Union leaders gather to learn, strategize, plan for future

More than 100 local bargaining unit leaders representing the majority of facilities represented by the MNA across the commonwealth came together for an historic “Chairs Assembly” meeting in Marlborough — an opportunity for nurses to learn, network, share strategies and plan for the future.

“Because we know that the managers of the health care industry come together to develop strategies that impact the working conditions and practice conditions of staff nurses and patients in this state, we have called this meeting to provide us, those of us on the front lines of health care activism, the opportunity to do some strategizing of our own,” said Karen Higgins, RN, president of the MNA. “Our local bargaining unit cannot afford to work in isolation from one another. We need to share ideas, we need to communicate and plan together so that we can combat the forces that are constantly working to undermine the work we do and the care we deliver.”

While the labor program of the MNA holds an annual business meeting at the MNA convention each year, this meeting was called for the specific purpose of bringing leaders together to explore additional avenues of communication and networking.

“I thought it was a great way to share information with all the other bargaining units and to meet each of the chairs. I received a lot of valuable information and I hope it continues,” said Cece Buckley, co-chair of the bargaining unit at St. Elizabeth’s Medical Center.

Whidden Hospital chair Joanne Bartosewicz was equally impressed with the event. “From the North shore to the South shore to the western part of the state, in new bargaining units and older bargaining units, in large units and small units the concerns were the same,” she said. “This was a great way for us to come together, meet other chairs, and to identify needs and to come with new ideas. It definitely refreshed me as to why I became a chair and to affirm why I continue to be a chair of my local unit.”

The program began on the evening of Jan. 29, when the participants gathered for a cocktail reception. The next day, a full-day program was held, beginning with a two-hour presentation by Paul McCarthy, acclaimed union consultant and organizer and former director of the MNA labor program.

McCarthy’s program focused on the need for nursing bargaining units to develop a cohesive organizing strategy built around four key components: 1) the need to develop an effective two-way communications system with rank and file membership; 2) the need to develop a strategy of what you want to achieve through the collective bargaining process and to keep members active in that process; 3) the need to identify issues of commonality and importance to the bargaining unit and the need to build bridges with the community to help achieve objectives and to address key issues.

He emphasized that the role of a union leader was to mobilize and to “empower the membership to take ownership of the union.”

“Members need to understand that they are the union and that they should be going to the union to interpret their contract, not to management,” McCarthy said. “Members need to know that they have the power and they have the ability to use that power to address problems at the facility. They need to know that as union members they have an obligation to participate in the process and to own the solutions to the problems they face.”

Following McCarthy’s presentation, different representatives from bargaining units spotlighted specific issues and campaigns to help bring solutions to the table.

See Chairs Assembly, Page 11

MNA blasts governor’s health care cuts

After reviewing health care cuts announced by Gov. Mitt Romney in February, the MNA issued a press release blasting the cuts, calling them short-sighted, misguided and devastating to children, seniors and other vulnerable populations.

According to the MNA statement, which was widely covered by local media, “Not only are these cuts harmful in their impact on the citizens of the commonwealth, they are economically wasteful, ultimately resulting in patients receiving more costly care in already overcrowded emergency rooms. While the governor has called for an equal sharing of the burden of cuts to the budget, his approach to the health care sector shows a lack of understanding of the unequal burden borne by health care and human service providers for many years.”

The MNA is actively working with the...
Nurses’ Guide to Single Payer Reform

MASS-CARE/MNA takes issue with state report on universal health care

By Peggy O’Malley
Last December, LECG, a consultant firm hired by the state issued a long-awaited report on universal health care, which was supposed to provide an unbiased analysis and road map for the state on addressing this issue. Below is an Op Ed that was drafted by MNA board member and President of MASS-CARE Peggy O’Malley, which provides a powerful and pointed critique of this document, while underscores the benefits of a single payer model of health care delivery.

Last month, a report on universal health care was released by LECG, a Chicago consultant commissioned by the commonwealth.

MASS-CARE, the 80-organization coalition of organizations who support single payer health reform in Massachusetts, believes the report is a politically biased product. A full and fair analysis was sabotaged by powerful special interests.

In the summer of 2001, the Legislature appropriated $250,000 to develop a transition plan for “consolidated health care financing and streamlined health care delivery accessible to every resident in the commonwealth” as its commitment to advocates for health reform who, in turn, agreed to push for universal coverage through the Legislature instead of through a ballot initiative.

The legislation called for the creation of a guide for legislators to move from the present chaos to a unified, universal system.

LECG failed to fulfill the purpose for which it was commissioned by not providing legislators the long-awaited “road map” to achieving universal coverage and the funding system that would fairly pay for it. Instead, LECG has been allowed to squander precious time and money analyzing and presenting to the Legislature three models of health care delivery, two of which do not meet the standard of universal coverage and consolidated financing. While acknowledging that only the single payer proposal meets both standards, LECG neglected to objectively analyze the costs and benefits of all three models.

In the analysis of its “single payer” model, LECG underestimated the savings that would be achieved by creating a real single payer system in Massachusetts. The basic premise of a single payer system is the elimination of the costs of dealing with the bureaucracy of private insurance. Yet LECG has assumed a significant continuing role for insurance companies in its “single payer” model, thus retaining a large component of administrative costs.

Additionally, nearly 4,000 individual physicians have endorsed the physicians’ proposal, including two former surgeons general (Dr. David Satcher and Dr. Julius Richmond); and a Nobel laureate (Dr. Bernard Lown). Including two former surgeons general (Dr. David Satcher and Dr. Julius Richmond); and a Nobel laureate (Dr. Bernard Lown). Also joining the physicians and members of Congress to endorse the National Health Insurance Act will be Dr. Maya Rockeymoore, Urban League Director of Health Policy; Dean Baker, co-director, Center for Economic and Policy Research; and Hillary Shelton, a spokesperson for Julian Bond, chairman of the NAACP.

The information collected by LECG demonstrates that “business as usual” is simply unsustainable. With the highest costs in the nation, the Massachusetts health care system threatens to bankrupt the State budget, as well as health facilities, employers and individuals while leaving over 400,000 uninsured, mostly workers and their children.

As a state must act.

Now is the time to choose the path that will lead to reduced costs and universal coverage through enactment of a single payer system in Massachusetts. An objective assessment of policy options would have arrived at that conclusion.

The Legislature appropriated $250,000 for a report. Everyone understood, at the time, that the purpose of the report was to be the report that was written has very little association with that legislative purpose. This means that the money was largely wasted. Given the staggering array of health problems in this state, squandering this money massively missed a strategic opportunity.

U.S. Rep. John Conyers, Jr. (D-Mich.) and a group of the nation’s most prominent physicians are proposing a new bill, the United States National Health Insurance Act, a single payer national health program. The legislation proposes an effective mechanism for controlling skyrocketing health costs while covering the uninsured.

The bill also restores free choice of physicians to patients and provides comprehensive prescription drug coverage to seniors, as well as younger people.

“It’s about time,” says Conyers. “With this legislation, we no longer have to endure the nightmare of a collapsing health system. Our nation will be free from having to put up with the outrageous costs that keep millions of Americans from receiving medical care and needed medications. Tens of thousands of families won’t have to declare bankruptcy over medical bills. Universal national health insurance (single payer) takes the resources we have in place, and deals with them in an intelligent manner. It excludes the tragic hemorrhage of resources into non-health entities.”

At the same time, LECG assumed there will be no savings from a system that provides timely, coordinated care in appropriate settings instead of the costly care we all hear about when sick, uninsured folks end up in ER’s with health problems that could have been treated more cost-effectively before they became serious. Furthermore, in its comparison of single payer to the two models not providing universal coverage, LECG omitted the costs of those remaining uninsured as though people without insurance have no health care costs.

Such omissions in LECG’s analysis have inflated their bottom-line cost estimate for a so-called “single payer” system by as much as $3 billion. If so, moving to a true single payer system would more than pay for comprehensive coverage and benefits, including prescriptions and long-term care. That would be consistent with previous reports of two consultants commissioned by the Massachusetts Medical Society. Independently, they concluded that Massachusetts could adopt a single payer system that covered everyone with comprehensive care and save us all $1 billion annually.

In its report of 170-plus pages, LECG does furnish useful information which, oddly, is not usually available to policymakers in Massachusetts. While other states routinely collect data on the condition of their health systems, several years ago Massachusetts stopped collecting this information, essential to informed decision-making.

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Listed below are the Massachusetts legislators who have signed on as cosponsors of S.686 the Massachusetts Health Care Trust, the single payer bill to cover everyone in Massachusetts. If your senator or representative is listed, please call them to say thanks and ask how you can help them achieve passage.

If your legislators aren’t listed, give them a call urging them to support the bill.

Senators:
Steven A. Tolman, Brighton, lead Senate sponsor
Jarret T. Barrios, Cambridge
Charles E. Shannon, Winchester
Dianne Wilkerson, Boston
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Representatives:
Frank M. Hynes, Marshfield, lead House sponsor
Richard B. Baker, Newton
Deborah D. Blumer, Framingham
Edward G. Connelly, Everett
Paul C. Demakis, Back Bay
Paul J. Donato, Medford
Christopher J. Donelan, Orange
Carol A. Donovan, Woburn
Michael E. Festa, Melrose
Gloria L. Fox, Boston
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Pamela P. Resor, Acton
Stanley C. Rosenberg, Amherst
Charles E. Shannon, Winchester
Dianne Wilkerson, Boston
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Kay Khan, Newton
Peter V. Kocot, Northampton
Elizabeth A. Malia, Jamaica Plain
J. James Marzilli, Jr., Arlington
Thomas M. McGee, Lynn
Shirley Owens-Hicks, Roxbury
Marie J. Parente, Milford
Anne M. Paulsen, Belmont
Douglas W. Petersen, Marblehead
Byron Rushing, South End
Frank I. Smizik, Brookline
Joyce A. Spiliotis, Peabody
Karen Spilka, Ashland
David B. Sullivan, Fall River
Karen A. Talone, Taunton
Timothy J. Toomey, Jr., Cambridge
Ellen Story, Amherst
Benjamin Swan, Springfield
Anthony J. Verga, Gloucester
Alice K. Wolf, Cambridge

Have you moved?
Please notify the MNA of your new address:
800-882-2056, x726

Massachusetts Nurse
March 2003
Executive Director's column

Nurses: beware of bad history being repeated

By Julie Pinkham
MNA Executive Director

Ever heard the saying that those who do not know their history are destined to repeat it? Well this is apparently a truism among health care administrators and health care consultants. Go back to the early ’80s when nurses basked in the age of primary nursing. Back then we had quality patient care in the palm of our hands...

We actually had the ability to practice nursing consistent with our education and licensure — with professional standards of practice and the ability to provide total care to a safe ratio of patients. At least some of the more fortunate among us did...for awhile. But, along with primary nursing, the ’80s brought an onslaught of cost cutting and reimbursement schemes for administration and tell them to stop their years — dominated by DRGs, managed care, mergers and consolidations — none of it good for nurses or patients.

Remember what the industry did then, starting with the elimination of registered nurses as another pair of hands to assist physicians (and replace nursing positions). Apparently, to physicians the education and assessment skills of RNs were irrelevant. After all, at that time in their minds, anybody could be trained to do what a nurse did. Without knowing the firestorm they were stepping into, the physicians pushed their plan, and the nursing community pushed back — hard! But once the physicians failed in their attempt, the hospital industry, led by a cadre of nurse administrators cloaked in their ‘consultant’ suits, having scrubbed away any understanding of patient care from their minds and curriculum vitae, began their assault on the nursing profession. This was the early ’90s and these “nurse consultants,” these Benedict Arnolds of nursing refined the physicians’ failed plan by scrubbing away the “R” and adding a “P” to create the term “Patient Care Technician.” This was the era of “patient focused care,” where nurses were laying off 40 to 50 percent of nurses and replacing them with unlicensed personnel with maybe two weeks of training. Yes, without any research to support them, these so-called professionals sold deskilling of nurses far and wide. It came with the inevitable speed up of nursing work, increased patient loads and the further degradation of patient care. This too met with tremendous resistance. Remember the Brigham & Women’s nurses’ strike vote in 1996, and the eight others that soon followed.

We went to the public, we made our case and we won. But the cost was high. Hundreds of new grad nurses were unable to find jobs, nursing enrollments dropped, hundreds of experienced nurses had been laid off. Those remaining at the bedside became frustrated with working amid the wreckage of constant mismanagement and excessive patient loads. Yes, we stopped deskilling, but we were left with patient assignment of 1 to 8 on med surg, and with the new practice of mandatory overtime, once again forcing nurses to strike to stop these dangerous conditions.

Lo and behold, we now find ourselves deep in a shortage of nurses who are willing to work in the current hospital environment.

But the wheel of history just keeps turning. After all these mistakes, after reports and exposés pointing to deskilling and when and when at it again. We are once again seeing the same plan introduced at area hospitals, such as Newton Wellesley Hospital. One wonders if they ever will get it. Apparently being stupid is profitable. At Cooley Dickinson Hospital in Northampton, management wants to engage the nurses in a discussion of a “new model” of care.

While the Cooley Dickinson nurses are developing their strategy to deal with this situation, the Newton Wellesley nurses have already successfully mobilized to quash this program before it could get started. (See the description of their efforts in the front-page story on our recent chairs assembly.)

My message to all our bargaining units and to all nurses is beware of history repeating itself. If you see any attempt to “expand the role of PCAs,” or to develop new or alternative models of care, this is a signal to band together and rise up in opposition to any of these attempts.

We can’t allow consultants or administrators to dictate to us what is an acceptable model of nursing care. In the past, when administrators and consultants told us what our profession could and couldn’t do (generally in the name of the bottom line), all too often we kept “asking” them to reconsider.

If health care decision makers and the nursing issues shows is that those bargaining units which tell management what they want, what they need — and expect it, are much more effective.

As the nurses for you are approached to develop a new model of care, tell them you have one already developed, they can find it imbedded in the language of the MNA’s quality patient care/safe RN staffing legislation. Tell them to implement the ratios we have spelled out, and to adhere to the other provisions of the bill, including developing a real acuity system to allow for improvements in staffing when the patients’ needs dictate. Tell them that it takes to safely practice as an RN today — and that’s what we and our patients deserve.

Pembroke Hospital nurses hold candlelight vigil

Nurses from throughout the state marched in solidarity with the registered nurses of Pembroke Hospital, who held a candlelight vigil outside the entrance to the South Shore psychiatric hospital on Feb. 20 to protest the hospital’s anti-union delaying tactics. The nurses have been waiting for seven months to learn the outcome of their vote for a union election held last June. While the nurses had cast their votes at a National Labor Relations Board (NLRB) election held at the facility on June 13, 2002, the hospital had impounded the ballots, which are a violation of federal labor law,” said Linda Klemme, a Pembroke nurse and director of labor relations for the MNA.

“We have been waiting for the results of our union vote for more than seven months and we are holding this vigil to raise public awareness of our plight and to ask the public and supporters of our cause to contact the hospital and demand they end their legal appeal and let the votes be counted,” said Helen Gillam, RN, a nurse at the facility and a member of the union organizing committee. In addition to holding the vigil, the nurses will begin a campaign of leafleting within the community to seek public support for their cause. “All we want is a voice in the decisions that impact our ability to provide the best possible care to our patients. The hospital has ignored us for years and patients have suffered because of it.”

Pembroke Hospital is owned by Universal Health Systems, the nation’s third largest for-profit hospital management company, which owns more than 80 facilities in 22 states. Since purchasing Pembroke in 2001, the company has cut staff and degraded services, causing the state Department of Mental Health to investigate the Pembroke facility later that year. The deteriorating conditions drove many employees to leave the facility, and, ultimately, convinced the nurses to organize a union as a means of protecting themselves and their patients.

In response, Universal Health Systems has hired one of the most expensive union busting firms in the country, paying hundreds of thousands of dollars that could go to desperately needed improvements in nurse staffing and patient care simply to deprive the nurses of their right to form a union. The staffing levels and working conditions at Pembroke Hospital, a psychiatric facility serving the South Shore, are among the worst in the state, with nurses regularly assigned between 12 and 25 patients. A safe assignment for a psychiatric nurse is no more than six patients.

The nurses also complain that the hospital admits patients with criminal backgrounds and a history of violent behavior, yet lacks a forensic unit, a unit designed with staff and resources to care for those patients. Young, aggressive patients, with a history of repeated assaults, are placed on units beside geriatric patients. This has resulted in numerous incidents of workplace violence and assaults of both staff and patients. In fact, the hospital has eliminated its security detail on the evening shift, leaving the understaffed nurses and their patients in a more vulnerable position.

Now the hospital has imported a number of nurses active in the organizing drive, who have seen the growing nursing shortage impact their facility, as nurses leave for better working conditions, pay and benefits offered by surrounding facilities.

The nurses are also among the lowest paid in the region, which prevents the facility from recruiting the staff needed to provide safe patient care. Since the votes have been impounded, conditions have gotten even worse for the nurses.

“Before the vote, management was telling us they cared about these issues and wanted to work to improve things without a union. Now, since the votes have been impounded, things have gotten worse. They have stopped working with us and have even cut a popular bonus program for nurses who work overtime, which is a violation of federal labor law,” said Linda Klemme, a Pembroke nurse and member of the organizing committee. “They keep telling us it will take time to improve things. All they wanted to do was stop us from having a voice at this hospital.”

The nurses began organizing a union with the MNA late 2001. This followed a period when staffing conditions deteriorated, and more than 25 percent of the hospital’s workforce left the facility in response to management policies. In September, the Department of Mental Health began monitoring the facility’s staffing levels at Pembroke Hospital. In December of 2001, 80 percent of the RNs eligible for union representation signed cards authorizing the MNA to represent them for collective bargaining.

“It is shameful for this employer to use funds that could be used for patient care and improvements in conditions for the nurses who care for patients to dictate to us how to improve our work environment,” said Linda Klemme, who cares for patients to subsidize high priced consultants. Go back to the early ’80s when nurses were at the bedside because frustrated with working amid the wreckage of constant mismanagement and excessive patient loads. Yes, we stopped deskilling, but we were left with patient assignment of 1 to 8 on med surg, and with the new practice of mandatory overtime, once again forcing nurses to strike to stop these dangerous conditions.

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Pembroke nurses say thank you

Our heartfelt thanks to all participants at Pembroke Hospital’s Candlelight Vigil on Feb. 20. It takes great courage to stand up to an administration such as ours. This administration whose primary goal is profit, turns a deaf ear on our pleas for safe, effective staffing and retention of skilled treatment teams. Quality patient care and service excellence must be accomplished through a united effort. Our organizing effort is an attempt to have a strong, effective voice in raising our demands that critical issues be addressed with intelligence, with integrity and as a team.

Our vigil was dignified, correct, thoughtful and honest. God bless each nurse at Pembroke Hospital who was working and who used their time to walk with us. MNA nurses from all over the state participated. Thank you; thank you; thank you. We felt your support. We will never forget you.

In unity,

Pembroke Hospital Nurses
H. 1282 safe staffing levels and quality care: A critical combination whose time has come

By Charles Stefanini
MNA Legislative Director

The Massachusetts Nurses Association, in collaboration with the Coalition for Quality Care, has re-drafted and re-filed Quality Patient Care/Safe Staffing Legislation to set minimum RN-to-patient ratios. The bill, H.1282, is critical to preserving quality care and protecting patient safety.

We can win

The campaign launched by the MNA and its members continues in full swing. Together, we are working toward one goal—to make safe staffing legislation the law in Massachusetts. Last May you gathered over 80,000 signatures statewide. Your voices are being heard. The petitions you have filed and the literature you have distributed are major steps toward victory.

Every button and bumper sticker tells the story to a growing audience. And when people hear our message, they agree. The challenge that faces us requires informing both the public and the members of the legislature. The time to act is now. Every single person in Massachusetts needs to be educated about how best to achieve quality patient care. Our message has great merit.

The experts agree

The New England Journal of Medicine, the Journal of the American Medical Association, and the Joint Commission on Accreditation of Health Care Organizations have released studies that clearly reinforce our position. There is no doubt: when staffing ratios are where they should be, there is a reduction in all adverse outcomes.

The Joint Commission on Accreditation of Health Care Organizations (JCAHO) reports that inadequate staffing levels have been a factor in nearly a quarter of most serious life-threatening events that have been reported to the commission in the last five years. The JCAHO report analyzed more than 1,600 serious incidents from 1996 through March 2002 and found that nurse staffing levels were deemed a contributing factor in 50 percent of ventilator-related incidents, 42 percent of surgery-related incidents, 25 percent of transfusion incidents, 25 percent of delays in treatment, 25 percent of patient abductions, 19 percent of medication errors, 14 percent of inpatient suicides, and 14 percent of patient falls.

According to the JCAHO report, “When there are too few nurses, patient safety is threatened and health care quality is severely compromised.”

For years, the MNA has been raising concerns about precisely this situation. We have cited repeatedly the negative impact of unsafe staffing levels at Massachusetts health care facilities. We have noted that staffing reductions have resulted in a rapid deterioration in nurses’ working conditions, contributed to a dramatic shortage of nurses and placed patients in jeopardy. We have expressed our strong concern that the number of patients assigned to each nurse — a doubling and sometimes tripling that leaves nurses caring for seven, eight or nine patients— radically diminishes the quality of care.

Safe staffing remains our major issue, because we know that it is the key to quality patient care and to safe patient care.

There’s one clear answer

The MNA has provided the industry and policymakers with the answer to this dilemma: H.1282, Quality Patient Care/Safe Staffing legislation is the only solution.

Save the Date

MNA Lobby Day 2003

Tuesday, May 6

10 am - noon
Great Hall, Statehouse

In conjunction with National Nurses Week
Sponsored by MNA Congress on Health Policy & Legislation

Charles Stefanini
MNA Legislative Director
**Christine Canavan, RN, appointed vice chair of Health Care Committee**

State Rep. and registered nurse Christine Canavan has been appointed vice-chair of the Joint Committee on Health Care.
The Massachusetts Nurses Association would like to congratulate the newly elected members of the Massachusetts House of Representatives. We commend you on your dedication and commitment to public services and look forward to working with you to protect patient safety and preserve quality care.

Jennifer Callahan, RN (D-Sutton)
Eighth Worcester District
Bellingham, Blackstone, Millville, Sutton - Pcts. 1, 2, Uxbridge - Pcts. 1, 2

Jennifer Callahan is an assistant professor in the Graduate School of Nursing at the University of Massachusetts Worcester. She also works as a quality consultant in the education and health care fields.

Callahan is also a registered nurse and nationally certified health education specialist. Previously, she had been an employee at UMass Medical Center and UMass Memorial Health Care for 12 years working as a senior quality coordinator, peer review coordinator and orthopedic trauma nurse.Prior to her employment at UMass, she was a community maternal child health coordinator for the Southern Worcester County Visiting Nurses and program coordinator for an AIDS public health policy education program.

She holds a doctorate in higher education policy, research and leadership from Mass. Menard (D-Somerset), former chair of the Massachusetts Democratic State Party. Currently, Costello runs a private law practice in Newburyport and serves on the boards of directors of Link House Programs, Inc. Costello began his career in politics at a young age. He is the son of former state legislator and former mayor of Amesbury, Nicholas Costello. He is married to Kerrin D’Archangeo of Haverhill and they live in Newburyport with their 2-year-old daughter, Kate.

Robert Couglin (D-Dedham)
Eleventh Norfolk District
Dedham, Walpole - Pct. 8, Westwood

A lifelong Dedham resident, Couglin graduated from Dedham High School and a Masters of Public Health from the University of Massachusetts Amherst. She was a Case University Scholar at Boston University where she received both a bachelor of science in nursing and a bachelor of arts in sociology.

She is a lifelong resident of Sutton and served as a member of the Sutton Board of Selectmen, Sutton School Committee and Long Range Planning Committee. Regionally, she has served on the board of directors of the Blackstone Valley Chamber of Commerce, chairing major initiatives on workforce education, technology and regional economic development. She was the former vice president of the American Business Women’s Association. She was the vice chair of the Massachusetts Association of School Committee’s Central Massachusetts Division. She is on the board of directors for the Blackstone Valley Vocational Regional School District’s Education Foundation, Statewide, she represented nurses as a member of both the MNA’s Congress on Health Policy & Legislation and Cabinet on Legislation & Government Affairs. She is also a former delegate to the Central Massachusetts Labor Council.

Mike Costello (D-Amesbury)
First Essex District
Amerbury, Newburyport, Salisbury

Mike Costello is a cum laude graduate of Salem State College. He spent three years at Salem State College organizing and implementing a program that resulted in students participating in building desperately needed housing for some of the poorest Americans living in Appalachia. He also spent a summer working as an intern in the United States Congress. After graduation, Mike served as program director for the Alcoholism and Drug Abuse Association of Boston. He then entered Suffolk University Law School, where, while earning academic honors, he worked for the Office of New Hampshire Public Defender. After earning his juris doctor degree in 1996, Costello went to work for the office of the Essex County district attorney.

In 1998, Costello became field director for Congressman John Tierney’s (D-Salem) campaign and also successfully ran as a candidate for councilor-at-large in Newburyport. Following Congressman Tierney’s campaign, Costello was chief of staff for state Sen. Joan Menard (D-Somerset), former chair of the Massachusetts Democratic State Party. Currently, Costello runs a private law practice in Newburyport and serves on the boards of directors of Link House Programs, Inc. Costello began his career in politics at a young age. He is the son of former state legislator and former mayor of Amesbury, Nicholas Costello. He is married to Kerrin D’Archangeo of Haverhill and they live in Newburyport with their 2-year-old daughter, Kate.

James Eldridge (D-Acton)
Thirty-Seventh Middlesex District
Acton - Pcts. 3, 4, 5, Boxborough, Harvard, Lancaster - Pct. 1, Lunenburg, Shirley

James Eldridge attended the Acton-Boxborough public schools and graduated from Acton-Boxborough Regional High School in 1991. After high school, James graduated from John Hopkins University in 1995 with a political science major. He worked on the 1992 presidential election and was himself elected, in his junior year, President of the Johns Hopkins student body. While in school, he served as an assistant with his fraternity, Sigma Alpha Mu, worked with Habitat for Humanity, and mentored high school students in Baltimore. James also interned with Congressman Martin Meehan (D-Mass.) in the nation’s capital.

After graduating in 1995, Eldridge returned to Acton and became active with the Acton Town Democratic Committee. Acton Earth Day Committee, the League of Women Voters and the Organization for the Assabet River (O.A.R.). He also expanded his mother’s South Acton Clean-Up Day effort to become a town-wide event, now sponsored by the Acton Conservation Trust.

During this period, Eldridge was employed as a litigation assistant with the downtown Boston law firm of Hale & Dorr. As campaign manager for Bob Dorgan’s successful state Senate race in 1996, James became familiar with the issues and concerns affecting the towns of the Route 2 corridor. His ability to lead the campaign victory earned him a position as a legislative aide for Bob Dorgan at the Statehouse. In the fall of 1997, Eldridge began law school at Boston College. He served as president of the school’s major public interest group for 2 years, building up the group’s efforts to include committees on children’s rights, civil rights, criminal law, community economic development, and community service. In his second year at law school, he also managed the campaign of a re-election campaign. That same year, he also became vice-president of the re-energized Acton Conservation Trust, and assisted in the incorporation of the Household Goods Recycling Ministry, Inc., a faith based non-profit that provides used furniture and household goods to area low-income families. He then served as a member of the board of directors.

In his final year of law school, Eldridge was elected chair of the Acton Democratic Town Committee, and was asked by now-Sen. Pam Resor to manage her re-election campaign. James reached out to the entire district in orchestrating a grassroots effort that secured a resounding victory for the senator.

Upon graduation from Boston College law school, he accepted a position with Merrimack Valley Legal Services in Lowell. He has served as a public interest lawyer in the fields of housing, Social Security disability, and unemployment law.

In early 2001, Eldridge successfully ran for a position with the Acton Housing Authority and was appointed by the Acton Board of Selectmen as an associate member to the Acton Planning Board.

Mary Grant, RN (D-Beverly)
Sixth Essex District
Beverly

Mary Grant graduated from Boston College with a bache- lor’s degree in nursing and a master’s degree in public health. She has worked on many city-wide commissions and committees including the Beverly City Charter Commission from 1993 to 1995 and from 1999 to 2001, Beverly Ordinance Review Committee, Beverly High School Site Council, Beverly Technology Fund Steering Committee and is a past president of the League of Women Voters.

Grant is a registered nurse and a member of the MNA. She worked for the Commonwealth of Massachusetts in community health centers for 14 years.

She is a parent, wife, homeowner, health care practitioner, community leader, volunteer, taxpayer and a concerned citizen. Her hard work and community involvement have earned her the respect of public officials, parents and teachers, local business owners, neighborhood groups and civic organizations.

Don Humason (R-Westfield)
Fourth Hampden District
Montgomery and Westfield

Don Humason is a native and lifelong resident of Westfield. Don graduated cum laude from Westfield State College with a bachelor’s degree in criminal justice. His long history of community public service includes: member of Westfield Community Development Corporation; member of the Westfield Republican City Committee, chairman of Ward 2 Republican City Committee; member of the Westfield River Watershed Association; and former member board of directors of the Greater Westfield Chamber of Commerce.

Humason’s professional experience includes: director of legislative affairs for the Massachusetts Executive Office of Health and
Alice Peisch holds the position of town clerk of Wellesley. Having devoted considerable time and effort to the election system in Wellesley, Peisch is dedicated to insuring adequate funding for education and persuading state officials for treatment at all students. A resident of Wellesley, she and her husband have three children.

William "Smitty" Pignatelli
Fourth Berkshire District

Pignatelli is a lifelong resident of Lenox and a graduate of the Lenox public schools. Upon graduating from high school, Pignatelli became a licensed master electrician and for the next 20 years worked in his family’s electrical contracting business. For the past four years, Smitty has been the business development manager for Lee Bank. While at the bank, he attended Babson College School for Financial Studies and graduated in 2001.

Pignatelli was elected to the Lenox Planning Board in 1987 and served for five years. In 1992 he was elected to the Board of Selectmen and is currently serving his fourth term as the board’s chairman. He also served as Berkshire County Commissioner. His community involvement includes: serving on the board of directors of the American Red Cross and the Laurel Lake Preservation Association. He also has been involved in many local organizations.

Jeffrey Davis Perry (R-Sandwich)

Barbara L'Italien has extensive work experience in the field of geriatric social work. She graduated from Merrimack College with a bachelor's degree in political science. While in college, she was the campaign office coordinator for Kevin Blanchette and a student intern for the House Committee on Post Audit and Oversight and the House Committee on Public Service at the Statehouse.

She is active in the Andover school system serving on the school improvement council, PTO and the Support Our Schools Ballot Initiative Committee. Barbara is also involved in many other community organizations: the North Andover/Andover YMCA, St. Augustine Parish in Andover, Girl Scouts and the Andover/North Andover League of Women Voters. Married to Kevin Hall, the couple has four children, Rudy, Allie, Samantha and Andrew.

Alice Peisch (D-Wellesley)
Fourteenth Norfolk District

Natick - Pct. 1, Wellesley, Weston

Alice Peisch was employed by the Sisters of Providence as a researcher and health care administrator in the rehabilitation field. Since 1990, John has been employed by the Sisters of Providence Health System in Springfield, where he has held positions as the director of research and the director of corporate, foundation and government grants. Most recently, John has been the vice president of planning for the health system. In addition, he has been an assistant professor and instructor at the University of Massachusetts Amherst.

In the area of public service, John has been an active volunteer within his community over the past 21 years, having been involved in youth sports, the local teen center, the council on aging and various non-profit organizations and civic groups. He also has been a member of various committees and boards in South Hadley for the past 17 years.

Michael Richard (D-Boston)
Tenth Suffolk District
Boston – Ward 20, Precincts 3, 5-20, Brookline – Precincts 15, 16

Joyce Spilliotis (D-Peabody)
Twelfth Essex District
Peabody

William Lantigua (D-Lawrence)
Sixteenth Essex District
Lawrence – Ward A, Precincts 2, 4; Wards B, C; Ward D, Precincts 3, 4; Ward F, Precinct 3

William Lantigua has worked for the state on the Governor’s Local Government Advisory Committee. A resident of South Hadley for 22 years, John and his wife Patricia are the parents of two grown children, Sarah and Peter.

Brian Wallace (D-Boston)
Fourth Suffolk District
Boston - Wd. 6, Pcts. 1-9; Wd. 7, Pcts. 1-9; Wd. 13, Pcts. 3, 6

Brian Wallace has worked as an aide at the State House, on the Boston City Council and as special assistant to Boston Mayor Ray Flynn. A former probation officer in Brighton District Court, he also served as executive director of the South Boston Boys and Girls Club. He worked as an adjunct professor at UMass Boston and as a television sports announcer. Brian is currently a published author and his first book Final Confession has been optioned by Twentieth Century Fox and is due to be filmed in Boston this year.

Wallace graduated from Boston State College and Emerson College. He has been very active with many community organizations. His wife is pregnant and they have two boys, Brendan and Cullen. He and his family reside in South Boston.

Steve Walsh (D-Lynn)
Eleventh Essex District
Lynn – Wd. 5, Pts. 1, 2, 4; Wds. 6, 7, and Nahant

Steve Walsh grew up in Lynn and went through the public school system, K-8. He graduated high school from St. John’s Prep. He received a bachelor’s degree in government from Wesleyan University and is currently attending evening classes at New England School of Law.

Walsh worked at The American Repertory Theater at Harvard University before leaving to become an intern funeral director at Cuffe-McGinn Funeral Home. He also was the special drama director at St. Mary’s Jr./Sr. High School. For the last six years he has served as executive director to LynnArts, Inc.

Daniel Webster (R-Hanson)
Sixth Plymouth District
Duxbury – Pcts. 2, 3, 4, 5, Halifax – Pct. 2, Hanson, Pembroke

Daniel Webster is an attorney with the law firm of Webster, Nagle and Brown. He has been a Hansan selectman for five years, currently serving as chairman, and is the former chairman of the town’s finance committee. Other newly elected legislators are:

Lewie Evangelidis (R-Holden)
First Worcester District

March 2003  Massachusetts Nurse  Page 7
MNA election dates
March 15 Deadline for consent to serve forms for preliminary ballot
June 15 Deadline for consent to serve forms for final ballot
Sept. 1 Ballots to be mailed
Sept. 20 Deadline for ballot return
Oct. 1 Ballots to be counted

District 1, MNA 23rd Annual Legislative Breakfast

Single Payer: Solution to the Healthcare Crisis
a panel discussion featuring:
• Suzanne Gordon, columnist, author of From Silence to Voice and Life Support: Three Nurses on the Front Lines
• Peggy O’Malley RN, Executive Director of MASS-CARE, statewide coalition for single payer reform
• Jean Dillard RN, health care activist
• Health care providers who have worked in both Canadian and U.S. hospitals

Saturday, April 5
9 a.m. to noon
The Log Cabin Banquet & Meeting House
500 Easthampton Road, Holyoke
This is your annual opportunity to meet with Western Mass. legislators and nursing colleagues to discuss current health care issues while enjoying a delicious buffet breakfast.

• 2.4 continuing education contact hours
• Mark the date and send in your reservation TODAY!
• Invite a colleague.
• Write your legislator and tell him/her you will be there!
• For more information call the District 1 office at (413) 584-4607 or email: district.one@verizon.net

The breakfast is $10 for District 1 members, $5 for students and $20 for non-members. Register early as seating is limited. Registration deadline is March 25. Make check payable to: District 1, MNA, 243 King Street, Northampton, MA 01060

Directions to the Log Cabin:
From the North: Route 91 south to Exit 17B (Rte. 141 West). The Log Cabin is two miles ahead on the Left. From the South: Route 91 North to Exit 17B (Rte. 141 West). The Log Cabin is two miles ahead on the Left.

This activity is provided by the Massachusetts Nurses Association. The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. To successfully complete this program and receive contact hours you must:
1) Sign in, 2) Be present for the entire time period of the session and 3) Complete the evaluation.

For more information contact the District 1 office at (413) 584-4607 or email: district.one@verizon.net

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Consent to Serve for the Massachusetts Nurses Association 2003 Elections

I am interested in active participation in the Massachusetts Nurses Association

MNA General Election

- President, General* (1 for 2 years)
- Secretary, General* (1 for 2 years)
- District Director, Labor* (5 for two years) [1 per district]
- Director At-Large, General* (3 for 2 years)
- Director At-Large, Labor* (4 for 2 years)
- Labor Program Member* (1 for 2 years)

Nominations Committee, (5 for 2 years) [1 per district]
Bylaws Committee (5 for 2 years) [1 per district]
Congress on Nursing Practice (6 for 2 years)
Congress on Health Policy & Legislation (6 for 2 years)
Congress on Health & Safety (6 for 2 years)
Center for Nursing Ethics & Human Rights (2 for 2 years)

Genera means an MNA member in good standing and does not have to be a member of the Labor Program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the Labor program.

Please type or print — Do not abbreviate

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

Work Title _____________________________ Employer _____________________________
MNA Membership Number _____________________________ MNA District ____________________
Address _____________________________ City _____________________________ State ____________ Zip ____________
Home Phone _____________________________ Work Phone _____________________________

Educational Preparation

<table>
<thead>
<tr>
<th>School</th>
<th>Degree</th>
<th>Year</th>
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Present Offices/Association Activities (Congress, Committee, Unit, etc.)

MNA | District |
|------|---------|

Past Offices/Association Activities (Congress, Committee, Unit, etc.) Past 5 years only

MNA | District |
|------|---------|

Candidates may submit a typed statement not to exceed 250 words for president and vice president and 150 words for all other candidates. Briefly state your personal views on health care, nursing and current issues including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography which will be printed in the Mass Nurse. Statements, if used, must be submitted with this consent to serve form.

Signature of Member _____________________________ Signature of Nominator (leave blank if self-nomination) _____________________________

Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021

• Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
• Expect a letter of acknowledgment (call by July 30 if none is received)
• Retain a copy of this form for your records.
• Form also available on MNA Web site: www.massnurses.org
Learning, networking & sharing strategies

More than 100 local bargaining unit leaders representing the majority of facilities represented by the MNA across the commonwealth came together for an historic “Chairs Assembly” meeting in Marlborough — an opportunity for nurses to learn, network, share strategies and plan for the future.

Bill Fyfe, Unit 7 chairperson

Helen Gillam, Pembroke Hospital

Connie Hunter

Kim O’Connor, Cooley Dickinson Hospital

Participants give a standing ovation to Helen Gillam of Pembroke Hospital.

Paul McCarthy, acclaimed union consultant and organizer and former director of the MNA labor program, makes his presentation.

MNA President Karen Higgins

From left, Steve Robins, Ron Jacobs, Stephanie Stevens.

Therese Robishaw of Nantucket Cottage Hospital.
address those issues to stimulate discussion and information sharing among the partici-
pants.

Warning issued on privatization

Bill Fyne, newly elected chairperson for Unit 7, the MNA’s public sector unit of
health care professionals employed by the
commonwealth, described the impact of
ensuring budget cuts on patients and public
sector workers. Specifically, he discussed
anticipated efforts by the Romney adminis-
tration to gut the Pacheco privatization bill,
law sponsored by Sen. Marc Pacheco in 1994
to stop the state from privatizing state
services without first proving those privatized
would indeed save money, and that the
level of services to clients would not be
compromised. The legislated help prevent
number of misguided attempts to privatize
efficient and effective state services.
The MNA anticipates a strong push from
the state to weaken the Pacheco bill to save
money in these tough economic times. Fyne
urged all MNA members to be aware of this
trend and to respond when notified to rally,
lobby and support MNA efforts to fight any
to changes to this valuable legislation.

Fighting attempts to replace RNs

Connie Hunter and Nora Watts of Newton
Wellesley Hospital and Kim O’Connor of
Cooley Dickinson Hospital discussed attempts
to their hospitals to change the model of care
delivery, specifically the threat of replacing
nurses with unlicensed personnel.
The strategy by hospital administrators to
deal with shortages of nurses by trying to find
means of doing without registered nurses is a
common one employed in almost every short-
age. It was tried in the late ’80s and early ’90s
to deal with the last shortage with devastating
results for the quality of patient care wherever
it was attempted. It has also been credited
with creating many of the conditions that led
to the current shortage of nurses.

Northwick and Wellesley Hospital told of efforts by their hospital to
change the job descriptions of their PCAs to
allow them to take on nursing tasks, such as
removing urinary catheters and even doing
some patient teaching to new mothers. The
nurses told of a concerted and successful
campaign by the nurses’ union to fight and
eventually stop the plan before it could be
implemented.

First, the nurses gathered information
about the plan, as well as research and docu-
mentation of nursing practice regulations that
prohibit such practices. Next, they conducted
open meetings with the nurses in the bargain-
ing unit to present the information they had
collected, to inform them of what the hospital
wanted to do, and to seek their support and
participation in a campaign to prevent it from
being implemented.

This was followed by the circulation of a
petition throughout the hospital, asking the
nurses to sign on in opposition to the plan.
More than 95 percent of the nurses signed
the petitions.

As this was going on, the nurses’ bargain-
ing committee had commenced negotiations
with management over their new contract.
They presented a proposal that would prevent
the hospital from assigning any duties cur-
tently performed by the nurses to other types
of staff. At one of the sessions, they brought
the petitions to management and informed
them they had a week to inform the nurses
that the program would be stopped before
the nurses would take the issue to the public
and the media.

Ultimately, management responded with a
letter committing to stop implementation of
the program and with a commitment to meet
with the union before any future actions were
contemplated.

It was a true victory for the nurses, and
when the audience heard of the result, they
gave Hunter and Watts a rousing ovation.

Romney’s call for budget cuts was
recently overviewed by Cooley Dickinson Hospital to meet with the
union and other caregivers in the institution
to develop an “alternative model of care”
at the hospital.

The nurses at Cooley Dickinson Hospital
are just beginning the process and will be
working with the MNA to develop a strategy
to deal with the situation.

The MNA’s official position on “models of
care” is that there is only one that works and
one only worth considering, and that is the
model embodied in MNA’s Quality Patient
Care/Safe Staffing legislation. The model
calls for a safe nurse-to-patient ratio on each
unit (1 to 4 on medical/surgical floors, 1 to
2 on critical care, etc.) with the ratios to be
improved based on patient acuity.

The power of alliances

Jeanine Hickey of Merrimack Valley Hos-
pital in Haverhill and Jeanine Cunningham
of Anna Jacques Hospital in Newburyport
briefed the gathering on efforts by nurses in
bargaining units from throughout Essex
County and the North Shore to come together
to form their own regional “alliance” of
nurses to work together to support contract
issues as well as legislative and general health
care concerns for their region.

The coalition is now represented by
nurses from Merrimack Valley Hospital,
Anna Jacques Hospital, Lawrence General
Hospital and Northeast Health Systems.
The group has been meeting on a monthly
basis, has mobilized nurses to support job
actions at their respective facilities when
called upon, and is now planning a legislative
event to help educated nurses and legislators
in their region of the need to pass the MNA’s
safe staffing bill.

Future plans call for building bridges with
non-unionized nurses at area hospitals, and
for developing alliances with community
groups in the region to work on projects to
improve the health care of the region.

Pembroke Hospital nurse appeals for help in winning union rights

Helen Gillam, a long-time nurse and organi-
izer of an effort to win union rights for the
nurses at Pembroke Hospital, a private psy-
chiatric hospital owned by one the nation’s
largest’s for-profit hospital chains, spoke
passionately and powerfully of the nurses’
13-month struggle to win a union election at
the facility (see related story on Page xx).
She told of intensive abuse and union-busting
strategies employed by the hospital and of
the nurses courageous and arduous struggle
to have their union ballots, cast on June 13,
2002, finally counted.

She had called upon the leaders in atten-
dance to mobilize support for their cause by
attending a candlelight vigil on Feb. 20.
Gillam received a long and loud standing
ovation from the audience who received a
poignant reminder of what the meeting was
all about.

Goals for the future

In the afternoon, the audience broke up into
working groups to discuss and identify goals,
objectives and needed resources for the MNA
labor program to grow and succeed over the
next five years.

A number of ideas were generated and
shared. This information was collected and
will be presented to the MNA Board of
Directors, who will be charged with devel-
oping a comprehensive budget and plan of
implementation. Some of the common ideas
generated included improved technology via
the web and other means for union leaders
to share information; contract language and
ideas; better support for chairs and co-chairs
in carrying out their work for the union; simi-
lar meetings held more often throughout the
year.

...Romney

From Page 1

legislature and with allies in the health care
advocacy community to raise awareness of
the impact of these cuts on patients and com-
munities and to mobilize support to restore
funding to these programs.

“The governor has just broken his promise to
to cut core services,” said Julie Pinkham,
MNA executive director. “Health care is not
only a core service, it is a safety net, a matter
of life and death for vulnerable children, senior
citizens, mentally ill and mentally retarded
patients. The government has taken an axe
to those programs focusing on prevention of
illness and basic care to these populations,
which will only result in these people suf-
fering more serious complications requiring
more costly care.”

Among his cuts is the elimination of signifi-
cant funding for the state’s highly successful
Enhanced School Health program that funds
school nurses and school nurses in cities and
towns with children lacking access to
adequate health care. Immediately follow-
ing announcement of the cuts, school nurses
across the state began receiving layoffs notices;
and some school-based clinics that the
MNA had identified as the only source of health care for children,
were threatened by these cuts.

In Newton, two public health nurses have
been laid off as a result of these cuts in a
system where nurses were already overbur-
dened and over extended. In Framingham,
which has a large immigrant population,
there are many students who would not get to
school if it was not for the presence of a school
nurse. According to Marcia Buckminster,
the director of Framingham’s school health
program, that city’s hospital is a for-profit entity
which only offers emergency services to the
insured. They do not have a community
based clinic in town and many of their pedi-
atrians will not see uninsured children. The
Children’s Medical Security Plan has a long
waiting list and MassHealth is also being cut.
The school nurses initiated a nurse-managed
health center in a school in the part of town
that has the neediest population. Absentee-
ism has dropped and children are able to
be treated on site by the nurse practitioner.
They were about to open the same model at
the high school before the devastating news
of the cuts came.

The nurses of public health programs prevent illness,
they keep kids in schools, and help keep some
children out of more expensive special needs
programs. They are the state’s best investment
of our health care dollars, but this is where the
nurse was able to cut first,” Pinkham said.

The governor is also slashing budgets in the
Departments of Mental Health and Mental
Retardation, programs that have already
undergone years of cuts and where patients
and clients are suffering from a chronic lack
of appropriate care.

“Our mental health system has been in
shambles for years. We have mentally ill
patients roaming the streets or being boarded
days in hospital emergency rooms because
we lack beds and staff to care for them. We
have dangerous patients being housed with
geriatric and pediatric patients in hospitals
for lack of proper resources to care for them.
We have nurses being physically beaten and
assaulted on a regular basis because of a
lack security and resources to take care of
violent patients. The system is in crisis, yet
this Governor wants to gut these programs
more. It shows a lack of understanding for
the needs of the mentally ill in this state,”

The governor, who pledged to protect the
50,000 seniors who were to lose access to
MassHealth, is planning to make more cuts
in the Medicaid program, and to increase
drug costs for seniors at a time when seniors
are having to choose between paying for food
or their prescription drugs.

The governor is cutting some of the states
most successful and nationally recognized
public health programs to prevent AIDS,
hepatitis C, to stop smoking, reduce teen
pregnancy and screen for and provide early
detection for a number of types of cancer. “As
nurses, we know the value of prevention and
the positive impact it has on people, and on
preventing more expensive health care treat-
ments,” said Pinkham.

The MNA believes the time for budget
cutting is over and the time for revenue
generation has arrived. “The health care
safety net is not only frayed, it is in tatters,
and there is no room for further assaults on
our health care system. As nurses, we have
seen the human toll our lack of investment
in health care has taken. It’s time to invest in
the well being of our citizens, not to support
dangerous policies that will harm them,” said Pinkham.
Toxic cleaning chemicals replaced with those that are safer for all

By Evelyn L. Bain, M Ed, RN, COHN-S
Associate Director/Coordinator, MNA Occupational Safety and Health Program

MNA members, in hospitals and health care settings across the state, are beginning to see toxic environmental cleaning chemicals replaced with products that are safer for all those working in the health care industry as well as patients and the environment.

Recently the Cape Cod Times published the article, “Island hospital gets rid of antiseptic smell,” describing changes in environmental cleaning chemicals identified as toxic to the environment. (The story is reprinted below.) Many of these chemicals have been identified as toxic to human health as well.

For the past few years, nurses have been aware that headaches, burning eyes, coughing and even asthma symptoms that happened at work seemed to be somehow related to what was happening with the housekeepers. Nurses began to notice that as these very hard-working people were spraying or buffing or polishing the floors and countertops, their eyes would burn, their coughing would begin, and an asthmatic might even start. After some nurses developed asthma and several of their co-workers had experienced anaphylaxis, they began to hunt for answers.

How could they learn more about these cleaning products? Nurses looked at the labels on the containers that the housekeepers used and learned the names of the products. (They also noticed that some containers did not have any labels.) At annual safety training programs, they had learned that Material Safety Data Sheets (MSDSs) contained information about health effects of chemicals used in the workplace. They hunted down the MSDS for the environmental cleaning chemicals. The nurses found the section about Hazards Identification and learned that many of the symptoms they were having were noted on the MSDS. They also went on the internet to learn more.

Nurses learned that a product frequently used in many hospitals to strip the floor could cause central nervous system effects of headache, dizziness and nausea and respiratory effects of coughing, wheezing and shortness of breath. The vapors and mists could produce symptoms of burning, tearing, redness and pain in their eyes. On a scale of 1 to 4 (being the most toxic), the product had a rating of 3. The MSDS said that the product should only be used “in a well ventilated area.” Yet the areas where the products were being used had no windows. The air coming out of the vents in the walls did not seem to change when the housekeepers arrived with their spray containers and buffing machines. So this product was not being used according to the manufacturers’ directions.

MNA members called the Massachusetts Department of Health, Occupational Safety and Health Program (OSHP) to see if there was information that would help them understand more about these chemicals. They learned the OSHP was studying Occupational Asthma as part of a grant from the National Institute for Occupational Safety and Health (NIOSH). The study was finding that environmental cleaning chemicals were a major cause of work-related asthma in health care and other workers. Some of that information is presented here in the article Work-Related Asthma Cases - Massachusetts SENSOR 1993-2001.

Island hospital gets rid of antiseptic smell

By Robin Lord
Cape Cod Times

Martha’s Vineyard Hospital has gone green.

Shortly before Christmas, the island’s largest health-care facility dumped most of its toxic cleaning chemicals in favor of environmentally friendly products.

Hospital officials plan to come from using about 15 cleaning products laced with chloroform, ammonia and other strong chemicals, to six nontoxic products.

Windemere Nursing and Rehabilitation Center in Oak Bluffs, which is associated with the hospital, will make the change this month.

“If you think of all the hospitals in the world that are pursuing the green agenda, it’s this one,” said Michael Dutton, chief development officer at the hospital. “We have Vineyard Haven Harbor on one side, the lagoon and the ocean on the other. It’s sort of a natural for us.”

Hospital board of directors chairman John Ferguson was the one who proposed the idea to hospital CEO Tim Walsh. Ferguson, who is CEO and president of Hackensack University Medical Center in Hackensack, N.J., made his facility — the sixth largest hospital in the country — the first in the nation to use environmentally friendly cleaning products in March 2001. He was convinced of the value of a chemically clean hospital environment by Deirdre Imus, wife of radio personality Don Imus, who established the Deirdre Imus Environmentally Friendly Center for Plastic and Cosmetic Surgery at the Hackensack Medical Center.

Her mission is to find ways to prevent environmental causes of cancer, particularly in children.

Imus and staff members of her center visited Martha’s Vineyard Hospital in November to discuss the possibility of changing the cleaning regimen. One month later, the switch had taken place.

“Cleaning products are among the most hazardous chemicals you will find in your home or office,” said Imus during a telephone interview from her 4,000-acre all organic, vegetarian and eco-friendly New Mexico cattle ranch, which she and her husband established five years ago as a retreat for children with cancer.

“It doesn’t make sense to expose sick kids to toxins.”

Imus said she suggested the change at the Hackensack facility when she saw the irony of treating cancer patients in an environment that was circulating chemicals — from floor cleaners to laundry detergents. Ferguson jumped at the idea.

“Within five minutes, he said ‘this makes so much sense, let’s start today,’” she said.

Imus’ Center provided cleaning products to the Oak Bluffs Hospital. Most of the products they use are made by the Clean Environment Co. in Lincoln, Nebraska. They do not contain ammonia, chlorine or alkyl solvents, phosphates or manmade chemicals.

There are also no petroleum-based chemicals in the products, according to Imus.

The only chemical for which there is currently no substitute is a substance that kills tuberculocci.

So the hospital will continue to use a chemical solvent to kill germs that cause the lung disease until an environmentally-safe version is developed. Dutton said.

The state Department of Public Health sets standards for infection control and sterilization, according to spokesman Roseanne Pawelec.

“But, it makes no demands on the way institutions achieve those standards, she said.

“We applaud them for taking on environmentally friendly products, but it doesn’t mean anything to us, as long as they meet those standards,” she said.

Staff members are excited about having a safer environment at the 40-bed hospital for them, as well as patients, lead housekeeper Denise Brusillette said.

Some are having a hard time believing the green products clean as well, because they associate clean with strong chemical smells, she said.

“We had a foam tile cleaner and you basically had to leave the room after you used it, it was so strong, she said.

Hospital officials have placed fliers in rooms to inform patients of the change, telling them to expect a less pungent, faint citrus smell in their rooms.

While there is an initial expense of the disposables, bottles and products, Dutton expects the overall cost to be equal to or slightly less than before the change.

Imus claimed at Hackensack there was an 11 percent drop in the cost of cleaning in the first year. Now the facility is seeing a 15 percent reduction, she said.

In addition to the two hospitals, several schools, health clubs and nursing homes are consulting with the Imus Center.

— Cape Cod Times
Jan. 4, 2003
Reprinted with permission

As MNA members learned more about these cleaning chemicals they wanted others to have that knowledge. They worked with Health Care Without Harm to develop the Fact Sheet on Cleaning Chemicals (HCWH) that also accompanies this article. The fact sheet has been distributed locally and at several national meetings and can be obtained at the HCWH website www.noharm.org.

The issue of toxic environmental cleaning chemicals causing adverse health effects in healthcare workers, and probably patients, is far from being resolved. Yet every day now, more is being learned, more changes are taking place, and thanks to groups like the Deirdre Imus Foundation and the members of the MNA Congress on Health and Safety, the concern is taking a very positive turn and the need to eliminate toxic chemicals and replace them with products safer for health and the environment is being understood.

Some bouquets and thanks

Sometimes it takes an outsider, someone with a keen eye for things that really matter, to put in perspective all observations and emotions we filter through every day. The following is excerpted from the Cape Cod Times, Dec. 29, 2002. It is used with permission.

By Dan McCullough

With New Year’s Eve coming the day after tomorrow, it’s time for the annual awards for the past year, a long-standing tradition in this space at this time, and an opportunity for me to thank a few people.

This year the “Angels on Earth” Award goes to the nursing staffs of our two hospitals, Cape Cod Hospital and Falmouth Hospital. Who could begin to tally the good that you do in the course of a year? What measurement could a person take of your healing behavior of your kind and gentle ministrations.

While the rest of us sleep unconcerned, you are walking the darkened hospital corridors, aware of the sick and sometimes sleepless patients in your care. A light goes on here and you jump to your feet, a machine beeps over there, and you are on your way to a patient’s side, arriving in seconds.

Sometimes, however, there are no lights, no beeps, but you are nonetheless summoned to the aid of a patient by the silent signal of fear you see in a patient’s eyes, the despair you sense in the slump of the shoulders, the loneliness you sense in the pronunciation of a syllable.

These are the signals you can read that make you a nurse, that make you the professional that you are. Anyone can be trained to answer a machine or a light. Only super-humans such as you can see pain, loneliness and anguish in the works of the body language of the ill.

Sharing the award with the hospital nurses will be the visiting nurses, hospice nurses, nurses in homes, in long-term care facilities, and home health care nurses and aides who work with so many other people in so many other venues. Each of you, in your work as a nurse, is at the very center of the essence of the human experience. How God must love you; how so very much God must love you."
Fact Sheet/Cleaning chemical use in hospitals

Chemical use in hospitals contributes to poor air quality and has been implicated in the increase of worker respiratory ailments such as asthma and Reactive Airway Dysfunction Syndrome (RADS). Exposure to and contact with cleaning chemicals can cause eye, nose and throat irritation, skin rashes, headaches, dizziness, nausea and sensitization. According to the Massachusetts Department of Public Health (DPH), the most commonly reported asthma-causing agent is poor indoor air quality.

Good air quality results in an environment where workers feel healthy and comfortable and as a result, are more productive. This decreases both costs and liabilities. Adequate ventilation in relation to environmental cleaning products and processes is a major factor in good air quality. By carefully choosing environmentally sound cleaning chemicals, cleaning methods and cleaning equipment, U.S. businesses could realize a productivity gain of $30 to $150 billion annually and a 0.5% to 5% increase in worker performance.

According to the American Lung Association, asthma is the most prevalent occupational lung disease in developed countries. Cleaning and disinfecting chemicals such as ammonia, chlorine, cleaning detergents, ethylene oxide, pesticides, and sodium hydroxide, are listed by the DPH as causing RADS. Nursing, teaching and office work are the occupations most likely to report problems with indoor air quality. DPH statistics from 1993-1998 note that nurses have the highest number of reported cases of work-related asthma, and indicate that health care is the industry with the most cases of work-related asthma. The most frequently reported exposures in health care were to latex, poor indoor air quality, and toxic cleaning products.

A list of environmentally preferable products, also noted as the best in class, the OSD Update, 99-31, can be obtained from the Massachusetts Operational Services Division, at One Ashburton Place, Room 1017, Boston, MA 02108. These products have been evaluated and accepted using a variety of environmental and health concerns as criteria.

The Janitorial Pollution Prevention Project provides quick reference and fact sheets on a variety of cleaning processes and materials focusing on safe and healthy work practices.

Applying OSHA to Healthcare Settings. Newly trained MNA works representatives, trainers and MNA staff members during the program on Jan. 15. For additional dates of trainings check the listing in this issue under MNA continuing education courses. Seated, from left, Sandy LeBlanc, Newton Wellesley Hospital; Eugene Pelland, Quincy Medical Center; Janice Homer, trainer, New England Medical Center; Margaret O’Connell, Cape Cod Hospital; Carol Mailla, MNA staff; Kathryn Borenstein, Newton Wellesley. Standing, from left, Kathy Sper Homer, trainer, New England Medical Center; Margaret O'Connell, Cape Cod Hospital; Carol Mailla, MNA staff; Kathryn Borenstein, Newton Wellesley Hospital; Sharon Bouyer-Ferrullo, Brigham and Women’s Hospital; Julie Skelton, Newton Wellesley; Eileen Boyle, Newton Wellesley.

Work-related asthma: Top 10 causing agents

The most commonly reported asthma-causing agent was “indoor air pollutants,” which were cited most frequently by nurses, teachers and office workers with work-related asthma. Of the 65 cases reporting that their asthma was associated with exposure to cleaning materials, mold and most frequently reported agent (26% (40%) were employed as health care workers. Latex fell from the third most frequently reported asthma causing agent in the last SENSOR data summary (1993-1998) to the fifth, possibly reflecting a shift among glove users toward non-powdered or non-latex gloves.

<table>
<thead>
<tr>
<th>Agent</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor Air Pollutants</td>
<td>88</td>
<td>20.5</td>
</tr>
<tr>
<td>Cleaning Materials</td>
<td>73</td>
<td>17.0</td>
</tr>
<tr>
<td>Mold</td>
<td>46</td>
<td>10.7</td>
</tr>
<tr>
<td>Dust</td>
<td>43</td>
<td>10.0</td>
</tr>
<tr>
<td>Latex</td>
<td>42</td>
<td>9.8</td>
</tr>
<tr>
<td>Chemicals, NOS</td>
<td>32</td>
<td>7.4</td>
</tr>
<tr>
<td>Smoke, NOS</td>
<td>23</td>
<td>5.3</td>
</tr>
<tr>
<td>Formaldehyde</td>
<td>20</td>
<td>4.7</td>
</tr>
<tr>
<td>Isoycyanates</td>
<td>17</td>
<td>4.0</td>
</tr>
<tr>
<td>Solvents, NOS</td>
<td>17</td>
<td>4.0</td>
</tr>
</tbody>
</table>

NOS = Not otherwise specified
* Up to 3 agents were reported for each case.
** Includes cases who report “bad air,” “indoor air pollutants,” “poor ventilation,” or “sick building syndrome.” More specific agents associated with indoor air pollution, including dust and mold, are coded separately. Source: Massachusetts SENSOR, 1993-2001, n=430*

References


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Celebrate nursing excellence

Honor your peers with a nomination for 2003 MNA awards

One of the greatest honors one can achieve is the recognition of one’s peers. In this fast-changing health care system in which nurses daily strive to carry out their duties to their patients, there is very little time for them to acknowledge their own professional accomplishments and those of their peers.

The MNA awards, established by the membership with the approval of the MNA Board of Directors, offer all members an opportunity to recognize nurses who by their commitment and outstanding achievements have honored us all. These are often ordinary nurses accomplishing extraordinary things. They are the nurses who challenge us all to achieve excellence.

For detailed information on selection criteria and to receive a nomination packet, call Susan Clish, MNA Department of Nursing, 781-830-5723 or toll free, 800-882-2056, x723.

Elaine Cooney Labor Relations Award: Recognizes a Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

Judith Shindul Rothchild Leadership Award: Recognizes a member and nurse leader who speaks with a strong voice for the nursing community.

MNA Advocate for Nursing Award: Recognizes the contributions of an individual — who is not a nurse — to nurses and the nursing profession.

MNA Human Needs Service Award: Recognizes a member who has performed services based on human needs with respect for dignity, unrestricted by consideration of nationality, race, creed, color or status.

MNA Image of the Professional Nurse Award: Recognizes a member who demonstrates outstanding leadership in enhancing the image of the professional nurse in the community.

MNA Nursing Education Award: Recognizes a nurse educator who has made significant contributions to professional nursing education, continuing education or staff development.

MNA Excellence in Nursing Practice Award: Recognizes a member who is a role model by contributing innovative, progressive ideas which serve to improve and enhance clinical nursing practice, including precepting students or new staff nurses.

MNA Research Award: Recognizes a member or group of members who has conducted research in their practice or who have provided exemplary leadership to assist others in nursing research.

Kathryn McGinn Cutler Advocate for Health & Safety Award: This MNA award recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

Frank M. Hynes Award: This award recognizes a deserving freshman state legislator or municipal official who has clearly demonstrated exceptional contributions to nursing and health care.

MNA Legislator of the Year Award: This award recognizes a senior state legislator who has clearly demonstrated exceptional contributions to nursing and health care.

The nomination deadline is May 16, 2003.

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Senior Nursing Students

The Real Nursing World: Transition from Student to RN

Don’t miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration, labor relations and career counseling. Area hospitals and other health care facilities will be available before and after the program to discuss employment opportunities.

April 3, 2003 – 5:30 - 9:30 p.m. Holiday Inn, Worcester
April 8, 2003 – 5:30 - 9:30 p.m. Lombardo’s Function Facility, Randolph
April 9, 2003 – 5:30 - 9:30 p.m. Springfield Marriott, Springfield

This program is free to all senior nursing students and space will fill fast! You must pre-register for the program.

For more information, contact Theresa Yannetty at the MNA, 800-882-2056, x727.

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THE REAL NURSING WORLD – TRANSITION FROM STUDENT TO RN

☐ April 3, 2003 – Holiday Inn, Worcester
☐ April 8, 2003 – Lombardo’s Function Facility, Randolph
☐ April 9, 2003 – Springfield Marriott Hotel, Springfield

Name ____________________________

Permanent Home Address ____________________________

City ____________________________ State ______ Zip __________

Home Telephone: ( ________ ) ________ Email ____________________________

I am a senior nursing student at ____________________________

My graduation date will be: ____________________________ My degree will be: ____________________________

Return completed registration form by April 1 to: Massachusetts Nurses Association, Attn: Nursing Department, 340 Turnpike Street, Canton, MA 02021
To email your registration, include the information requested above and send to: tyannetty@mnarn.org
MNA Member Benefits Save You Money

MNA’s premier group benefits programs from affordable insurance to convenient credit help you get more out of your membership & your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. Savings are just a telephone call away.

Personal & Financial Services

PORTABLE HEALTH INSURANCE
ELLEN KAPLAN, GROUP HEALTH SPECIALISTS.......... (800) 247-1500 (8:00 AM to 6:00 PM)
Leading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

PROFESSIONAL LIABILITY INSURANCE
NURSES SERVICE ORGANIZATION ....... (800) 604-3303 or (508) 875-3288
Managed care & comprehensive indemnity plans through Blue Cross/Blue Shield as well as other carriers.

CREDIT CARD PROGRAM
MBNA AMERICA .................................................... (800) 847-7378
Exceptional credit card at a competitive rate includes $300,000 worth of HIV insurance protection.

TERM LIFE INSURANCE
LEAD BROKERAGE GROUP .................................. (800) 842-0804
Term life insurance offered at special cost discounts.

LONG TERM CARE INSURANCE
WILLIAM CLIFFORD................................................................. 800-878-9921, Ext. 110
Flexible and comprehensive long-term care insurance at discount rates.

SHORT TERM DISABILITY INSURANCE
LESTER L. BURDICK, INC.......................... (800) 959-9955 or (978) 683-3400
Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE
LEAD BROKERAGE GROUP .................................. (800) 842-0804
Provides income when you are unable to work due to an illness or injury.

RETIEMENT PROGRAM
AMERICAN GENERAL FINANCIAL GROUP/VALIC........ (800) 448-2542
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

PRODUCTS & SERVICES

AUTO/HOMEOVERS INSURANCE
MANCHESTER
COLONIAL INSURANCE SERVICES ................. (800) 571-7773 or (508) 339-3047
WEST SPRINGFIELD
BATES FULLAM INSURANCE AGENCY ............. (413) 737-3539
BOSTON
ROBERT S. CLARK INSURANCE AGENCY .......... (800) 660-0168
LOWELL
JAMES L. CONNEY INSURANCE AGENCY ........ (978) 459-0505
WOBURN
LENNON INSURANCE AGENCY ....................... (781) 937-0050
FALMOUTH & POCASSET
MURRAY & MACDONALD INSURANCE SERVICES (800) 800-8990
TURNERS FALLS
PARTRIDGE ZCHAU INSURANCE AGENCY .... (413) 863-4331
SAVE up to 18% for household members. For a no obligation quote visit www.nursesinsurance.com

DISCOUNT DENTAL & EYEWEAR PROGRAM
KENNETH FRANSSON OR DAVE FRASER ................. (800) 697-4371
45% to 50% on dental services when utilizing network dentists. 10% to 60% discount on eyewear through nationwide vision providers. Only $7.95/month individual or $8.95 for family members.

For more information, call the Massachusetts Nurses Association at 1-800-882-2056, x726.
1. Nomination process and notification of nominees

A. All candidates for office, submitting papers to the Nominations & Elections Committee, shall be notified in writing upon receipt of materials by the MNA staff person assigned to the Nominations & Elections Committee. The letter of acknowledgement will identify the office sought. All notifications will be sent by MNA no later than June 5 of each year. If no acknowledgment has been received by that date, it is the nominees’ responsibility to contact MNA regarding the status of their nomination.

B. All candidates must be an MNA member or Labor Program member in good standing at the time of nomination and election.

C. A statement from each candidate, if provided, will be printed in the Massachusetts Nurse. Such statements should be limited to no more than 250 words for the office of president and vice president and 150 words for all other positions.

2. Publication of ballot

A. Preliminary Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the Massachusetts Nurse. The order names are listed on the ballot is determined by random selection.

B. Final Ballot: All candidates who are members in good standing. Shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the Massachusetts Nurse.

C. Access to MNA structural unit and bargaining unit on site

D. Ballot/voting instructions

1. Ballot will be mailed at least 15 days prior to the date which it must be mailed back (postmarked).
2. Complete area (as per instructions on form) next to the name of the candidate of your choice. You may vote for any candidate from any district.
3. Do not mark the ballot outside of the identified area.
4. Write-in votes shall not be considered and will not be counted.
5. Envelope must contain the voter’s name and address and be checked off on a master membership list. This process may be of the total membership list, or randomly selected envelopes.
6. If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to: MNA Secretary, c/o Massachusetts Nurse.
7. Results of the MNA Election will be posted in the Massachusetts Nurse.

D. Results of the MNA Election will be kept confidential until all candidates are notified. Notification of all candidates will occur within 72 hours of certification of the election.

E. Election results will be posted at the annual meeting.

3. Publication of policies/procedures/campaign practice

All policies, procedures and campaign practices related to the MNA elections shall be distributed to candidates upon receipt of their nomination papers. Notice to all members of availability shall be published in the Massachusetts Nurse annually.

4. Campaign Practices

A. All candidates shall have access to the following: membership lists/labels; structural unit rosters; bargaining unit rosters; and MNA on site and on campus premises. Candidates may also have access to campaign space in the Massachusetts Nurse and may request time on structural unit and bargaining unit agendas. The following conditions must be met.

1. Request for labels/lists/rosters must be in writing and signed by the candidate. All requests will be honored provided they comply with the MNA information/label request policies.
2. Requests from the candidate for time on structural unit or bargaining unit agendas must be in writing and directed to the appropriate Nominations & Elections Committee person. The staff person for the group must also be notified of the request. All candidates for a specific office must be provided with equal access and time.
3. Structural units and bargaining units may invite candidates to speak at a meeting. All candidates for a specific office must be provided with equal access and time.
4. All costs for labels/space in the Massachusetts Nurse, and mailing shall be the responsibility of the candidates. Labels will be provided at cost. Mailing space in the Massachusetts Nurse will be at a specific advertising rate.
5. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.
6. All campaign mailings utilizing MNA membership labels shall be sent through a mailing house designated by the MNA. Mailing utilizing rosters may be done directly by the candidates.
7. The membership list shall be available for review/inspection, by appointment with the Membership Department. Lists or records must remain on the premises.
8. Candidates may not follow acceptable practices in the acceptance of goods, services and contributions. This includes:
   1. Employers shall not provide money, supplies, refreshments or publication of and “endorsement” on behalf of a candidate.
   2. Candidates may not use MNA, District or employer stationary to promote their candidacy.
   3. Candidates may not use postage paid for by MNA, District or an employer to mail literature to promote their candidacy.
   4. Neither MNA, its structural units or bargaining units may use dues money for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all candidates for a particular office are invited and no candidate is shown preference over another.
   5. Individual members may make voluntary contributions of money, goods or services to a candidate.
   6. The amount that a candidate may expend in campaigning is not limited by MNA.

F. The ballot must be received no later than ______ AM/PM on ______, in order to be counted.

G. The ballots must be mailed to: ______ MNA Secretary.

See Election policies, Next Page

6. Observation

A. Each candidate or their designee who is a current MNA and/or Labor Relations Program member is to be permitted to be present on the day(s) of the mailing, receipt, opening and counting of the ballots. Notification of intent to have an observer present must be received in writing or electronic message, from the candidate, five working days prior to the ballot counting date.

B. Each observer must contact the MNA staff person assigned to the Nominations & Elections Committee 5 working days prior to the day in question for space allocation purposes only.

C. Each observer must provide current MNA membership identification to election officials and authorization from the candidate.

D. No observer shall be allowed to touch or handle any ballot or ballot envelope.

E. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.

F. All observers and candidates will keep election results confidential for 72 hours after the ballot procedure is completed and certified.

7. Candidate notification

A. Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. Only the names of those elected will be posted on the MNA web site when all candidates have been notified after the ballot procedure is completed and certified. Hard copy of the election results shall be sent to each candidate.

B. Results of the MNA election will be kept confidential until all candidates are notified. Notification of all candidates will occur within 72 hours of certification of the election.

C. Results will include the following:
   • Number of total ballots cast for the office in question
   • Number of ballots cast for the candidate
   • The election status of the candidate (elected/not elected)

D. Any MNA member may access these numbers by written request.

E. Election results will be posted at the annual meeting.

8. Storage of election materials

A. Pre-Election: All nomination forms and all correspondence related to nomination shall be stored in a locked cabinet at MNA headquarters. The Nominations & Elections Committee and staff
...Election policies

From Page16
to the committee shall have sole access
to the cabinet and its contents.
B. Post Election: All election materials
including ballots (used, unused and
challenged), envelopes used to return
marked ballots, and voter eligibility
lists shall be stored in a locked cabinet
at MNA headquarters for one year. The
Nominations & Elections Committee
Chairperson and staff to the commit-
tee shall have sole access to the cabinet
and its contents.

9. Post Election Press Release
The Department of Public Communications
shall check the information on file/CV data
for accuracy/currency with the elected can-
didate prior to issuing a press release.

Benefits Corner

MNA members save 20% at Tax Man
Members take 20 percent off the cost
of professional tax preparation services
provided by Tax Man Inc. at any of their
23 offices statewide (call 800-7-TAXMAN
or visit their website www.taxman.com
for a complete list of office locations and
telephone numbers).
Tax preparation fees are based on the
complexity of your tax return and the forms
needed to file your tax return accurately.
so you’ll never pay more than what your
unique tax situation calls for.
Tax Man also offers 100 percent satisfac-
tion guarantee on all tax services. To receive
your 20 percent discount, present a valid
MNA membership card at the time of ser-
vice and enjoy stress-free tax preparation
this year!

MNA is sponsoring

2 exciting group trips
to Europe in 2003

May 26 - June 4 – Germany and Austria $1,569*
This 10 day/ 8 night grand tour of the Tyrolean
region will feature 6 nights in Austria and 2 nights in
Germany. Trip includes tours of Innsbruck, Salzburg,
Rothenberg, Munich, Rattenberg, Wattens and Vipitino.
Air, transfers, hotel, breakfast and dinner daily as well
as full sightseeing tours are included. Don’t miss this
grand tour of the picturesque Tyrolean Region.

October 21 - 29 – Montecatini Spa located in
Tuscany Province, Italy $1469*
This all-inclusive trip to the Tuscany region of Italy
includes tours to Florence, Venice, Pisa, Siena, San
Gimignano while staying in the world famous spa city
of Montecatini. Air, transfers, hotel, all meals as well as
full sightseeing tours are included. Offered as an all-
inclusive trip, this package is a great value.

*Prices listed are per person, double occupancy based on check or cash purchase.
Applicable departure taxes are not included in the listed prices above.

To receive more information and a flyer on these European vacations,
please contact Carol Mallia, RN, MSN, 781-830-5755 or
e-mail at cmallia@mnarn.org

MNA membership dues deductibility 2002
Below is a table showing the amount and percentage of MNA dues that may not be
deducted from federal income taxes. Federal law disallows the portion of membership
dues used for lobbying expenses.

<table>
<thead>
<tr>
<th>District</th>
<th>Amount</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>District 1</td>
<td>$15.33</td>
<td>4.5%</td>
</tr>
<tr>
<td>District 2/3</td>
<td>$15.33</td>
<td>4.7%</td>
</tr>
<tr>
<td>District 4</td>
<td>$15.33</td>
<td>4.5%</td>
</tr>
<tr>
<td>District 5</td>
<td>$15.33</td>
<td>4.4%</td>
</tr>
<tr>
<td>State Chapter</td>
<td>$18.01</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

2003 MNF Golf Tournament
To Benefit Nursing Scholarships & Research
Join us for a festive time
Brookmeadow Country Club, Canton
Thursday, June 26
8 a.m. Shotgun Start

- Low Gross Prizes!
- Hole-in-One Contest!
- Putting Event!
- Raffle & Prizes!

Tournament Schedule:
Continental Breakfast 7 a.m.
Shotgun Start 8 a.m.
Lunch & Raffle Noon
Putting Event 3 p.m.

Yes, I want to join the fun at the MNF Golf Tournament!
Please reserve:
- Tickets at $99 each (greens fee, golf cart, breakfast & lunch)
- Tickets at $35 each (lunch only)
- I cannot attend, but please accept by donation of $_______

Name________________________
Daytime Phone_____________________
Address________________________
City ___________________________ State _______ Zip __________

I am not in a foursome, please select partners for me.
Here are the names of the other members of my foursome:

1.
2.
3.
4.

Return this completed form with payment. Please make checks payable to MNF.
Send to Massachusetts Nurses Foundation, 340 Turnpike St., Canton, MA 02021
800.882.2056, x745

Please list specific foursome members.

Name________________________
Daytime Phone_____________________
Address________________________
City ___________________________ State _______ Zip __________

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Daytime Phone_____________________
Address________________________
City ___________________________ State _______ Zip __________

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800.882.2056, x745
MNA Continuing Education Courses

Your source for career training and advancement

### Oncology Series for Nurses

**Description**
A three-part series designed for nurses to increase their knowledge in oncology nursing. The content of Session 1 of the series will include an overview of tumor management, tumor physiology, and staging, relevant laboratory testing, treatment strategies and safe handling of neoplastic agents. Session 2 will discuss chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies. Session 3 will include pain and symptom management, palliative care and an overview of Hospice care.

**Speaker**
Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner

**Dates**
March 6, 13 & 20 (Snow date: March 27)

**Time**
9:00 a.m. – 1:00 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
Series: MNA members, $175; all others, $255
Each session: MNA members, $65; all others, $35

**Contact hours**
3.6 per program. Total for series: 10.8

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Applying OSHA to Healthcare Settings

**Description**
Provided by a grant from the Massachusetts Department of Industrial Accidents, this program teaches OSHA standards and the protections that they provide for the health and safety of workers in "general industry," which also apply to protect workers, including nurses, in healthcare settings. The goal of the grant is to train one or more members from each MNA local bargaining unit as a "Worksite Health and Safety Representative."

**Speakers**
MNA staff members Evie Bain and B. Elaine Mauger. Trainers Catherine Dicker, Joanne Whynot-Butler, Patty Healey, Marcia Robertson, Janine Homer, Kathleen Opanasets, Rosemary O’Brien, Nancy Mucciarro, Elizabeth O’Connor, Nancy Adrian and Kathleen Sperrazza.

**Time**
9:00 a.m. – 1:00 p.m.

**Dates & Places**
March 12, District 3, Best Western Hotel of Cape Cod, Bourne.
April 9, Unit 7, following State Council meeting at Indian Meadows, Marlboro.
May 14, District 2, Best Western Hotel (Royal Plaza Hotel & Trade Center), Marlboro.
May 21, MNA Headquarters, Canton.
June 18, District 1, District 1 Office, Northampton.

**Fee**
Free to MNA members.

**MNA contact**
Susan Clish, 781-830-5723 or 800-882-2056, x723

### Mechanical Ventilation

**Description**
This course will provide an overview of mechanical ventilation types, modes and therapies. Course will also discuss the nursing management of a patient on mechanical ventilation.

**Speaker**
Carol Mallia, RN, MSN

**Date**
Tuesday, March 25

**Time**
9:00 – 9:00 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $45; all others, $65

**Contact hours**
4.5

**MNA contact**
Susan Clish, 781-830-5723 or 800-882-2056, x723

### The Real Nursing World: Transition from Student to RN

**Description**
Don't miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration, labor relations and career counseling. Area hospitals and other healthcare facilities will be available before and after the program to discuss employment opportunities. The program will conclude with a discussion of oral pharmacological agents.

**Speaker**
Carol Mallia, RN, MSN, facilitator

**Dates**
Thursday, April 3

**Time**
5:30 – 8:30 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $65 all others, $5 (Each session)

**Contact hours**
3.6 each session

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Diabetes 2003: What Nurses Need to Know

**Description**
This program is designed to provide the nurse with a comprehensive update on insulin therapy. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored.

**Speaker**
Ann Miller, MS, RN, CS, CDE

**Dates**
Session 1: Thursday, April 3

**Time**
5:30 – 9:00 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $65 all others, $5 (Each session)

**Contact hours**
3.6 each session

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Verbal Self Defense for Nurses

**Description**
This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies are discussed. The program will conclude with an interactive discussion of case scenarios related to conflict management.

**Speaker**
Joe-Ann Fergus RN, BSN

**Date**
Tuesday, April 15

**Time**
6:00 – 9:00 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $45; all others, $65

**Contact hours**
3.3

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Nursing Management of Central Lines

**Description**
This program describes the multiple venous access devices used in central line therapy. Indications for tunnelled vs. non-tunneled lines and potential complications will be discussed. The nursing management and legal aspects in managing the care of these devices will be described in detail.

**Speakers**
Mary Walsh RN, BS, CRNI, Infusion Therapy Specialist
Marilyn Bernard RN, CRNI, Infusion Therapy Specialist

**Date**
Thursday, April 24

**Time**
5:30 – 8:30 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $65 all others, $95

**Contact hours**
3.0

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

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**The District 1 Education Committee Presents**

**Interpreting Lab Values**

**Description**
A program to enhance the nurse’s ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.

**Speaker**
Carol Mallia, RN, MSN

**Date**
Thursday, May 8

**Place**
Berkshire Community College, Pittsfield

**Time**
9:00 – 9:00 p.m.

**Fee**
Student/Retiree $10, Member $15, Non-Member $20

**Contact hours**
4.1

**Registration deadline:** April 24, (no refunds after that date)

Make check payable to: District One, MNA, 243 King St., Northampton, MA 01060

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**The Regional Program Committee Presents**

**Conflict Resolution Strategies for Nurses**

**Description**
This is a hands-on seminar designed for nurses at all levels of experience to enhance their skills in conflict resolution. The program will include small group practice, discussion of conflict scenarios, and opportunities for participants to practice conflict resolution skills.

**Speaker**
Joe-Ann Fergus RN, BSN

**Date**
Tuesday, April 15

**Time**
6:00 – 9:00 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $45; all others, $65

**Contact hours**
3.3

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

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**The District 1 Education Committee Presents**

**Advanced Nursing Management of Central Lines**

**Description**
This program is designed to provide the nurse with the advanced skills for managing central lines in the critical care environment. Advanced management of central lines and potential complications will be discussed. The nursing management and legal aspects in managing the care of these devices will be described in detail.

**Speakers**
Mary Walsh RN, BS, CRNI, Infusion Therapy Specialist
Marilyn Bernard RN, CRNI, Infusion Therapy Specialist

**Date**
Thursday, April 24

**Time**
5:30 – 8:30 p.m.

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $65 all others, $95

**Contact hours**
3.0

**MNA contact**
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727
Advanced Cardiac Life Support

Description
This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day recertification and one day re-certification course. Recertification candidates must present a copy of their current ACLS card at the time of registration.

Speakers
Carol Mallia, RN, MSN, and other instructors for the clinical sessions

Dates
Tuesday, April 29 & May 6 (certification); May 6 (recertification)

Time
9:00 a.m. – 5:00 p.m.

Place
MNA Headquarters, Canton

Fee
Certification: MNA members, $155; all others, $195
Recertification: MNA members, $125; all others, $165

Contact hours*
16 for certification program. None for recertification.

Special notes
Light lunch provided. Enrollment limited to 48 participants.

MNA contact
Susan Clish, 781-830-5723 or 800-882-2056, x723

Wound Care — Dressing for Success

Description
This program will provide a comprehensive overview of the factors affecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. New dimensions of wound care, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closure devices will also be discussed.

Speaker
Carol Mallia RN, MSN, CWOCN

Date
Thursday, June 5

Time
5:00 – 9:00 p.m.

Place
MNA Headquarters, Canton

Fee
MNA members, $45; all others, $65

Contact hours*
4.5

MNA contact
Susan Clish, 781-830-5723 or 800-882-2056, x723

Managing Cardiac & Respiratory Emergencies

Description
This course is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation, ABG interpretation and clinical management of respiratory distress will also be discussed.

Speaker
Anthony Fucalo, EMT
Capt. Lawrence P. Ferazani
Evie Bain, RN, MED, COHN-S
Anthony Fucaloro, EMT

Date
Tuesday, June 10

Time
5:00 – 9:00 p.m.

Place
MNA Headquarters, Canton

Fee
MNA members, $45; all others, $65

Contact hours*
6.9

MNA contact
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Interpreting Laboratory Values

Description
This program will enhance the nurse’s ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.

Speaker
Carol Mallia RN, MSN

Date
Monday, June 16

Time
5:00 – 9:00 p.m.

Place
MNA Headquarters, Canton

Fee
MNA members, $45; all others, $65

Contact hours*
4.1

MNA contact
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Acute Care Nursing: 3-Program Series: The three offerings of Wound Care — Dressing for Success, Managing Cardiac & Respiratory Emergencies and Interpreting Laboratory Values have been grouped for a reduced package price. Register for all three and save $20.

Peripheral I.V. Therapy Program

Description
This program introduces the RN to the theory of peripheral venipuncture. It includes anatomy and physiology of the peripheral circulatory system, fluid and electrolyte imbalance, infection control and legal issues of the practice of venipuncture. Classroom instruction will include procedural demonstration and return demonstration on I.V. arms. Clinical experience will not be provided.

Speakers
Mary Walsh RN, BSN, CRNI, Infusion Therapy Specialist
Marilyn Bernard RN, CRNI, Infusion Therapy Specialist

Date
Thursday, May 15

Time
5:00 – 8:30 p.m.

Place
MNA Headquarters, Canton

Fee
MNA members, $65; all others, $95

Special notes
Certificate of attendance will be awarded

MNA contact
Susan Clish, 781-830-5723 or 800-882-2056, x723

IMPORTANT INFORMATION FOR ALL COURSES

Registration
Registration will be processed on a space available basis. Enrollment is limited for all courses.

Payment
Payment may be made by MasterCard or Visa by calling MNA or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021

Refunds
Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program’s first session or for subsequent sessions of a multi-day program.

Program Cancellation
MNA reserves the right to cancel programs when registration is insufficient.

*Contact Hours
Continuing Education Contact Hours are provided for all programs except Advanced Cardiac Life Support by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Contact hours for Advanced Cardiac Life Support is provided by the Rhode Island State Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

To successfully complete a program and receive contact hours, you must: 1. Sign in. 2. Be present for the entire time period of the session. 3. Complete the evaluation.

Chemical Sensitivity
Scented products may trigger responses in those with chemical sensitivity. Please avoid wearing scented personal products and refrain from smoking when you attend MNA continuing education programs.

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Smallpox vaccination plan status report

Last month’s Massachusetts Nurse featured a special section concerning MNA’s analysis and position statement regarding the state Department of Public Health’s Prevent Smallpox Vaccination Plan for health care workers. To view this information, visit the MNA web site at www.massnurses.org.

The MNA has taken the position that it cannot encourage its members to participate in the program until a variety of issues are addressed in the plan. Specifically, the MNA believes there should be clear, measurable outcomes for workers who are vaccinated to prevent exposure of the live vaccine virus to patients susceptible to severe complications; compensation for workers who suffer side effects from the vaccine; liability protections for workers who may expose a patient or co-worker, and a comprehensive education program to ensure the health care workforce and the public understand the plan, smallpox in general, and the risks of the plan.

Before releasing its position statement, the MNA called the DPH to discuss the issues. The MNA Smallpox Task Force continues to track this issue as and issues change and appropriate actions are addressed, the task force evaluates the MNA’s position and issue additional information for MNA members. Check the MNA web site for updates on these issues.

MNA is not alone in raising concerns

The MNA has not been alone in its opposition to the plan. For months, the MNA announced its position, similar positions were reported in because of the danger it may present to the very legislators who sit on the relevant committees. Among the many concerns were that adverse effects of the vaccine and programs have been developed with a component to screen out those who should not participate due to personal or family risk factors.

Last month’s Massachusettss Nurse – were reported in because of the danger it may present to the very legislators who sit on the relevant committees. Among the many concerns were that adverse effects of the vaccine and programs have been developed with a component to screen out those who should not participate due to personal or family risk factors.

National legislation filed

In response to the broad based outcry of concerns about the smallpox plan, and as the program continues to stall, Congress has acted to try and pass legislation to address these concerns. Rep. Henry Waxman (D-Calif.) recently introduced H.R.865 (http://thomas.loc.gov). It is a bill to protect and compensate workers and others injured by the smallpox vaccination. It has been sent to the Health Subcommittees of the Energy & Commerce and the Education & Workforce Committees. Massachusetts Congressman Ed Markey has signed onto the bill as a sponsor.

They concerns deserve to be addressed.

Want Safe Staffing? Then come to a legislative briefing

The MNA Department of Legislation & Government Affairs, the Congress on Health Policy and Legislation and MNA members from across the state are working together to set up legislative briefings across the state. These briefings, entitled “A Public Health Crisis: Recruitment and Retention in Nursing — Its Impact on Patient Care,” are designed as a forum for MNA members and our supporters to meet with local legislators and inform them of the critical staffing issues that nurses face in health care facilities everyday and to help us win their support for our safe staffing bill.

Below is a listing of briefings that have been organized with the legislators who sit on the relevant committees. Among the many concerns were that adverse effects of the vaccine and programs have been developed with a component to screen out those who should not participate due to personal or family risk factors.

The Massachusetts Nurse – were reported in because of the danger it may present to the very legislators who sit on the relevant committees. Among the many concerns were that adverse effects of the vaccine and programs have been developed with a component to screen out those who should not participate due to personal or family risk factors.

State Office, 369 Washington St., Dedham

Rep. Colleen Garry (Dracut and Tyngsborough) Thursday, April 10 11 a.m.

District Office, 1105 Lakeview Ave, Dracut

Rep. Thomas Golden (Chelmsford and Lowell) Friday, April 11 9 a.m.

Location: TBD

To RSVP or for more information, call 781-830-5725. If you would like to host a briefing in your area, please call 781-830-5713.