Board calls for dues increase to support five-year plan

As part of a five-year plan to position the organization to dramatically improve the scope and quality of its service to members, as well as to provide the power to confront the ongoing challenges of the health care industry, the MNA Board of Directors has cast a vote overwhelmingly in favor of a dues increase—the first increase in dues in more than 10 years.

“If the MNA is going to continue to provide the voice, protection and power that its members have come to depend on, and if we are going to expand and improve our services and support for nursing in this contentious, anti-nurse health care environment, then we will need to provide the organization with the resources needed to fulfill its mission,” said Karen Higgins, RN and president of the MNA. “The dues increase we are recommending is based on a careful evaluation of the needs of our members, a comparison of dues structures for similar organizations across the state and the nation, and, most importantly, it is based on a carefully constructed five-year plan of action that our membership has helped develop based on their needs.”

A motion to approve the increase in MNA dues will be voted on by the membership at the Annual Business Meeting at the MNA Convention on Oct. 2. The proposal calls for dues to be increased from $31.21 per month to $55 per month in January 2005 ($674 annual dues). Eighteen months later, in July 2006, dues would be $65 per month and two years after that, in July 2008, an annual cost-of-living increase of 3 percent per year would be implemented. Even with this increase, MNA will still rank even with or below most like-sized nurses associations and unions (see comparison on Page 13). The last time the MNA’s dues were increased was in 1995.

While the MNA recouped significant resources in 2001 following disaffiliation from the ANA, most of those revenues were needed to pay off a deficit budget incurred under prior leadership, and the remainder was required to support a number of initiatives dictated by the membership as part of the call for disaffiliation, including: waging a campaign to win safe staffing legislation; creating an occupational health and safety department; rebuilding and expanding the department of legislation and government affairs; and participating in the creation of a new national organization to supplant the ANA—one dedicated to the interests of front-line nurses. In addition, fully 75 percent of MNA’s budget is devoted to human resources: experienced and talented staff that direct and support the activities of the organization. For an in-depth list of the accomplishments of the MNA over the last three years, turn to page 12.

The proposed increase would represent an increase of less than six dollars per week from the dues rate established in 1995, at a time when MNA union members have seen their salaries increase an average of 47 percent over the last 10 years, representing an average annual salary increase of $21,171, or $435 per week (see chart showing wage growth at selected hospitals on Page 13).

How the money will used

As reported in the last issue of the Massachusetts Nurse, the Board of Directors, with input and support from members, bargaining units, and other structural units, has created a five-year plan with a number of important objectives, including:

• Enhancing service, effectiveness, support and internal organizing of local bargaining units by establishing the best staff-to-bargaining-unit ratio of any nurses union in the country.
• Fostering strong leadership within the bargaining units through the creation of a first-rate Leadership Institute, featuring ongoing and comprehensive continuing education.
• Expanding the power of unionized nurses by “organizing the unorganized” in Massachusetts and throughout New England, thus adding clout, not only in local contract negotiations, but also by expanding our powerbase within the greater labor movement, on Beacon Hill and on Capitol Hill.
• As the nursing community ages, the

See Dues, Page 13

Vote in Constitutional Convention moves issue closer to 2006 ballot

Universal health care passes first test in Massachusetts

On July 14, the Health Care for Massachusetts Campaign (HCMC), the MNA and other advocates for universal health care celebrated a major victory after a string of expected wins on Beacon Hill resulted in the issue of health care access, in the form of a constitutional amendment, being slated to go in front of the state’s voters in 2006.

The state Legislature took the first step on a four-year path toward implementing that guarantee. The House and Senate, meeting jointly in Constitutional Convention, voted overwhelmingly (143-41) in favor of a universal right to health care coverage for every man, woman and child in the commonwealth.

The proposed amendment states that “it shall be the obligation and duty of the Legis- lature and executive officials … to enact and implement such laws as will ensure that no Massachusetts resident lack comprehensive, affordable and equity financed health insurance coverage for all medically necessary preventive, acute and chronic health care and mental health care services, prescription drugs and devices.”

As a citizen initiative petition, sent to the Legislature by 71,385 registered voters, the amendment needed only 50 legislators to vote ‘yes’ in order to move it on to move on to the next step—a “yes” vote in next year’s Constitutional Convention.

If approved by lawmakers again during the 2005-2006 legislative session, the question would go before voters in November 2006. If successful, the state would then develop a specific plan for providing and paying for care, which would again go before voters, in November 2008 at the earliest.

“Fundamental reform, which must include all aspects of health care as articulated in this amendment, is long overdue to end the profound injustice of excluding huge numbers of people in our state—our neighbors, co-workers, family-members and others—from accessing vitally needed health care services that many of us take for granted. This effort also seeks to address the fact that none of us is getting our money’s worth from the current health care system,” said Ann Eldridge Malone, an MNA member and dedicated HCMC advocate. “When this initiative moves ahead as it should, it will mean that every Massachusetts resident will have the permanent legal right to a comprehensive and affordable health insurance plan—and that each and every one of us in the state will benefit as a result.”

Eldridge Malone and other proponents of the amendment noted that 1.5 million Massachusetts residents under the age of 65 were without health insurance at some point in 2002/2003, and that number will likely grow as private health care plans become more expensive.

Supporters of the measure also point to several other reasons why passage of this amendment is necessary, including:

• Skyrocketing premiums that are rapidly making health coverage unaffordable for middle income families and for small- and medium-sized employers which, in turn, threatens the financial stability of Massachusetts families and of the health-care system which accounts for almost 25 percent of our economy.

See Affordable Health, Page 3

August 2004

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Lawmakers fail to pass H.1282

Despite a tremendous effort from RNs and patient advocacy groups across the state, the 2003-04 legislative session came to an end without final passage of safe RN staffing legislation. The MNA vows to continue its efforts to see that the bill is passed in the next session. For more details, see Page 5.

For the latest developments impacting nurses, visit the MNA Web site, www.massnurses.org
**Nurses’ guide to single-payer reform**

**Voices of concern for health care security: bridge the gap**

By Rand Wilson

Forty-four million Americans currently lack insurance, and millions more are under-insured. In just the last four years, 4 million more Americans have lost their coverage. In the same time period, health care costs have risen nearly 50 percent and premiums have gone up more than three times faster than average wages.

These trends affect everyone, making health care one of the top political issues this year.

That’s why over a thousand people from 85 labor and community organizations marched from Cambridge across the Longfellow Bridge to a rally in Boston last month calling on our elected officials to “Bridge the Gap” for quality, affordable health care for all.

The rally united the struggles of union members against health care cost shifting with the outrage that caregivers and community activists feel about cuts in essential health care services. Many advocates voiced their growing frustration over a failing health insurance system during the rally segment of the day’s event following the march.

“I’m spending my retirement savings and my son’s funds for college education on health care,” said a recently widowed and my son’s funds for college education with the outrage that caregivers and community activists feel about cuts in essential health care services. Many advocates voiced their growing frustration over a failing health insurance system during the rally segment of the day’s event following the march.

“I’m spending my retirement savings and my son’s funds for college education on health care,” said a recently widowed mother from Marshfield. “I’m faced with tough choices: do I pay the mortgage or pay for our health insurance?”

“Tired of witnessing the needless suffering of so many patients who lack health insurance, adequate prescription drug coverage and access to preventive care,” said Barbara Cooke, a surgical nurse and member of the MNA.

“Telephone workers went on strike for three months in 1989 to preserve our health care benefits,” said John Horgan, a Verizon service tech and member of IBEW Local 2222. “Fifteen years later, we are still fighting employer attacks on our health benefits. This problem can’t be solved at the bargaining table.”

“Even though we provide health care, we can’t afford it for our own families,” said Alfred Sandaire, a nursing home worker and member of SEIU Local 2020. “We need a plan that covers all of us.”

“Covering everyone in a universal plan would allow us to contain out-of-control costs and affordably ‘bridge the gap’ between those who have health insurance and those who don’t,” said Paul Cannon, president of Teamsters Local 122 and co-chair of Jobs with Justice’s Health Care Action Committee. “The savings from eliminating insurance industry waste and red tape will keep it cost effective and improve the quality of care.”

Scenes from the “Bridge the Gap” rally and march for health care from Cambridge to Boston.

**Mass. Senior Action Council honors O’Malley as ‘health care champion’**

By Katy Sperrazza

Peggy O’Malley—MNA Board member and dedicated supporter of the single-payer health care movement—was presented with the Massachusetts Senior Action Council’s (MSAC) prestigious Health Care Champion Award. The award, which was presented during MSAC’s annual dinner on May 7, was given to O’Malley in recognition of her dedication to and leadership on health care policy initiatives and related social/economic issues.

O’Malley has served as the chairperson of MASS-CARE, a coalition of more than 60 organizations working toward universal health care in Massachusetts; has led relentless efforts to save the Addison Gilbert Hospital from closure; and has advocated for the implementation of the MNA’s proposed safe staffing legislation.

Most of O’Malley’s 27-year career as a nurse was spent at Brigham and Women’s Hospital in Boston. Early in her career, O’Malley realized that political decisions about health care finance were interfering with her ability to care for patients. She decided if she were to fulfill her legal and ethical obligations as a nurse, she would have to learn more about politics and the economics of healthcare.

This knowledge led to her ongoing efforts to influence public policy and protect her patients. O’Malley attended the “Women in Politics” program at Boston College, and interned in the office of the Senate chair of the Health Care Committee in 1989, the year that “universal healthcare” was enacted in Massachusetts. O’Malley points out that 15 years later we are still waiting for healthcare for all.

In accepting her award, O’Malley spoke to the hundreds of senior citizens as a registered nurse, an MNA representative, but first and foremost as a patient advocate. She was clear as she talked about her concerns, as a nurse, with the current healthcare system but even more clear about the need for change. For many years, O’Malley has been an outstanding representative of all registered nurses, constantly challenging the system to provide better quality healthcare to all.

Massachusetts Senior Action Council was founded in 1981 to promote the rights, well-being, and dignity of all people, particularly vulnerable senior citizens. It is a statewide, democratically run membership organization open to people of all ages. With more than 2,500 members, 50 affiliated groups and 10 active chapters across the state, Mass. Senior Action Council is respected as one of the most dynamic, effective grassroots groups in the country, one that happens to be led by elders.

Massachusetts Senior Action is leading organizing efforts for affordable prescription drugs for seniors, people with disabilities, and consumers of all ages. They are also at the forefront of organizing to defend Medicare and Social Security, improve affordable housing, expand community-based long term care and win a universal, single payer health care system.”
Dues increase is needed to protect nurses and to change health care system

Karen Higgins

The MNA has made tremendous strides in recent years, becoming a more powerful, proactive, member-driven organization that has become an effective voice for real and important changes in the lives of nurses, patients and all who depend on the health care system. But as we witnessed in the titanic struggle with the hospital industry over our safe staffing legislation, to protect nurses, improve staffing, and redefine the health care system in the way nurses know is necessary will not come easily—or cheaply.

The MNA has done great things, including winning landmark contract agreements with raises averaging more than 47 percent over the last 10 years; winning groundbreaking contract language to prevent mandatory overtime, on call and inappropriate floating; created revolutionary health and safety language; and developed the MNA into a powerful political machine. But all that has been done with a dues structure that has not changed in over 10 years.

We all know that everything in our lives costs significantly more today than it did 10 years ago, and that it is reasonable to expect that our professional association and union—which is being asked to take on more and more responsibilities to fulfill its mission for nurses—to also request greater resources from those who benefit from those services.

That is why the MNA Board of Directors has looked at where we are and where we need to go as an association, and it has determined that it is time to seek an increase in dues to sustain and grow this powerful association.

One of our Board members recently commented that under the dues structure we are now proposing, all union members would be devoting a mere hour and half of their week’s pay for all the services and benefits they garner from their association—be it the protections of their contract, a voice on Beacon Hill and Capitol Hill, or a host of educational resources and opportunities for professional development.

We believe it is time to provide the MNA with the resources it needs and we need to allow nurses and nursing in the commonwealth to fulfill our mission of protecting the public and protecting ourselves as we practice the profession we so dearly love. In supporting this increase, you are making an investment in the future of nursing. I urge you to come to the MNA’s annual convention in early October and to cast your vote in favor of that future.

Plaintiffs allege worsening conditions at Fernald Center as they seek renewed federal court oversight of DMR facilities

Warning that the state has “systematically abused” federal judge’s landmark order to reform its care of mentally retarded people, lawyers for thousands of residents living in state-operated facilities have filed suit, asking the judge to step in to reverse staff cuts and the Romney administration’s plans to close residential centers.

As they sought renewed court oversight over the Department of Mental Retardation, plaintiffs in the case gave accounts of declining living conditions at the Fernald Developmental Center and DMR indifference to their input in the care of their family members.

“Tonight, you wouldn’t want to go there [Fernald] and put your head down on a pillow and turn out the lights,” said Beryl Cohen, the attorney for the Fernald, Belchertown, Monson, Wrentham and Dever plaintiffs in the landmark case that lasted from 1972 until 1993. Cohen also maintained that the Romney administration, which announced last year that it intended to close Fernald and the five other remaining state facilities for the most profoundly retarded residents of the state, was engaging in a “land grab” for the property at the facilities.

Cohen made the statements during a press conference called last month to announce the filing of a motion to seek U.S. District Court Judge Joseph Tauro’s renewed oversight of the DMR, 11 years after the federal judge had disengaged from the case. Among the “systemic violations” of Tauro’s 1993 disengagement order that Cohen alleged in his motion were budget cuts and staffing reductions at Fernald and other state facilities that he alleged have brought about the return of conditions that led to the original 1972 lawsuits.

Those recent problems at Fernald, Cohen said, include infestations of mice and other vermin in many of the buildings and cottages on the Center’s grounds and staffing shortages so severe that residents have had to wait months in some cases for such essential items as diapers and padded helmets.

Diane Booher, whose two brothers have lived at Fernald for 46 years, said during the news conference that the DMR improperly ignored her input earlier this year in the care plans for her brothers, including her recommendation that they continue to live together if they are transferred elsewhere.

Budget cuts and staffing reductions at Fernald and other state facilities have brought about the return of conditions that led to the original 1972 lawsuits.

Note that Fernald advocates have repeatedly proposed plans to allow the appropriate development of much of the Fernald site while keeping a portion of the campus as a permanent home for the current residents.

In response to a statement by DMR Commissioner Gerald Morrissey that Tauro’s motion was “premature,” Cohen asked: “Is it premature to ask to get rid of the mice and to repair the buildings? The plans to close Fernald are a precursor to having the facilities of retarded (facility) residents living out ofsuites.”

COFAR executive director Colleen Lutkevich said that COFAR supports Cohen’s motion to seek Tauro’s renewed oversight. “The closure of Fernald will not make DMR’s problems (in providing adequate care) go away,” she said. “It will only make them worse.”

The MNA is in support of the efforts to keep Fernald and other similar state facilities open in order to meet the needs of the commonwealth’s most vulnerable citizens.

...Affordable health

From Page 1

- Rapidly growing unemployment rates that threaten the health and financial well-being of Massachusetts families and fuel huge disparities in health outcomes in underserved communities.
- The failure to develop a legislative approach to universal coverage after almost a decade of debate.
- “Every day at work I meet patients who are there because they couldn’t afford to fill their prescriptions or, lacking adequate insurance, use the emergency department at a primary health care source, often waiting until it’s too late,” explained Sandy Eaton, RN, MNA board member and HCMC advocate.
- “Our multi-tiered health care system is inherently unjust,” Eaton said. “But this initiative to amend the Massachusetts Constitution pushes the envelope and emboldens legislators to stand up to the pressures of those who champion a profligate and inadequate status quo. A system that includes everyone and covers all necessary health services will prove cheaper in the long run.”
- The constitutional amendment requires elected officials to reform, with stakeholder input, the health care system to ensure access to affordable health insurance for all residents—the key to getting the high quality care that will, over time, dramatically reduce costs. Reputable studies have recently shown that these types of reforms can be paid for by redirecting money that is already spent on care for the uninsured and wasted on complicated and burdensome bureaucracies. HCMC anticipates that changes will mean that citizens of the commonwealth will get a better value for their health care dollar by using current dollars for direct investments in the health and welfare of all Massachusetts residents and in the vitality of the state’s health care economy.
- “Today is a great day for every Massachu setts resident, insured and uninsured alike,” said Barbara Roop, co-chair of the HCMC, following the groundbreaking vote. “For those with insurance, this amendment will make sure they will still be able to afford it one year or 20 years from now; for the uninsured, this amendment will start the process in earnest of designing a health care system that ensures them access to high quality health care and really works for patients, providers, employers and taxpayers alike.”
- Business leaders, small business owners and health care providers have also expressed support for the measure. Several small business owners and health care advocates testified at a related hearing earlier this spring or submitted testimony to the legislative committee reviewing the proposal, including: Harold Hestnes, senior partner at Hale & Dorr; William Spring, Chairman of the Youth Committee of the Massachusetts Workforce Investment Board; and Nick Littlefield, senior partner at Foley Hoag; Peter Slavin, CEO, Massachusetts General Hos pital; Reverend Richard Richardson, Black Ministerial Alliance; and Karen Higgins, RN and president of the MNA.
Safe staffing starts at the ballot box!
These legislators are fighting for nurses and patients

NursePLAN, the political action committee of the MNA, has evaluated the candidates running for office this fall, reviewed voting records, questionnaires, conducted interviews and analyzed their records and support on nursing and health care issues. The following candidates have been endorsed by the MNA and have a primary election on Tuesday, Sept. 14. How you choose to vote is a personal matter. But when you go out and vote on Tuesday, Sept. 14 please consider the recommendations of the MNA.

House of Representatives: candidates for re-election

- Vincent Ciampa: Medford (Wards 4, 5; Ward 7, Pct. 1; Ward 8, Pct. 2), Somerville (Ward 4, Pcts. 1-2; Ward 7)
- Edward Connolly: Everett, Malden (Ward 7, Pct. 2)
- Mark Falzone: Lynn (Ward 1; Pcts. 1-2; Lynnfield (Pct. 2), Saugus (Pcts. 1-2, 4-9), Wakefield (Pcts. 1, 2 & 7)
- John Fresolo: Worcester (Ward 5, Pcts. 1-2, 4-5; Ward 6, Ward 8, Pcts. 1, 5)
- Brian Knuuttila: Ashburnham, Ashby, Gardner, Royalston, Winchendon
- Bob Spellane: Paxton, Worcester (Ward 1, Pcts., 1-4; Ward 9; Ward 10, Pct. 3)
- Timothy Toomey: Cambridge (Ward 1; Ward 2, Pct. 1; Ward 3, Pcts.1-2; Ward 6, Pct.1; Somerville (Ward 1; Ward 2, Pcts. 1-2)

House of Representatives: candidates running in open seats

Erecting new legislators who support our issues is critical. These candidates running for “open” seats are committed to passage of quality patient care/safe staffing legislation.

- Jen Flanagan: Leominster (Ward 4, Pcts. 1-2; Ward 7)
- Kristine Glynn: Back Bay/Beacon Hill sections of Boston
- Joan Lovely: Salem
- Jack McFeeley: Medfield (Pcts.3-4); Millis (Pct. 3); Norfolk; Plainville; Walpole (Pct.5); Wrentham
- Brian Knuuttila: Ashburnham, Ashby, Gardner, Royalston, Winchendon
- Edward Connolly: Everett, Malden (Ward 7, Pct. 2)
- Mark Falzone: Lynn (Ward 1; Pcts. 1-2; Lynnfield (Pct. 2), Saugus (Pcts. 1-2, 4-9), Wakefield (Pcts. 1, 2 & 7)
- John Fresolo: Worcester (Ward 5, Pcts. 1-2, 4-5; Ward 6, Ward 8, Pcts. 1, 5)

Seats open on Board of Directors of NursePLAN

- Jen Flanagan: Leominster (Ward 4, Pcts. 1-2; Ward 7)
- Kristine Glynn: Back Bay/Beacon Hill sections of Boston
- Joan Lovely: Salem
- Jack McFeeley: Medfield (Pcts.3-4); Millis (Pct. 3); Norfolk; Plainville; Walpole (Pct.5); Wrentham
Session comes to end without final passage of Safe RN Staffing bill

Much gain made on Beacon Hill; legislation poised to cross final hurdle

Despite a tremendous effort from RNs and patient advocacy groups across the state, in the early morning hours of July 31 the 2003-2004 legislative session came to an end without final passage of Safe RN Staffing legislation.

State Rep. Christine Caravan, D-Brockton, led a final attempt to attach the Senate-passed pilot program to a “supplemental” budget, but the House did not take up the supplemental spending bill.

While the Legislature did not pass the Safe RN Staffing legislation, much progress was made due to the hard work of RNs and patient advocates. The legislation was passed by the Joint Committee on Health Care for the first time and the state Senate passed in its budget a 10-hospital pilot program of the Safe RN Staffing bill. The legislation was co-sponsored by 102 members of the legislature and 70 organizations endorsed the effort, forming the Coalition to Protect Massachusetts Patients.

This issue is not over. While formal sessions are finished until January 2005, legislative leaders intend to convene a working committee to have a bill ready to act on for next year.

The efforts of RNs and others should be commended. Your phone calls, letter writing, postcards and meetings with your legislators had an enormous impact.

In the coming months, the MNA intends to work aggressively to support the reelection of those legislators who strongly supported our cause, support new candidates who will make passage of this legislation a priority, continue to build and grow our coalition in support of safe staffing, and prepare our campaign for the coming session.

The members have made this a clear priority, identifying safe staffing as a critical issue for patient safety. Not surprisingly their assessment has proven accurate with an onslaught of research and their solution proves pinpoint with 82 percent of the public in support and 89 percent of RNs across the state.

It is not a question of whether safe staffing legislation will pass – it is simply a question of when. We will continue to work with the coalition, our members, the public and the Legislature with the goal of protecting patients reality sooner rather than later.

Report due at 2005 annual meeting

MNA forms task force to explore associate member status

The MNA Board of Directors has passed a motion to create a task force to explore an alternative dues structure for what would be termed “associate members,” who would pay lower dues commensurate with different levels of benefits and voting rights. The motion calls for the Board to appoint a task force of interested members who would do the following:

- Determine who should be eligible for associate member status (i.e., newly graduated nurses, nurses not represented for collective bargaining by the MNA, part-time nurses)
- Determine what benefits should be entitled, including voting and governance involvement, access to specific MNA benefits and services, etc.
- Identify what percentage of dues associate members may pay

The task force may also explore the possibility of expanding associate membership status to LPNs. The task force is to be convened by April 2005 and is charged with submitting a recommendation on associate membership status to the full membership of the MNA at the Annual Business Meeting in 2005.

“The Board is interested in exploring ways that we may expand access to participation in MNA for all nurses in the state, and recognizes that an associate member status at a lower dues rate, even with a more limited series of benefits, may serve to entice more nurses to participate in and contribute to the MNA’s vision and mission,” said Karen Higgins, MNA president. “This task force will take the time to evaluate these options and make recommendations to be considered by the membership next year.”

Notice to members and non-members regarding MNA agency fee status

In private employment under the National Labor Relations Act

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

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

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

You have the right under Section 7 to form, join union meetings; you cannot vote on ratification of contracts or other agreements between the employer and the union; you will not have a voice in union elections or other internal affairs of the union and you will not enjoy “members only” benefits.

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

It shall be an unfair labor practice for an employer –

1. When to object

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

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

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

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

2. How to object

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

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

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

To be valid, objections must contain the following information:

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

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

3. How to challenge MNA’s accounting

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

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

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

Massachusetts Nurses Association
Faulkner nurses approve contract with large pay hike, language improvement

After nine long months of negotiations with management, RNs at Faulkner Hospital in Boston voted to ratify a new three-year contract that includes landmark language on floating and wage increases that average between 25 percent and 29 percent over the life of the agreement.

The contract also includes improvements to the pension benefit; significant expansion of the insurance program; reductions in the cost of benefits for part-time RNs; language addressing the issue of workplace violence; and provisions for payment of the negotiating team members for their time spent at negotiations.

The tentative agreement was reached on June 20, 2004 following a marathon negotiation session that lasted well into the morning.

More than 300 registered nurses are represented by the MNA at Faulkner Hospital. The nurses had been negotiating their contact since last October, with 19 sessions held in total—and with 11 of those sessions being held before a federal mediator. The key issues that were in dispute included:

- The need to provide full staffing at the facility and, as a result, to end the dangerous practice of forcing nurses to be transferred to where they are not qualified to safely care for patients (floating).
- The call for a salary level on a par with other Partners-owned facilities (including Brigham and Women's Hospital and Newton-Wellesley Hospital).
- Improvements in the nurses' pension plan and health insurance benefits.

On April 27, the bargaining unit overwhelmingly voted to authorize the negotiating committee to call a strike against the hospital—an authorization that followed a day of informational picketing in late March that brought hundreds of nurses and supporters to the streets in front of the hospital.

“The issues that had been preventing this dispute from being settled had immediate and important implications for the safety of patients at Faulkner Hospital,” said Kathy Glennon, RN and chair person of the MNA bargaining unit at Faulkner. “For the nurses and patients here, this was never about a contract—it was a matter of safety; a matter of quality care; a matter of life and death. We’re grateful to know that the management team at Faulkner finally understood the depth of these issues and that it chose to do the right thing on behalf of patients.”

Eliminating the dangerous practice of floating

According to the hospital’s own statistics, at least one nurse at Faulkner was being floated on every shift, every day of the week—resulting in at least 90 occurrences of floating per month. The Faulkner nurses recognized that in order to curb this dangerous practice, they needed to incorporate limits on the practice into their contract, as well as make the hospital a more attractive place to work by improving the wages, benefits and working conditions at the hospital.

The newly negotiated floating provision ensures that no nurse will be floated to an area where he or she is not competent to practice. Travel and agency nurses will be required to float before a bargaining unit nurse is floated. If a nurse is floated, he or she will be paid a float differential of $2.00 per hour.

“Neither the RNs at Faulkner nor the hospital’s management team wanted to have to depend on floating as a way of providing patients with adequate nurse staffing levels,” said Glennon. “especially given that there is a tremendous amount of new research out there that says the practice of floating often leads to serious, life-threatening patient infections and complications. We are lucky to have been able to work with management to start putting an end to this dangerous practice.”

Pay on par with other Partners hospitals

Located less than ten miles away from another major Partners Health Care facility, RNs at Faulkner found themselves providing the same level of services (and often to the same patients), while earning between 13 and 26 percent less than their peers down the road. As a result, the bargaining unit was looking for pay parity when it entered these contract talks nine months ago.

“These contract issues were all interconnected when it came to the matter of adequate staffing and safe patient care,” added Allison Zimmon, the MNA labor representative who works with the Faulkner bargaining unit. “If RNs at one hospital are making almost 26 percent less than their peers at an affiliated hospital seven miles down the road, it becomes increasingly more difficult to attract and retain experienced and qualified RNs. This was exactly what was happening at Faulkner, which, of course, compounded the issue of floating.”

Under the new contract, most RNs’ wages will increase by an average of between 25 percent and 29 percent over the life of the agreement—a move that many members of the bargaining unit thought was long overdue given Partners’ status as the most profitable health care provider in the commonwealth.

“We’re very happy that we were able to ratify such an improved contract,” said Glennon. “These changes are dramatically going to improve the level of care that RNs here are able to provide to patients.”

Cooley Dickinson RNs ratify 2-year contract

Nurses in the MNA bargaining unit at Cooley Dickinson Hospital have ratified a new two-year agreement that includes pay increases, new steps for veteran nurses and language protections. The contract, ratified on June 28, is retroactive to Jan. 21, 2004.

Key components of the newly ratified contract include:

- An across-the-board, 5 ½ percent salary increase in both years on the contract.
- In the first year of the contract, the addition of new 18-year step that comes in at 2 percent above the 16-year step, as well as the addition of a new 25-year step that comes in at 2 percent above the 20-year step.
- In the second year of the contract, the addition of a new 14-year step that comes in at 2 percent above the 12-year step, as well as a build out of the 25-year step to 4 percent above the 20-year step.
- Language that limits the hospital’s ability to float nurses: “When a nurse is floated to another unit, she/he will not be given patient care assignments that are beyond her/his scope of practice.” In addition, the contract language says that the Labor/Management Committee will develop float guidelines together.
- Language that grants per diem nurses a 5 percent differential on their base pay rate.
- Language that clarifies that charge nurses will not be considered “supervisors within the meaning of the National Labor Relations Act based on their current duties and job responsibilities.”
- Language improving vacation time, including the availability of four weeks of vacation after five years of service starting the second year of the contract.
- Increases in evening, night and degree differentials.
- The establishment of an annual certification bonus.
- Language that allows the use of sick time for critical illness in the immediate family.

A cartoonist’s view

“Our financial projections for next year look excellent... Handford, misinform the union immediately.”
Candidates for the MNA Board of Directors

Vice President/Labor
Vote for one for 2 years
Patricia Healey, RN (Region 1)

Treasurer/Labor
Vote for one for 2 years
Nora Watts, RN, BSN (Region 2)

Director, Region/Labor
Vote for 5 for 2 years (one per Region)
Region One
Diane P. Michael, RN
Region Two
Mary Marengo
Region Three
No candidate
Region Four
No candidate
Region Five
No candidate

Director, At-Large/Labor
Vote for 3 for two years
Sandy Ellis (Region 2)
Nancy Gilman, RN (Region 5)

Director, At-Large/General
Vote for 4 for two years
Joanne Bartoszewicz, RN, BSN, CGRN (Region 5)
Donna Kelly-Williams, RN, CPN (Region 5)

MNA Ballot for 2004

Nominations & Elections Committee
Vote for 5 for 2 years (one per Region)
Region 1
No candidate
Region 2
No candidate
Region 3
Stephanie Stevens, RN, CNOR
Region 4
No candidate
Region 5
No candidate

Bylaws Committee
Vote for 5 for 2 years (one per Region)
No candidates

Congress on Nursing Practice
Vote for 6 for 2 years
Jeanne B. Carey, RN, Esquire (Region 5)
Marianne Chisholm (Region 5)
Ann Mullens, BSN, RN (Region 5)
Marian M. Nudelmann, BSN, RN (Region 5)
Linda A. Winslow, BSN, RN, IBCLC (Region 5)
Margaret Wiley, BSN (Region 5)

Congress on Health Policy & Legislation
Vote for 6 for 2 years
Maryln Crawford, RNC, CLNCC, BSHCA (Region 3)
Donna Dubik (Region 5)

Congress on Health & Safety
Vote for 6 for 2 years
Mary Anne Dillon, RN, BSN (Region 5)
Janet Butler, RNC, BSC (Region 3)
Terry Arthur, RN, BSN, MSN (Region 3)
Kathy Sperrazza, RN, BSN, MSRL (Region 5)
Sandra LeBlanc, RN, CNOR (Region 5)

Center for Nursing Ethics & Human Rights
Vote for 2 for two years
Ellen M. Farley, RNC (Region 3)
Anne M. Schuler, RN, RE (Region 3)
Kelly W. Shanley, RN (Region 3)

Regional Council at-large positions
Region 1
Vote for 7
Monica Hicks, RN
Region 2
Vote for 7
Debra A. Riggse, RN
Region 3
Vote for 7
Mary Marengo, RN
Region 4
No candidate
Region 5
No candidate

Nominations & Elections Committee
Vote for 5 for 2 years (one per Region)
Region 1
No candidate
Region 2
No candidate
Region 3
Stephanie Stevens, RN, CNOR
Region 4
No candidate
Region 5
No candidate

Bylaws Committee
Vote for 5 for 2 years (one per Region)
No candidates

Congress on Nursing Practice
Vote for 6 for 2 years
Jeanne B. Carey, RN, Esquire (Region 5)
Marianne Chisholm (Region 5)
Ann Mullens, BSN, RN (Region 5)
Marian M. Nudelmann, BSN, RN (Region 5)
Linda A. Winslow, BSN, RN, IBCLC (Region 5)
Margaret Wiley, BSN (Region 5)

Congress on Health Policy & Legislation
Vote for 6 for 2 years
Maryln Crawford, RNC, CLNCC, BSHCA (Region 3)
Donna Dubik (Region 5)

Congress on Health & Safety
Vote for 6 for 2 years
Mary Anne Dillon, RN, BSN (Region 5)
Janet Butler, RNC, BSC (Region 3)
Terry Arthur, RN, BSN, MSN (Region 3)
Kathy Sperrazza, RN, BSN, MSRL (Region 5)
Sandra LeBlanc, RN, CNOR (Region 5)

Center for Nursing Ethics & Human Rights
Vote for 2 for two years
Ellen M. Farley, RNC (Region 3)
Anne M. Schuler, RN, RE (Region 3)
Kelly W. Shanley, RN (Region 3)

Regional Council at-large positions
Region 1
Vote for 7
Monica Hicks, RN
Region 2
Vote for 7
Debra A. Riggse, RN
Region 3
Vote for 7
Mary Marengo, RN
Region 4
No candidate
Region 5
No candidate

2004 elections: voting instructions and details

Please note that the final ballot is printed above. Ballots will also be mailed Aug. 10, 2004 to all members in good standing at the address on record.

Ballots must be received no later than 5 p.m. on Sept. 3, 2004 in the envelope that will be provided in order to be counted.

Please be sure to save the biographies that are printed in this edition of the Massachusetts Nurse, as this is the only copy members will receive (biographies will not be mailed with the ballots in August).

Ballot/voting instructions

A. Ballots will be mailed at least 15 days prior to the date they must be mailed back and received by.

B. Complete area (as per instructions on form) next to the name of your choice. You may vote for any candidate from any district.

C. Do not mark the ballot outside of the identified area.

D. Write-in votes shall not be considered valid and will not be counted.

E. Enclose the correct and completed voting ballot in an envelope (marked Ballot Return Envelope), which does not identify the voter in any way, in order to assure secret ballot voting.

All mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed in order to assure that a ballot can in no way be identified with an individual voter.

If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to MNA Secretary, c/o Contracted Election Administrator at their address. In the upper left-hand corner of this envelope you must:

A. Block print your name
B. Sign your name (signature required)
C. Write your address and zip code

If this information is not on the mailing envelope, the secret ballot inside is invalid.

For more information, please contact the MNA’s membership department at 781-830-5741.

For the first time the Regional Council seven at-large seats will be elected by the Regional Council membership in MNA’s general election. There will be separate ballots for each Regional Council and please note that the Regional Council at-large election will be in the lower right hand corner of the ballot.
Profiles of candidates for MNA office

**Vice President, Labor, 1 for 2 years**

*Patricia Healey, RN (Region 1)*

Florence, MA

**Employment:** Staff nurse, Critical Care, Brigham & Women's Hospital.

**Education:** University of Massachusetts, BSN, 1977.

**Present offices:** Chairperson, Western Mass Regional Council; Secretary, Board of Directors, Region 1 Seat.

**Past offices:** Director, MNA Board of Directors; Treasurer, Region 1; Finance Committee.

**Treasurer, Labor, 1 for 2 years**

*Nora A. Watts, RN, BSN (Region 2)*

Westborough, MA

**Employment:** Staff Nurse, Newton Wellesley Hospital.

**Education:** Northeastern University, BSN, 1975.

**Present offices:** MNA Board of Directors; Finance Committee.

**Past offices:** Cabinet for Labor Relations.

**Candidate statement:** Pursuing the office of MNA treasurer would be a natural progression of my work within the MNA. I have been an active member, committed to the success of our organization for approximately twenty years. For most of those years I have served as the local unit co-chair at Newton Wellesley Hospital. For the past six years I have been an active member of the Finance Committee and MNA Board of Directors. We have strived to accomplish the goals set by our members at disaffiliation. More than $300,000 in debt has been eliminated. The MNA Health & Safety and Organizing departments have been established. New associate director positions have been funded to improve bargaining unit member access to directors. Through the work of the Safe Care Campaign, nurses have become players in the health policy arena in Massachusetts. Both independently and with AARN, MNA has provided aid and support to other nurses groups, as well as lobbied nursing issues on the national level. I feel proud to have played a role in the recent accomplishments made by the MNA. I am also proud that all of these goals have been met while maintaining a balanced budget. We face substantial challenges ahead in order to continue to meet our members’ goals.

I am unwavering in my commitment to the goals of our MNA members, and the future MNA. I hope you will allow me the opportunity to continue to work for you as your treasurer.

**Director, Region, Labor, 5 for 2 years (one per Region)**

*Region 1*

*Diane P. Michael, RN*

Springfield, MA

**Employment:** Staff Nurse Charge, Providence Hospital.

**Education:** Boston Children’s Hospital School of Nursing, Diploma, 1979.

**Current Offices:** Co-Chair Hospital MNA Committee for 10 years; Region One Board of Directors.

**Past offices:** Member Hospital Bargaining Committee for over 25 years.

*Region 2*

*Mary Marengo, RN*

Douglas, MA

**Employment:** Staff Nurse, St. Vincent's Hospital – Worcester Medical Center.

**Education:** Quinsigamond Community College, ADN, 1978; Fitchburg State College, BSN, 1992.

**Present offices:** MNA Board of Directors; Chair, Awards Committee; Nurse Plan Board; Secretary Region 2.

**Past offices:** President of Unit 7; Co-Chair, Woboro State Hospital.

**Candidate statement:** Onwards and upwards! Safe staffing in acute care is attainable now. Through our massive efforts, the public and our legislators are being educated to the reality of the instrumental role RN’s play in providing safe care for all of us who at one time or another has, or will be a patient in this healthcare system. Once you know the facts, it is even more frightening to ignore how crucial and basic it is to enforce RN/patient staff ratios as the obvious safety net that is in a system run amok with insufficient RN’s. Congress should have too often focused on making a buck off the backs of sick people. When nursing takes up less of the healthcare dollar than it did in the 50’s, when patients are sicker than ever due to phenomenally shortened length of stays, it is time to step up to the healthcare plate and also nurse the system back to health. What better profession to raise to the challenge than the true patient advocates, the Registered Nurses who are prepared and ready to enter the healthcare arena with powerfully articulated solutions to our current healthcare crisis. This is this vision and goal of the MNA and I love being part of it in any capacity. I hope you will reelect me to a seat on the board of directors. Thank you.

**Director At-Large, Labor, 3 for 2 years**

*Sandy Ellis, RN (Region 2)*

Worcester, MA

**Employment:** Staff RN, St. Vincent Hospital.

**Education:** Fitchburg State College, BSN, 1986.

**Present offices:** NursePLAN Chair (2001-present); MNA Board of Directors (2002-present); Region II Board of Directors (2002-present)

**Past offices:** Congress on Health Policy & Legislation, Vice-Chair (2000-2002)

**Candidate statement:** The nurses of Massachusetts have made great strides in recent years. We have taken our place as leaders in the shaping of health policy. We are highly regarded in the legislative arena and by the public. I am proud to have maintained a leadership role in the MNA since 2000, during this time of tremendous growth. I began as a leader in the St. Vincent Nurses Bargaining Unit and the St. Vincent Strike in 2000. I later served on the MNA’s Congress on Nursing Practice and Legislation and then was elected to the MNA Board of Directors in 2002. I also serve as Chair of NursePLAN, the MNA’s political action committee. I remain committed to attaining the goals set forth by our membership and I look forward to continuing to do so on the MNA Board of Directors in the At-large, Labor position. I ask for your support and your vote.

*Nancy Gilman (Region 5)*

Chesnut Hill, MA

**Employment:** Registered Nurse, New England Medical Center

**Education:** Milwaukee Area Technical College, ADN, 1975.

**Present offices:** Tri-Chair of Bargaining Unit at New England Medical Center; MNA Finance Committee; MNA Board of Directors; Delegate to Regional Council 5.

**Past offices:** MNA Board of Directors, 2002-2004; NEMC Bargaining Unit Committee Member, 1988-present

**Candidate statement:** I have been a critical care staff nurse for over 20 years. As a bedside nurse, I think staff nurses carry a huge amount of professional responsibility, but unfortunately not enough influence in our work places. I believe we have a great potential to change that. Our potential is in our numbers and collective action. I believe that working together in our workplaces and throughout the state; we can have a huge influence on improving working conditions, professional issues, and the care of our patients. As an active member of my local bargaining team, I have seen the power that a union contract can have in providing staff nurses with a voice in our work life. I am running for a seat on the MNA state board because I think MNA has become the best voice for nursing in Massachusetts and it is a true advocate for the staff RN. My goals will be to bring more of us in as active members, to improve our influence within the health care community in Massachusetts, or organize other RN’s within our state, and to strengthen our current bargaining units. I think through MNA, we have a real voice in our workplaces, the future of nursing and in building a better health care system. I ask for your vote, I ask for your input making MNA the organization that speaks for all of us and I ask for your active participation in making MNA a strong union.

**Director At-Large, General, 4 for 2 years**

*Joanne Bartoszewicz, RN, BSN, CGRN (Region 5)*

Melrose, MA

**Employment:** RN, Whidden Memorial Hospital Cambridge Health Alliance.

**Education:** Salem State College, BSN, 2001; Whidden Memorial Hospital, Diploma, 1979.

**Present offices:** MNA Board of Directors; NursePLAN; Safe Care Staffing Committee; Chairperson, Whidden Memorial Hospital; Region 5 Board of Directors.

**Past offices:** Congress on Health Policy & Legislation.

*Donna Kelly-Williams, RN, CPN (Region 5)*

Arlington, MA

**Employment:** Pediatric Clinical Nurse III, Cambridge Hospital

**Education:** Lasell College, ADN, 1978; Labor Guild; UMass.

**Present offices:** MNA Board of Directors; Cambridge Hospital MNA President; Nurse Plan; Region V Board of Directors.

**Past offices:** Congress on Health Policy & Legislation

**Candidate statement:** I believe it is a privilege to be a Registered Nurse and an honor to serve on the MNA’s Board of Directors. I have been a direct patient care giver for over 30 years at Cambridge Hospital, currently working as the charge nurse on a pediatric unit. I still love being a nurse, and am an active supporter of safe staffing, single-payer health insurance, and the MNA becoming the voice of healthcare in the Commonwealth of Massachusetts. I have been an outspoken advocate for the profession of nursing, and if elected would work to improve our recognition as the true voice of safe healthcare for all. I would encourage more nurses to become involved in all areas of our professional recognition, and would personally help them with navigating their energies to take a more active role in their MNA.

**Nominations Committee, 5 for 2 years (one per Region)**

*Region 1*

*Stephanie Stevens, RN, CNOR*

Sandwich, MA

**Employment:** Staff Nurse, Operating Room, Jordan Hospital.

**Education:** Boston City Hospital School of Nursing, Diploma, 1977.

**Present offices:** MNA Board of Directors; MNA Board Executive Committee; MNA Board Policy Committee; MNF Board of Directors; Region 3 Board of Directors; Chair, Jordan Hospital Bargaining Unit.

**Past offices:** MNA Finance Committee; Nurse Plan Board of Directors; MNA Board of Directors; Jordan Hospital Nurses Committee.

*Region 2*

*Region 3*

*Region 5*

**Bylaws Committee 5 for 2 years (one per Region)**

**Congress on Nursing Practice (6 for 2 years)**

*Jeanne B. Carey, RN, Esquire (Region 5)*

Needham, MA

**Employment:** Director of Development, St. Joseph’s Schools

**Education:** University of Michigan, BSN, 1981; New England School of Law, JD, 1986.

**Present offices:** Congress on Nursing Practice.

*Marianne Chisholm (Region 5)*

South Boston, MA

**Employment:** RN, New England Medical Center.

**Education:** Rhode Island College, BSN, 1983.

**Present offices:** Congress on Nursing Practice

Continued on next page
Donations needed for MNF Auction!

We Need Your Help

The Massachusetts Nurses Foundation is preparing for its 21st Annual Silent & Live Auction to be held at the MNA Convention in October. Donations are needed to make this fundraising event a big success. Your tax-deductible donation helps the Foundation raise funds to support nursing scholarships & research.

- Valuable Personal Items
- Gift Certificates
- Works of Art
- Craft Items
- Memorabilia & Collectibles
- Vacation Packages

Contact the MNF at 781-830-5745 to obtain an auction donor form or mail or deliver your donation to the Mass. Nurses Foundation, 340 Turnpike Street, Canton, MA 02021.
Life after a workplace assault: how one nurse was treated by her employer

By Evie Bain

Early this spring an MNA member called the Health and Safety Program to ask for support related to circumstances following a workplace assault. Members of the MNA Workplace Violence and Abuse Prevention Task Force are available to talk with victim/survivors of workplace violence. A member of the Task Force talked with this nurse several times and will continue to be available to her.

This nurse went on to describe the assault, which occurred in March 2003. After spending several hours in an emergency room for protective custody and intoxication, a male patient who was being discharged lunged forward and grabbed this nurse between the legs. She struggled to get away, but he would not let go. He kept a strong hold on her as she struggled, even ripping her clothes and causing injuries. Hospital security officers and other emergency department staff came to her aid and forced him to release her. The police were called and arrested the perpetrator on the spot and removed him from the emergency department. The police came to the hospital later that night and helped this nurse complete a victim assault statement. She said later in the shift she was feeling “OK—shocked and upset, but OK.”

Since she was the charge nurse that night, she made out an incident report and an employee accident report and then continued to work five more hours, finishing her shift at 11 p.m. Her supervisor got the reports the next morning.

The police also made copies of these reports for her own records, which proved valuable because as events unfolded, the hospital reports were subsequently lost and never located.

This nurse said she was more tortured and tormented by “the stuff that went on afterward” rather than by the assault itself. A former nurse in her school of nursing said this assault occurred as described and their overall lack of support for her decision to hold the assailant accountable because he was a patient. This nurse noted the lack of support by inferiors that “this is a hotel environment and the patient is a customer, the customer is always right and you are a hospital (hotel) employee.” While this was not said to her directly, it was the message she felt she received. The administrative staff inferred that she should not pursue things, just let them go. What she wanted to hear was, “We are sorry you were injured.” She wanted them to “own it,” feel and share their outrage that this assault on their employee had occurred.

She also wanted them to work to see that the perpetrator was held accountable and not to feel that he could get away with his outrageous behavior.

Shortly after the assault, the long legal process began. This nurse went to court about seven times, with four or five court appearances requiring people she worked with being summoned to testify. These appearances were for the nurses and the security staff that were on duty the night of the assault and who were witnesses to the event. These co-workers went to court and provided statements describing the events of the assault. The employees who testified on her behalf were informed by their employer that this was not a hospital matter; this was a private matter between the nurse and the assailant.

During the next 16 months the litigation process unfolded. The nurse continued to work in the same area of the hospital, but had to work part-time for 13 years of exemplary employment and excellent reviews—all her nursing functions were lent for the nurses’ occupational health and safety were analyzed and will be used together with other research consultants and Craig Slatin is principal investigator of the PHASE (Promoting Healthy and Safe Employment) in Healthcare Study. Kathleen Sperrazza and Lee Ann Hoff are members for contributing to this study of the MNA members for contributing to this study of the MNA

Page 1

Massachusetts Nurse August 2004

So you think it’s safe at work? Notes from the Congress on Health and Safety

MNA participates in UMass Lowell work health & safety research project

By Kathleen Sperrazza, MSLR, BSN, RN, Lee Ann Hoff, PhD, RN, Craig Slatin, ScD, MPH

About 50 nurses, made up of MNA elected nurses, staff, local unit leaders, occupational health advocates and staff nurses, employed in the hospital environment participated in a series of seven focus groups held between September and December of 2003. The focus groups addressed two topics: general health and safety; workplace violence and abuse; diversity and discrimination issues; post injury return to work experiences; and healthcare system restructuring.

The nurses discussed their concerns about these issues in the healthcare work environment. Relaying their experiences, they identified what they believe are the causes of workplace injuries and illnesses, as well as what can and should be done to prevent them.

The focus groups were held as part of the University of Massachusetts Lowell (UML), PHASE (Promoting Healthy and Safe Employment) in Healthcare Study. The MNA, with the support of Evie Bain, occupational health and safety coordinator, and Chris Rosato, associate director for occupational health and the congress on health and safety, collaborated with the National Institute of Occupational Safety and Health (NIOSH) funded study. The team of researchers is conducting this five-year study to examine how working in the healthcare industry affects workers’ health.

The healthcare workforce spans jobs from maintenance, housekeeping, and food service, to patient care workers (professional and non-professional), technicians, administration, clerical workers, and housekeepers. These workers’ educational backgrounds and wage levels cover a wide range. The workforce, which includes many women and members of minority communities, is exposed to a variety of known health and safety hazards at work. The main goal of the PHASE study is to examine how the physical and social/behavioral occupational health risks interact in ways that lead to differences in these workers’ health and safety.

Preliminary analysis of the rich and poignant group data was shared here to provide insight into the stress that victims of workplace violence experience when they go forward to hold perpetrators of workplace violence accountable for their actions.

In the future, if and when you are involved in events such as these, a kind word to the victim along with positive actions to prevent these acts from recurring, are as important to a victim’s well being and recovery as are the outcomes of the legal process. Victims of workplace violence in healthcare settings are encouraged to call the Health and Safety program to talk with members of the Injured Nurse Network.
Striving to end workplace violence

MNA members had the opportunity to participate in an all-day conference on April 29 dedicated to the issues of worker safety and how to reduce workplace violence/abuse. The conference, entitled “Workplace Violence and Abuse: Changing the Culture in Health Care that Allows It to Continue,” featured several workplace violence experts, including a self-defense expert who took time to teach participants several personal protection techniques. The self-defense portion of the program will be repeated at the MNA Annual Convention. For information on convention, see Page 24.

Task Force on Workplace Violence and Abuse Prevention releases position statement

By Evie Bain

Over the past year, members of the MNA Workplace Violence and Abuse Prevention Task Force worked diligently to prepare a position statement that would express their interest, concern, and recommendations to address a prevalent and perverse condition that exists in hospitals and other healthcare settings today. Task force members recognize the toll that violence takes on nurses themselves and their reluctance to report many instances. Additionally, task force members are concerned with the adverse effects that workplace violence and abuse has on a patient’s recovery and well-being.

The position statement can be utilized to develop workplace violence and abuse prevention programs in hospitals or other healthcare settings, advocate for safe working conditions or simply to understand and communicate the extent of the problem.

Task Force members who worked to develop the position statement included Rosemary O’Brien, chairperson, Noreen Hogan, vice chairperson, Kate Opanasets and David Denneno.

A copy of the position statement may be obtained by contacting staff members in the Health and Safety Program in the Department of Nursing, (contact information is located in the lower corner of this page).

Work-related asthma is reportable health condition in Massachusetts

Massachusetts law requires that asthma caused or aggravated by exposures or conditions at work be reported to the Massachusetts Department of Public Health’s Occupational Safety and Health Program. A specific form is required for reporting and it can be obtained by calling the MNA’s Health and Safety Program at 781-830-5723.

The purpose of reporting is to identify chemical or other agents in the workplace that can cause or aggravate asthma so that exposures can be eliminated or controlled through engineering interventions. Your employer is required by law to provide a safe and healthful work environment that is free from recognized hazards.

Striving to end workplace violence
From disaffiliation in 2001 to today: a growing record of achievement

In March of 2001, the MNA membership took an historic vote to disaffiliate from the American Nurses Association, thus setting the organization on a path to independence and a new focus on the concerns of frontline nurses and the patients they care for.

At right are three pie charts that show a comparison of the allocation of resources before disaffiliation and where they stand today. As you can see, the MNA has gone from a deficit budget of more than $300,000 in dramatically reduced services to the organization it has grown into today. Outlined below, you will find just some of the accomplishments achieved over this period, which were priorities delineated at the outset of the campaign to split from ANA.

What we have achieved

- Completely rebuilt and expanded MNA's Department of Legislation and Government Affairs, which included adding experienced lobbyists, a grassroots organizer to mobilize nurses for political action, and a community organizer to build alliances with labor, community and political groups.
- Using this revitalized department, the MNA waged a comprehensive campaign to promote RN-to-patient ratios legislation, placing the MNA as a force to reckoned with locally and nationally.
- Created a separate Department of Occupational Health and Safety, allowing the MNA to attack the issues of workplace violence, prevention of needlestick and sharps injuries, fight for latex-free workplaces, and to lead the state and the nation in the fight to prevent the introductions of a misguided and dangerous smallpox vaccination program, as well as to work with government agencies to create a realistic and effective bioterrorism preparedness plan.
- Led statewide efforts to prevent medical errors through the creation of an educational program to teach nurses throughout the state how to develop safe systems of medication administration.
- Helped nurses understand their rights and responsibilities in accepting, rejecting or delegating a nursing assignment by publishing guidelines on these practices and educational programs to teach nurses about them.
- Waged a series of successful contract fights that have garnered some of the highest salary increases in decades for our members, with hourly wages topping $50 per hour for nurses in a number of bargaining units.
- Expanded the number of bargaining units that now have groundbreaking MNA language to ban mandatory overtime, limit mandatory on call, and prevent unsafe floating.
- Waged successful campaigns to save both private and public health care facilities, including, Whidden Memorial Hospital, Worcester State Hospital, The Fernald Center, and for a time, Waltham Hospital.
- Helped establish the first statewide Sexual Assault Nurse Examiner Program, and are now helping to create the first program to provide specialized services to pediatric patients.
- Completed the planning and curriculum for a Leadership Institute to train and equip MNA leaders within bargaining units.
- Expanded MNA's political action committee, dramatically expanding MNA member participation in political campaigns, thus increasing MNA's clout on Beacon Hill.
- Along with six other state nurses associations and nursing groups, formed the American Association of Registered Nurses (AARN), a new national organization that is focused on supporting the interests and issues of front-line registered nurses.
- Expanded efforts to seek fundamental reform of the health care system through participation in campaigns to create a single payer financed health care system in the commonwealth, as well as pass a constitutional amendment to make health care a basic right in Massachusetts.
- Dramatically improved MNA's presence on the Web by hiring a Web site coordinator who has redesigned and expanded the MNA's award-winning Web site, which now includes a job-search database, a chat room and bulletin board capabilities, on-line continuing education services, and easy to use and navigate informational pages.
- Improved MNA's presence in the media by hiring of an associate director to provide further support to nurses and bargaining units that are looking for media coverage to support specific initiatives.
The skinny on MNA dues: What you pay and how it stacks up

A member of the MNA currently pays $374.50 a year, or $31.21* a month, for the unlimited benefits that come with being part of an organized union.

A dues increase is necessary.

And what has the MNA been able to accomplish for its members using these dues? Unlimited successes, from establishing practice protections in the workplace and limitations/prohibitions on mandatory overtime, to wage standards that lead the nation and numerous job protections.

Approximately $31.21 a month—that is about what most of you pay for your union representation and all of the protections that come with it.

Of course in this day and age, you can’t get much for $31.21 a month. You probably pay more than double that for your household’s access to basic cable, and the average monthly membership to a local YMCA is going to cost you about $37.

And if you’re a regular coffee drinker who’s visiting the local Dunkin’ Donuts or Starbucks once a day, you’re spending, on average, a whopping $582 a year, or $48.50 a month, to quench your caffeine craving, $48.50 a month... for coffee. That’s more than any MNA member is paying now for his or her monthly dues.

But the question remains: what are other union members paying for their annual/monthly dues? The answer: much more than you pay now, and their benefits don’t exceed yours.

In fact, this holds true in almost all examples—whether it’s unions across the state or unions across the country. When compared to eight other leading unions whose activities and membership bases are similar to the MNA’s, your union had one of the smallest annual dues rates (see related graph at right).

The good news is that this means the MNA has done tremendous amounts of work on a comparatively small budget, from groundbreaking efforts on the safe staffing legislation to cutting-edge contract negotiations in more than 80 bargaining units...and that work will grow and expand dramatically under the Board of Director’s new five-year plan (see front page for full story).

*Some member’s dues may vary based on local unit dues, membership status and hospital-based fees related to payroll deduction, etc.

…Dues

From Page 1

MNA is committed to protecting the long-term security of its members through an intensive program that provides the organizational resources needed to secure long-overdue retiree health and pension benefits for nurses.

- Protecting the health and safety of nurses through continued expansion and development of the MNA’s Occupational Health and Safety Department, including expanded continuing education programming, on line education, local bargaining unit education and support, and support for regional and national initiatives.

- Creating a statewide force of nurses involved in the political process on health care issues, including increased grassroots organizing on the regional level and efforts to build strong alliances and coalitions with non-nurse community, labor and political organizations.

- Establishing a real political presence in New England and in Washington, D.C. through further development of regional and national nursing organizations, i.e. the American Association of Registered Nurses and the New England Nurses Association.

- Making the MNA the primary resource for improving and protecting nursing practice through increased education, outreach and MNA-generated research to underpin MNA positions and concerns.

- Improving and amplifying MNAs internal and external communications through expansion of its local, regional and national media relations program, expansion of MNA’s Web site, providing an internet presence for local bargaining units and improved communications among members through the creation of member e-mail systems, bulletin boards and chat room and virtual meeting capabilities.

- Bringing the MNA to the membership and to nurses throughout the state with an MNA vehicle designed to support on-site hospital visits for MNA staff to educate members about key benefits of membership, do local bargaining unit cell phone banking to legislators and policy makers, conduct blood pressure screenings and other high visibility events in the community to promote nursing and nursing issues; to serve as a place for non-union nurses to meet with staff locally to discuss opportunities for organizing; to travel to nursing schools to make it easy for nursing students to meet with MNA staff to discuss the benefits of MNA membership.

According to MNA treasurer Janet Gale, “Without a dues increase in the coming year, the MNA will experience a severe budget deficit of well over a million dollars, with deficits growing every year we delay needed increases in revenues to support the work of the Association.”

In preparation for this important vote, the Board of Directors will be participating in meetings in each of the five MNA Regions to meet with members, to present the five-year plan and to answer any questions they might have. Visit the MNA Web site at www.massnurses.org for a listing of dates and times of those meetings.
It's not too late to join the tour!
The MNA will be traveling to Taormina, the jewel of Sicily, in October 2004

By Carol Mallia RN, MSN
Nurse and avid traveler

MNA partnered with Durgan Travel to offer affordable European vacations back in 2001. Since then, they have traveled with hundreds of happy MNA passengers. This fall we are offering an all-inclusive tour to Taormina, Sicily. Priced at $1,569, the tour includes air, transfers, hotel and all meals, as well as daily excursions to world famous destinations. There are limited seats available and anyone interested in relaxing in this resort area is welcome to join the group. Travelers do not need to be MNA members or nurses to join the tour.

This spectacular vacation will take you to the world class resort area of Taormina, situated on the east coast of Sicily. This area was rated by a Travel and Leisure Magazine readers’ poll as the number one island destination in Europe. You will make the town of Taormina your home away from home for the week. Your hotel, Ariston, will be situated at the bottom of the ancient Greek theatre of Taormina, in the middle of a centuries-old park with a breathtaking view of the sea. With a beautiful pool and garden terrace, you will be sure to forget all the stresses and challenges of your every day life. From the moment you step onto the plane your needs will be anticipated and carefully planned for so that you can focus your attentions on enjoying the beautiful countryside of Sicily.

You will stay in one hotel throughout the entire trip and take daily trips to various destinations. One of your tours will include an excursion to Siracusa, a spectacular city along the southeastern coast that has the largest concentration of Greek ruins outside of Greece. On another day you will take a trip half way up Mt. Etna. This active volcano affords a fascinating sightseeing tour. The topography and fauna will change dramatically as you ascend, and you will be rewarded with a spectacular view of Taormina and surrounding Sicily.

The excursions to Milazzo, Tindari and Funari will be other highlights of the vacation. You will also enjoy a visit to the Gazzo’s Wine Museum in Milazzo and partake in a wine tasting. In addition, you will stop in the ancient city of Tindari for a visit to the Sanctuary of the Black Madonna. The day will include a visit to a ceramic factory in Funari where you will learn how Italian ceramics are made. To satisfy your culinary desires, you will enjoy a lunch at a typical Italian restaurant along the way.

Messina will be another one of your exciting destinations on this trip, where you will visit the famous Duomo to see its fabulous mosaics. That evening you will be treated to a local folkloric show. In addition to these great excursions, you will have ample opportunity to explore all that Taormina has to offer with a day and a half of leisure time.

Taormina, Italy

This trip is all-inclusive and includes meals, which will take away the stress and concern about traveling in a foreign country. It will also allow you to enjoy the unique culture of Sicily without the concerns of a language barrier.

If you would like to be part of this or future MNA/Durgan Travel Tours, contact Carol Mallia at 781-830-5735 or via e-mail at cmallia@mnarn.org.

Directions to the Delaney House located on Route 5 at Smith’s Ferry, Holyoke

From the north: Route 91 South to Exit 18 (Northampton). Turn right at end of exit. The Delaney House is two miles south of exit, on right.

From the south: Route 91 North to Exit 17A. Turn left at the traffic lights (Route 5 North). The Delaney House is four miles ahead on the left. From the Mass. Pike: Take Exit 4 (West Springfield) and follow same directions as noted from the south.

*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.

Region 1 Annual Meeting Reservation Form
Reservations must be received by October 7 (no refunds after this date)
Please make check payable to:
Region 1 MNA, 243 King St., Northampton, MA 01060

Cost: $10 (includes meeting, dinner and program)

Name
Telephone
Address
City/State/Zip
Facility
E-mail Address

Region 1, MNA 2004 Annual Meeting
Thursday, Oct. 21
Delaney House, Holyoke

Schedule of events
4:30 - 5:00 p.m. Cocktails, Registration and Networking
5:00 - 6:00 p.m. Region 1 MNA Business Meeting
6:00 - 7:00 p.m. Buffet Dinner
7:00 - 8:30 p.m. “Managing Conflict: The Verbal Solution”
Joe-Ann Fergus, BSN, RN
*This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies, including situational analysis and effective listening and communication skills are addressed. The program will conclude with interactive discussion of case scenarios related to conflict management. 1.8 continuing education contact hours will be awarded.

8:30 p.m. Evaluations, Contact Hours

Joe-Ann Fergus, BSN, RN
“Managing Conflict: The Verbal Solution”
MNA Member Benefits Save You Money

**Personal & Financial Services**

**Portable Health Insurance**
Ellen Kaplan, Group Health Specialists.................. 800-604-3303 or 508-875-3288
Managed care & comprehensive indemnity plans through Blue Cross/Blue Shield as well as other carriers.

**Professional Liability Insurance**
Nurses Service Organization ..................... 800-247-1500 (8:00 a.m. to 6:00 p.m.)
Leading provider of professional liability insurance for nursing professionals with over 800,000 health care professionals insured.

**Credit Card Program**
MBNA America.................................................. 800-847-7378
Exceptional credit card at a competitive rate.

**Term Life Insurance**
Lead Brokerage Group...................................... 800-842-8084
Term life insurance offered at special cost discounts.

**Long Term Care Insurance**
William Clifford........................................ 800-878-9921, x110
Flexible and comprehensive long-term care insurance at discount rates.

**Short Term Disability Insurance**
ISI New England Insurance Specialist LLC .............. 800-959-9931 or 617-242-0909
Six-month disability protection program for non-occupational illnesses & accidents.

**Discount Dental & Eyewear Program**
Creative Solutions Group.................................. 800-308-0374
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyewear and chiropractic expenses.

**Jiffy Lube Discount**
MNA Membership Department.......................... 800-882-2056, x726
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

**Consumer Referral Service**
Mass Buying Power................................................. 866-271-2196
Mass Buying Power is a no-cost, no-obligation benefit offered to MNA members. Before you make your next purchase visit www.massbuy.com for any new products and services. Log in as a group member (sign-in name: MBP, password: MBP)

**Discount Electronics & Appliances**
Home Entertainment Distributors...................... 800-232-0872 or 781-828-4555
Home electronics & appliances available at discount prices for MNA members.

**Oil Network Discount**
Comfort Crafted Oil Buying Network.................. 800-649-7473
Lower your home heating oil costs by 10 – 15%.

**Wrentham Village Premium Outlets**
Present your valid MNA membership card at the information desk at the Wrentham Village Premium Outlets to receive a VIP coupon book offering hundreds of dollars in savings.

**Sight Care Vision Savings Plan**
MNA Membership Department.......................... 800-882-2056, x726
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

**Health Care Apparel**
Work ’N Gear Discount........................................... 800-800-2056, x726
Receive 15% discount off all regularly priced merchandise. Simply present your valid MNA membership card at any Massachusetts Work ’N Gear store to pick up your discount card.

**Travel & Leisure**

**Six Flags New England**
MNA Membership Department.......................... 800-882-2056, x726
Save $18 per ticket by purchasing discount admission tickets to Six Flags in Agawam ahead of time directly from MNA. Tickets are only $22 and can be used throughout the 2004 season. Offer is good while supplies last.

**Hertz Car Rental Discount**
Hertz................................................................. 800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CD#1281147.

**Discount Movie Passes**
MNA Membership Department.......................... 800-882-2056, x726
Purchase discount movie passes for Showcase/National Amusements & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

**Discount Hotel & Travel Privileges**
Choice Hotels International (SOS Program)........... 800-258-2847
20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #00801502. Membership in Guest Privileges Frequent Traveler Program.

**Discount Travel Program to Florida, Bahamas & Las Vegas**
Executive Tour & Travel Service......................... 800-272-4707 (reservations)

**Central Florida Area Attractions**
The Official Ticket Center.................................. 877-406-4836
Discount admission to Orlando area attractions.

**Anheuser-Busch Adventure Parks Discount**
MNA Membership Department.......................... 800-882-2056, x726
Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

**Universal Studios Member Extras**
Log onto the MNA Web site at www.massesurses.org and click on the Universal Studios Link to obtain special discount prices or e-mail member.extras@universalorlando.com.

MNA’s premier group benefits programs help you get more out of your membership and your hard-earned money!

Take advantage of these special benefits specifically designed for MNA members. For information on our discount programs, contact the representative listed or call Chris Stetkiewicz in the MNA membership department, 800-882-2056, x726.

All benefits and discounts are subject to change.
The MNA Bylaws Committee proposes the following Bylaw amendments for discussion during the October, 2004 Convention. Members should review these prior to the discussion and vote scheduled to take place during the Annual Business Meeting at Convention on October 7, 2004.

Please note: Language in **bold type** is language proposed to be stricken from the MNA Bylaws; language which is in *italic* is proposed to be added to the MNA Bylaws.

### 1. Article II – Membership, Privileges, and Dues

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Rationale</th>
</tr>
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</table>
| Section 4: Privileges of MNA membership shall include full participation in the MNA and a Regional Council and the right to:  
  g. Attend the Congress of the International Council of Nurses. | Section 4:  
  g. Strike subsection g.  
  Reletter subsequent subsections. | Attendance at the Congress of the International Council of Nurses is open to all nurses and is not a specific privilege of MNA membership. Proposed by MNA Bylaws Committee. |

### 2. Article III – Organizational Affiliates

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| Article III – Organizational Affiliates  
Section 1: Qualifications:  
An organizational affiliate is an association that:  
a. Is an organization which has a governing body composed of a majority of registered nurses.  
b. Has been granted organizational affiliate status by the MNA Board of Directors.  
c. Has paid an annual organizational affiliation fee to MNA.  
d. Each organizational affiliate shall maintain a mission and purpose harmonious with the purposes and functions of the MNA.  
Section 2: Privileges:  
Each organizational affiliate shall be entitled to:  
a. One registered nurse representative who shall have a vote at the annual business meeting;  
b. Make reports or presentations to MNA membership at the annual business meeting;  
c. Submit the names of representatives qualified for appointments, both internal and external to MNA.  
d. Representation of one non-voting member, selected by the organizational affiliates in accordance with Article VI, Section 2.e., to a seat on the Board of Directors. | Strike “Article III – Organizational Affiliates” in its entirety.  
Renumber subsequent Articles. | These groups no longer function within the MNA framework. Proposed by MNA Board of Directors. |

### 2a. Article VI – Board of Directors

<table>
<thead>
<tr>
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<th>Proposed</th>
<th>Rationale</th>
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</thead>
</table>
| Section 2: Composition and Eligibility  
e. The Board of Directors shall provide a seat to one registered nurse representing the organizational affiliates. These members shall have voice but no vote. | Section 2:  
e. Strike subsection e. | Consistent with proposed amendment to strike Article III—Organizational Affiliates. Proposed by MNA Board of Directors. |

### 3. Article IV – Regional Councils

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<tr>
<th>Current</th>
<th>Proposed</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| Section 5: Governance  
a. The governing body within each region will consist of: | Section 5:  
a. Insert new subsection (2):  
(2) One Unit 7 representative on each regional council, to be designated by the Unit 7 President.  
Reletter subsection (2) as subsection (3). | Unit 7 is one bargaining unit with multiple facilities, dispersed amongst all the regions, under one contract. Each facility, although covered by a universal contract, retains certain independent local unit characteristics. This proposed amendment provides Unit 7 with essential regional council representation. Proposed by the MNA Board of Directors. |

### 4. Article VI – Board of Directors

<table>
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<tr>
<th>Current</th>
<th>Proposed</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| Section 5: Responsibilities  
b. The Board of Directors shall: | Section 5:  
b. (18) Officers shall return to the Executive Director all MNA property, including records, papers, accounts, policies, etc. upon termination of their term or resignation from office. | Protect MNA property and assure its utilization only by duly authorized association members. Proposed by MNA Bylaws Committee. |
5. Article IX – Networks

Current

Article IX - Networks
Section 1: Definition
A network is an organized deliberative body which supports the creation and exchange of information among representative groups within the Association.

Section 2: Designation
There shall be a Regional Leaders Network and Member Networks:

a. The Regional Leaders Network will be made up of the leaders of the Regions. Their work will be to discuss issues of membership and improved ways of providing leadership within the organization. They will seek to understand Regional issues of interest to their membership, identify commonalities and differences and determine better ways to serve the regions.

b. Member Networks will provide opportunities for networking among nurses of like concerns and interests, for education on issues and developments in nursing, for discussion of practice issues, specialties or regional concerns or interests.

Section 3: Composition

a. The Regional Leaders Network shall be composed of two representative leaders selected from each region.

b. The Member Networks shall be composed of two representatives selected from each region.

Section 4: Term of Office
Selection of network members shall be for a two year term or until their successors have been selected. Network members are not eligible to serve more than two consecutive terms.

Section 5: Accountability
Networks are accountable to the Board of Directors and shall act in accordance with general policy and bylaws of MNA.

Section 6: Responsibilities

a. The Regional Leaders Network shall identify, analyze and respond to membership issues and develop leadership within the organization.

b. The Member Networks shall support creation and development of role or interest related groups throughout the membership, providing opportunities for discussion, exchange and education.

Proposed

Strike “Article IX – Networks” in its entirety. Renumber subsequent Articles.

Rationale

Member networking outside of Congresses, Committees, and Task Forces is ad hoc and ad lib, and not appropriate for the Bylaws of the Association.

5a. Article II – Membership, Privileges, and Dues

Current

Section 4:
Privileges of MNA membership shall include full participation in the MNA and a Regional Council and the right to:

e. Submit proposals for consideration to the Board of Directors, Congresses, Networks and Committees.

h. Be a member of the Lucy Lincoln Drown Nursing History Society.

Proposed

e. Strike “Networks”.
Insert a comma after committees and add except the Bylaws Committee.

If adopted, will read:

e. Submit proposals for consideration to the Board of Directors, Congresses and Committees, except the Bylaws Committee.

h. Strike subsection h. in its entirety.

Rationale

Networks are deleted to achieve consistency with proposed amendment to strike Article IX—Networks.

The Bylaws Committee exception has been added to achieve congruence with Article VII, section 5:c.(2)

Proposed by MNA Board of Directors.

This society is no longer operational. MNA’s history is chronicled in the Massachusetts Nurse and essential Association documents are and will continue to be archived.

Proposed by MNA Board of Directors.

5b. Article VI – Board of Directors

Current

Section 5:
Responsibilities
b. The Board of Directors shall:
(13) Establish task forces to accomplish a specific purpose or goal not otherwise under the purview of a Congress, Network, Committee or Society. Size and regional representation of the task force shall be appropriate to the task. A time limit for completion of the task and for report to the Board of Directors shall be set.

Proposed

b. The Board of Directors shall:
(13) Strike “Network” and “or Society” in first sentence and add or before “Committee”.

If adopted, first sentence of (13) will read:
Establish task forces to accomplish a specific purpose or goal not otherwise under the purview of a Congress or Committee.

Rationale

Consistent with proposed amendments to strike Article IX—Networks and to strike Section 4.h. of Article II—Membership, Privileges, and Dues.

Proposed by MNA Board of Directors.
Proposed

Section 5:

b. The Board of Directors shall:

(8) Provide resources necessary to MNA structural units for support services and also create a line item budget for structural unit activities. Structural units are defined collectively as congresses, networks, committees, the Center for Ethics and Human Rights, and societies.

Rationale

Networks are deleted consistent with proposed amendment to strike Article IX—Networks.

Collective bargaining units will be considered structural units consistent with the organizational consolidation of the MNA.

Societies are deleted consistent with proposed amendment to strike Section 4h. of Article II—Membership, Privileges, and Dues.

Proposed by MNA Board of Directors.

Section 1:

Proposed

6. Article VIII—Elections

Proposed

Section 1:

c. Proviso at end of third sentence:

Strike the period and add: who is a non-RN health care professional.

Rationale

To achieve consistency with Article VI, Section 2.a.(2)(c).

Proposed by MNA Bylaws Committee.

Section 3:

Proposed

7. Article XII—Center for Ethics and Human Rights

Proposed

Section 3:

At end of first sentence strike the period and add:

two each year.

If adopted, first sentence of Section 3 will read:

Four members shall be elected to the Center, two each year.

Rationale

The Center was created in 1998. In the year 2000, election of two members each year commenced.

This proposed language was originally contained in the proviso to the bylaw and is now added to the bylaw itself for clarity.

Proposed by MNA Bylaws Committee.

Section 7:

Proposed

8. Article XVI—Meetings and Voting Body

Proposed

Section 7:

Annual and special business meetings of the MNA are open only to MNA members, including labor program members, and a designated representative of the organizational affiliates. Members of the Massachusetts Senate of Student Nurses and other guests of the MNA may attend business meetings by invitation of the MNA Board of Directors.

Rationale

Revisions consistent with proposed amendment to strike Article III—Organizational Affiliates.

Proposed language is broader, which obviates the need to identify specific guests.

Proposed by MNA Board of Directors.

Section 1:

Proposed

9. Article XXI—Amendments and Revisions

Proposed

Section 1:

Strike “providing that” and insert if she, strike “that it” and insert and.

Strike “or has been distributed to the officers and members at least 30 days prior to the business meeting and substitute or has been distributed by mail to the last known address of the officers and members at least 30 days prior to the business meeting.

If adopted, will read:

Section 1:

These Bylaws may be amended by a two-thirds vote at any regular or special business meeting if the proposed amendment has been reviewed by the Board of Directors, and has either been published in the official bulletin, or has been distributed by mail to the last known address of the officers and members at least 30 days prior to the business meeting.

Rationale

Editorial corrections.

Clarifying statement.

Proposed by MNA Board of Directors.
Proposed NursePLAN Bylaw Amendments 2004

NursePLAN proposes the following Bylaw amendments for discussion and consideration during its annual meeting. Members should review these prior to the discussion and vote scheduled to take place during the Annual Meeting at Convention on Oct. 8, 2004.

*Please note:* Language which is in **bold type** is language proposed to be stricken from the NursePLAN Bylaws; language which is in *italic type* is language proposed to be added to the NursePLAN Bylaws.

### Proposed Amendment No. 1: Article I – Name and Description and all other Articles containing the name “NursePLAN”

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Impact Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article</td>
<td>Section 1. The name of this organization shall be <strong>NursePLAN</strong>.</td>
<td>Section 1. The name of this organization shall be <strong>Massachusetts Nurses PAC</strong>.</td>
</tr>
<tr>
<td>Section 2. NursePLAN is a voluntary, incorporated non-profit organization of individual nurses that is politically non-partisan and conforms with the platform of the Massachusetts Nurses Association, hereinafter referred to in these Bylaws as MNA.</td>
<td>Section 2. <strong>Massachusetts Nurses PAC</strong> is a voluntary, incorporated non-profit organization of individual nurses that is politically non-partisan and conforms with the platform of the Massachusetts Nurses Association, hereinafter referred to in these Bylaws as MNA.</td>
<td></td>
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</tbody>
</table>

All other articles and sections that reference “NursePLAN”

Change every reference of “NursePLAN” to **Massachusetts Nurses PAC**.

Submitted by: NursePLAN Board of Directors.

### Proposed Amendment No. 2: Article IV: Board Of Directors

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<thead>
<tr>
<th>Current</th>
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<tbody>
<tr>
<td>Article</td>
<td>New Section 2.</td>
<td><strong>No Current Language.</strong></td>
</tr>
<tr>
<td>Section 2.</td>
<td>[Renumber remaining sections] An MNA member who is also an employee of MNA is eligible to be an MNA officer or director contingent upon resignation from his/her staff position when candidacy for such position is declared. An elected MNA officer or director who becomes a regular MNA employee must resign that office.</td>
<td>This amendment would preclude employees from running for or serving in elective office.</td>
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</table>

Submitted by: NursePLAN Board of Directors.

### Proposed Amendment No. 3: Article IV: Board Of Directors

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<th>Impact Statement</th>
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<tbody>
<tr>
<td>Article</td>
<td>Section 7.</td>
<td>This amendment would increase the composition of the Executive Committee from four officers and three members to four officers and five members who would be elected by the Board. It would also change the quorum requirement from four Board members plus the chairperson or vice chairperson to five Board members plus the chairperson or vice chairperson.</td>
</tr>
<tr>
<td>Section 7. There shall be an Executive Committee of the Board of Directors, which shall:</td>
<td>a. Consist of the Chairperson, Vice Chairperson, Secretary, Treasurer, and <strong>two</strong> other members of the Board who shall be elected by the Board.</td>
<td>a. Consist of the Chairperson, Vice Chairperson, Secretary, Treasurer, and <strong>five</strong> other members of the Board who shall be elected by the Board.</td>
</tr>
<tr>
<td>b. Have all the powers of the Board of Directors to transact business of an emergency nature between Board of Directors’ meetings or perform other specific duties as the Board of Directors may request providing that none of this action shall modify or conflict with that taken by the Board of Directors.</td>
<td>b. Have all the powers of the Board of Directors to transact business of an emergency nature between Board of Directors’ meetings or perform other specific duties as the Board of Directors may request providing that none of this action shall modify or conflict with that taken by the Board of Directors.</td>
<td></td>
</tr>
<tr>
<td>c. Meet at the call of the Chairperson or upon request of three of its members. A quorum of the committee shall consist of <strong>four</strong> Board Members and either the Chairperson or Vice-Chairperson</td>
<td>c. Meet at the call of the Chairperson or upon request of three of its members. A quorum of the committee shall consist of <strong>five</strong> Board Members and either the Chairperson or Vice-Chairperson</td>
<td></td>
</tr>
<tr>
<td>d. Report in full all of its transactions at the next regular scheduled meeting of the Board of Directors.</td>
<td>d. Report in full all of its transactions at the next regular scheduled meeting of the Board of Directors.</td>
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</tbody>
</table>

Submitted by: NursePLAN Board of Directors.

### Proposed Amendment No. 4: Article X: Elections

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Article</td>
<td>Section 2.</td>
<td><strong>No Current Language.</strong></td>
</tr>
<tr>
<td>Section 2. All elections shall be by secret ballot at the annual meeting.</td>
<td>Section 2. <strong>All contested elections shall be by secret ballot at the annual meeting. In uncontested elections, the Secretary shall be directed to cast one vote to elect the nominee.</strong></td>
<td>This amendment would eliminate the need for a secret ballot when there is only one candidate for a seat.</td>
</tr>
</tbody>
</table>

Section 6. Election to the Board is by a plurality vote of members present and voting. In case of a tie a runoff ballot shall be conducted among the candidates receiving the tie votes.

Section 6. Election to the Board is by a plurality vote of members present and voting **where there is more than one candidate.** In case of a tie a runoff ballot shall be conducted among the candidates receiving the tie votes.

Submitted by: NursePLAN Board of Directors.
## Contact Hours*

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Contact Hours</th>
<th>Fee</th>
<th>Place</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Response to Hazardous Materials and Acts of Terrorism</td>
<td>3.0</td>
<td>MNA members, $45; all others, $65</td>
<td>MNA Headquarters, Canton</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x719</td>
</tr>
<tr>
<td>Advanced Dysrhythmia Interpretation</td>
<td>7.2 for the combined, all-day program</td>
<td>MNA members, $65; all others, $95</td>
<td>MNA Headquarters, Canton</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x719</td>
</tr>
<tr>
<td>Managing Conflict: The Verbal Solution</td>
<td>6.9</td>
<td>MNA members, $45; all others, $65</td>
<td>MNA Headquarters, Canton</td>
<td>Liz Chmielinski, 781-830-5719 or 800-882-2056, x719</td>
</tr>
<tr>
<td>ACLS: Certification &amp; Recertification</td>
<td>16 for certification only</td>
<td>Certification: MNA members, $155; all others, $195</td>
<td>MNA Headquarters, Canton</td>
<td>Liz Chmielinski, 781-830-5727 or 800-882-2056, x719</td>
</tr>
<tr>
<td>Oncology for Nurses</td>
<td>3.6 per session</td>
<td>MNA members, $125; all others, $150</td>
<td>MNA Headquarters, Canton</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
</tr>
<tr>
<td>Clinical Update 2004</td>
<td>MNA members, $125; all others, $150</td>
<td>MNA Headquarters, Canton</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
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</tbody>
</table>

## Description

### Managing Conflict: The Verbal Solution

This program is a four-session course designed for nurses. It will address specific conflict resolution strategies, including situational analysis and effective listening and communication skills.

**Speaker:** Theresa Yannetty

**Dates:** Sept. 9, 2004

**Time:** 6 – 9 p.m. (Light supper provided)

**Place:** MNA Headquarters, Canton

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

**Contact Hours:** 3.0

**MNA Contact:** Theresa Yannetty, 781-830-5727 or 800-882-2056, x719

### ACLS: Certification & Recertification

This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through the use of case studies. Course content includes assessment, arrhythmia recognition, intubation, defibrillation, and pharmacological interventions.

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

**Dates:** Oct. 12 and 19, 2004

**Time:** 9 a.m. – 5 p.m. (Lunch provided)

**Place:** MNA Headquarters, Canton

**Fee:** Re-certification: MNA members, $125; all others, $165

**Contact Hours:** Will be provided

**MNA Contact:** Theresa Yannetty, 781-830-5727 or 800-882-2056, x719

### Oncology for Nurses

This program will provide nurses with an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies, and safe handling of neoplastic agents. The program will also address the identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism.

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

**Date:** Oct. 27, 2004

**Time:** 8:30 a.m. – 4 p.m. (Lunch provided)

**Place:** MNA Headquarters, Canton

**Fee:** MNA members, $125; all others, $150

**Contact Hours:** Will be provided

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

### Clinical Update 2004

#### A.M. Session

**Course Title:** Diabetes: What Nurses Need to Know

This morning program is designed for nurses from all clinical practice settings and will discuss the pathophysiology and classification of Diabetes Type 1 and 2, nursing implications of blood glucose monitoring, non-pharmacological interventions, and oral pharmacological agents. A comprehensive review of insulin therapy, as well as nursing management of the diabetic patient, will be explored.

**Speaker:** Ann Miller, MS, RN, CN, CDE

**Date:** Nov. 18, 2004

**Time:** 8:30 a.m. – Noon: Diabetes: What Nurses Need to Know

**Place:** MNA Headquarters, Canton

**Fee:** Per session: MNA members, $65; all others, $95

**All day:** MNA members, $125; all others, $150

**Contact Hours:** 3.6 per session

**Special Note:** Lunch provided

**MNA Contact:** Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

### Advanced Dysrhythmia Interpretation

This course is designed for nurses who have had a basic course in monitoring patients for cardiac rhythm disturbances and wish to enhance their knowledge with more complex monitoring of advanced dysrhythmias. The course will describe the EKG changes related to ischemia, injury, and infarct. The EKG abnormalities associated with toxic drug levels and electrolyte imbalances will also be described.

**Speaker:** Carol Mallia, MSN, RN

**Date:** Nov. 30, 2004

**Time:** 5:30 – 9 p.m. (Light supper provided)

**Place:** MNA Headquarters, Canton

**Fee:** MNA and AALNC members, $65; all others, $95

**Contact Hours:** Will be provided

**MNA Contact:** Theresa Yannetty, 781-830-5727 or 800-882-2056, x719

### Anatomy of a Legal Nurse Consultant

This program will introduce the nurse to the scope of practice of the legal nurse consultant. The history and evolution of this important role and its multifaceted components will be discussed, including practice environments, litigation process, case evaluation for compliance with standards of nursing/healthcare practice, and other important considerations.

**Speakers:** Barbara J. Levin, BSN, RN, ONC, LNCC; Tammy J. Murphy, RN, LNC; Kelly W. Shanley, RN, LNC; Jane Mihalach, BSN, RN, LNCC; Erin Weber, BSN, RN, CCRN; Elaine Noren, BS, RN, LNCC

**Date:** Sept. 30, 2004

**Time:** 5:30 – 9 p.m. (Light supper provided)

**Place:** MNA Headquarters, Canton

**Fee:** MNA and AALNC members, $65; all others, $95

**Contact Hours:** Will be provided

**MNA Contact:** Theresa Yannetty, 781-830-5727 or 800-882-2056, x719
Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

**Boston Metropolitan Area**
- Bournewood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Contact: Donna White, 617-469-0300, x305. Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMamelle Building, Room 116. Contact: LeRoy Kelly, 508-881-3192. Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock Street, Suite 205, Quincy. Contact: Terri O'Brien, 781-340-0405. Meets: Tuesdays & Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- Health Care Professional Support Group, Cantas Norwood Hospital, Norwood. Contact: Jacqueline Sitte, 781-341-2100. Meets: Thursdays, 7–8:30 p.m.

**Central Massachusetts**
- Professional Nurses Group, 1354 Hancock Street, Suite 205, Quincy. Contact: Terri O'Brien, 781-340-0405. Meets: Tuesdays & Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- Health Care Professional Support Group, Cantas Norwood Hospital, Norwood. Contact: Jacqueline Sitte, 781-341-2100. Meets: Thursdays, 7–8:30 p.m.

**Northern Massachusetts**
- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Facilitator: Joyce Arlen, 978-352-2131, x13. Meets: Tuesdays, 6–7:30 p.m.
- Nurses Recovery Group, Center for Addiction Behavior, 27 Salem Street, Salem. Contact: Jacqueline Lyons, 978-697-2733. Meets: Mondays, 6–7 p.m.

**Southern Massachusetts**
- PRN Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke. Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Meets: Thursdays, 7–8:30 p.m.

**Other Areas**
- Maguire Road Group, for those employed at private health care systems. Contact: John Williams, 508-834-7036. Meets: Mondays
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, RI. Contact: Sharon Goldstein, 800-445-1195. Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 5th Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8862, Sandy, 603-866-6482. Meets: Tuesdays, 7–8:30 p.m.
Nonprofit nursing association has an opportunity for a Nurse Planner in its Education Department. Reporting to the Education Manager, this position will be responsible for planning and implementing continuing nursing education activities in compliance with American Nurses Credentialing Center criteria. Duties include, but are not limited to, planning and development of educational programs, and the development of research-based publications.

The successful candidate will be a master’s-prepared RN. One of the candidate’s academic degrees—either bachelor’s or master’s—must be in nursing. The candidate will possess excellent verbal, written, and presentation communication skills, and will be proficient in Microsoft Office software. Experience in infusion nursing is a plus. Full benefits package.

No phone calls please, EOE. Mail or fax cover letter, resume, and salary requirements to:
Attn: Human Resources
Infusion Nurses Society
220 Norwood Park South
Norwood, MA 02062
OR e-mail: jill.matusow@ins1.org

Online RN to BSN Program
• Nationally accredited
• No campus visits
• Learner support online and by phone

Enroll today! A more rewarding career is as close as your computer
Go to: http://bsn-linc.wisconsin.edu
General Info: 877-656-1483

New event for MNA Convention
NursePLAN Boston Harbor Cruise Dinner show & dancing featuring Shirley McAfee, the singing nurse!
7:30, Thursday, Oct. 7
Tickets: $65
Don’t miss out. Sign-up now for this new event!
See Back Page for convention details

Benefits Corner
New benefit
Save on Verizon Wireless plans
MNA members can now receive an 8 percent discount on any plans priced $34.99 and above! You’ll also receive a free Motorola V60s on any new purchase or upgrade. There is a wide selection of other phones and plans to choose from with special pricing for MNA members, including anytime minutes and other features.

Verizon Wireless provides the largest, most advanced, nationwide wireless network. Please call Carol at 617-571-4626 with any questions or via e-mail at carol.mogauro@verizonwireless.com.

Reserve Early, Space is Limited

Visit Beautiful Sicily with the MNA
Taormina, Sicily tour: $1,569*
Oct. 27–Nov. 4 or Oct. 28–Nov. 5

Taormina—a world class resort area situated on the east cost of Sicily—was rated by a Travel and Leisure magazine readers’ poll to be the number one destination in Europe. This nine day/ seven night, all-inclusive trip will feature a tour of Siracusa, the city with the largest concentration of Greek ruins outside of Greece; a fascinating sightseeing trip to Mt. Etna; an excursion to Milazzo for a wine tasting and tour; a visit to Tindari and the sanctuary of the Black Madonna; a tour of a ceramic factory in Funari; and a scenic tour along the spectacular east coast of Sicily to Messina. Air, transfers, hotel and all meals are included in this wonderful tour.

*Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are not included in the listed prices above.
For more information, contact Carol Mallia at 781-830-5755 or via e-mail at cmallia@mnarn.org.
INTRODUCING THE NEW

MNA Home Mortgage Program

A new MNA family benefit

Reliant Mortgage Company is proud to introduce the Massachusetts Nurses Association Home Mortgage Program, a new MNA benefit that provides group discounts on all your home financing needs including:

- Purchases & Refinances
- Home Equity Loans
- Debt consolidation
- Home Improvement Loans
- No points/no closing costs
- Single & Multifamily Homes
- Second Homes
- Condos
- No money down
- Investment Properties

Group discounts: As the only MNA-endorsed mortgage lender, we provide qualified members and their families with low rates and group discounts. Take advantage of free mortgage pre-approvals, free credit analysis, and free review of purchase and sale agreements for homes financed through the program.

Expert advice: Whether you're a first-time or experienced homebuyer, choosing the right mortgage is important business. Reliant mortgage consultants are available to MNA members and their families to answer your questions, and walk you through the mortgage process.

We can advise you with options for refinancing your current mortgage to reduce your monthly payments, change the term of your loan, or put the equity in your house to work to consolidate debt or pay for home improvements. And if less than perfect credit (including bankruptcy or foreclosure) is a problem, ask us about practical "make-sense" underwriting. Whatever your needs, we're here to help.

Give us a call at 877-662-6623. It's toll free.

- $275 Off Closing Costs
- 1/8 Point Discount off Points Incurred
- Free Pre-Approvals
- Low Rates & Discounts
- No Point/No Closing Cost Programs Available
- Also Available to Direct Family Members

As an MNA member, you and your family are entitled to receive free mortgage pre-approvals, and credit analysis.

CALL THE MNA ANSWER LINE FOR PROGRAM RATES AND DETAILS:

1.877.662.6623
1.877.MNA.MNA3

MA Lic., MC1775; NH Lic., # 8503-MBB; CT Lic., 10182; RI Lic., #200112771L; ME Lic., #SLM5764. Not every applicant will qualify for these programs.
MNA Convention 2004
MNA: On the Cutting Edge
October 6, 7 & 8, 2004
Hyatt Harborside Logan Airport, Boston

Convention schedule
Wednesday, October 6
6:00–7:00 p.m. Cash Bar for Awards Banquet
7:00 p.m. MNA Awards Banquet

Thursday, October 7
7:30 a.m. Registration and Continental Breakfast; Exhibits/Silent Auction open
8:30–10:30 a.m. Keynote Address: “Addictions in Nursing: A Population at Risk,” presented by MNA Addictions Council
10:30–11:00 a.m. Coffee Break, Exhibits, Silent Auction open
11:00–noon MNA Presentation, “Planning our Future”
Noon–2:00 p.m. Lunch for MNA convention attendees; Exhibits/Silent Auction open
Noon–1:00 p.m. Unit 7 Lunch/Business Meeting
1:00–2:00 p.m. Region 5 Meeting
2:00 p.m. Exhibits close
2:00 p.m. MNA Business Meeting
7:30 p.m. NursePLAN Boston Harbor Cruise: Dinner show & dancing featuring Shirley McAfee, the singing nurse! Don’t miss out. Sign-up now for this new event! Tickets: $65 ($20 from each ticket benefits NursePLAN—the political action committee of the MNA)

Friday, October 8
7:30 a.m. Registration; Silent Auction
8:00–9:00 a.m. MNA NursePLAN full breakfast and meeting for all MNA members
9:15–10:15 a.m. Keynote Address: “Medically Induced Trauma Support Services, a Patient/Physician Story,” presented by Frederick A. van Pelt, MD, MBA and Linda K. Kenney
10:15–10:30 a.m. Coffee Break
10:35–noon Plenary Session: “Bullying in the Workplace,” presented by MNA Workplace Violence Taskforce
Noon–2:00 p.m. Luncheon with live auction
2:00 p.m. Silent Auction closes
2:00–3:00 p.m. Plenary Session: “Self Defense for Nurses,” presented by MNA Workplace Violence Taskforce

Hotel Information
The MNA Convention 2004 is being hosted at the Hyatt Harborside Logan Airport. The hotel is offering a special convention room rate of $165/night for single, double or triple occupancy (12.45% MA occupancy tax additional). For reservations call 1-800-233-1234 or 617-568-1234. Rooms at this rate available until September 15, 2004.

Refund Policy
Requests for refunds will be accepted in writing until September 15, 2004. A $25 administration fee will be deducted from each registration refund. No refunds will be granted after September 15, 2004. On-site registration is contingent upon space.

Chemical Sensitivity
Attendees are requested to avoid wearing scented personal products when attending the MNA Convention 2004. Scents may trigger responses in those with chemical sensitivity.

Contact Hours
Continuing nursing education contact hours will be awarded 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.

Questions
Call MNA’s department of nursing at 1-800-882-2056, x727.

Registration Form

Name ________________________________
Address ________________________________
City/State/Zip ____________________________
Telephone: Day ____________________________
Evening ____________________________
I am a(n): ☐ MNA Member
☐ Full-time Student/Unemployed/Retired
☐ Non-Member
* (Includes full-time students [minimum 12 credits], unemployed, retired and student nurse association members.)
☐ Check here if you require special assistance during convention
☐ Check here if you require vegetarian meals

3 Convention Packages: Thursday & Friday, October 7 & 8

Full Two-Day Convention Package — Thursday and Friday:
MNA Members $75 All Others $100 Reduced Members* $70 $70
Please register below if you plan to attend these Thursday events:
☐ Unit 7 Business Meeting/Luncheon • Noon. n/c
☐ Region 5 Annual Meeting • 1:00 p.m. n/c

Thursday-Only Package:
Includes ALL events on Thursday:
MNA Members $45 All Others $60 Reduced Members* $35 $35

Friday-Only Package:
Includes ALL events on Friday:
MNA Members $45 All Others $60 Reduced Members* $35 $35

Optional Ticketed Events
Awards Banquet • Wednesday, October 6, 7 p.m. • $45 $45
NursePLAN Event • Thursday, October 7, 7:30 p.m. • $65 $65
Dinner show & dancing featuring Shirley McAfee, the singing nurse!

Total Convention Fees $ __________

Payment
Please mail this completed form with check made payable to MNA to: Massachusetts Nurses Association, 340 Tampike Street, Canton, MA 02021. Tel. 800-882-2056, x727. Registration forms postmarked prior to September 15, 2004 will be entered in a drawing to win a free convention registration. Payment may also be made by VISA or MasterCard.

Account # ________________________________
Exp. Date ________________________________
Fax credit card registrations to: 781-821-4445.