2:00 p.m. You must be in attendance to vote to approve the MNA’s participation in the new national. However, under a bylaw change adopted by the members last year, the vote for a change in dues policy will allow members to request a secret mail ballot prior to the meeting, provided they cannot make the business meeting because of either religious obligations or due to their work schedule. That request must be made no later than seven days preceding the MNA business meeting. A request for a secret mail ballot can be mailed or faxed to the MNA c/o Joe Ann Fergus, Director of Membership Division.

All members in good standing are eligible to attend and vote at the business meeting and there is no cost to attend. To avoid long waiting lines to get into the meeting, and to assure we provide sufficient space, pre-registration for the business meeting is strongly encouraged. While on-site registration is allowed, those who pre-register will be assured seating in the main meeting hall. Please note that your convention registration does not register you for the business meeting.

To pre-register for the business meeting, contact Robin Gannon by phone, 781-830-5724; by fax, 781-821-4445; or by e-mail at rgannon@mnarn.org.

This will be a historic event matching the great efforts of MNA members to remove themselves from the management domination of the American Nurses Association. We now take the next historic step of forming the long overdue “national voice” for direct care nurses.

For more information about the new national union, to view the draft constitution, or to learn about how to request a mail ballot, visit the Super Union Web page on the MNA Web site at www.massnurses.org. You can also expect additional mailings and e-mail blasts on this process in the upcoming weeks and months. You are also encouraged to attend one of the ten regional forums on the new national and the upcoming vote (see listing on page 8).

A Quick Guide For 2010 Effective July:

What You Would Pay Under the Proposed Dues Structure

*If you earn . . .
Less than $32.50 per hour  Between $32.51 & $38.99 per hour  $39 or more per hour

$65 monthly*  Your hourly rate “times two” equals your monthly rate  $78 monthly

(The minimum)  (the maximum)

*current MNA dues
MNA Hosts Regional Meetings for Members

At these regional meetings, members can learn more about the new National Union and the proposed dues structure. Any MNA member is welcome to attend any of these meetings. Light refreshments and beverages will be provided. All events are free, and you need not pre-register to attend. All meetings start at 6:00 p.m. and will end by 8:00 p.m. For directions to the meeting locations, visit the MNA “Super Union” page at www.massnurses.org.

Region 1 (413-584-4607)
Tuesday, August 18, 2009
Cranwell Resort, Spa and Golf Club
55 Lee Road
Lenox, MA 01240

Tuesday, September 22, 2009
Sheraton Springfield Monarch Place Hotel
1 Monarch Place
Springfield, MA 01144

Region 2 (508-756-5800)
Wednesday, August 26, 2009
Dudley-Gendron American Legion Post
158 Boston Road
Sutton, MA 01590

Monday, September 21, 2009
Sheraton Tara Framingham Hotel
1657 Worcester Road
Framingham, MA

Region 3 (508-888-5774)
Thursday, August 6, 2009
Canal Club-Bridge Bourne Hotel
100 Trowbridge Road
Bourne, MA 02532

Thursday, September 24, 2009
Holiday Inn-Taunton
700 Myles Standish Blvd.
Taunton, MA 02780

Region 4 (978-977-9200)
Tuesday, August 11, 2009
Vittori Rocci Italian American War Veterans Hall
143 Brimbal Avenue
Beverly, MA 01915

Wednesday, September 16, 2009
North Andover Knights of Columbus
505 Sutton Street
North Andover, MA 01845

Region 5 (781-821-8255)
Monday, August 10, 2009
MNA Headquarters
340 Turnpike Street
Canton, MA 02021

Tuesday, September 1, 2009
Florian (Hall) Associates
55 Hallet Street
Dorchester, MA 02124