Shocking report shows 195,000 preventable deaths per year in nation’s hospitals

Majority of deaths result from complications caused by poor RN staffing

During the same week the Legislature in Massachusetts failed to pass legislation to protect patients by improving RN staffing levels in hospitals, newspapers across the nation reported on a shocking study that found more than 195,000 patients die needlessly every year in hospitals from a series of complications directly related to poor nurse staffing.

The report, entitled “Patient Safety in American Hospitals,” was released by HealthGrades, Inc., a leading health care quality research firm. Information outlined in the findings included:

• The equivalent of 390 jumbo jets full of people are dying each year due to likely preventable, in-hospital medical errors—making this one of the leading killers in the U.S.
• An earlier IOM report may have underestimated the number of deaths due to medical errors (98,000), and, moreover, that there is little evidence that patient safety has improved in the last five years.
• The cost of these incidents exceeds $19 billion annually.
• The authors attributed the majority of these deaths to “failure to rescue” (which refers to nurses’ and physicians’ failure to promptly diagnose and treat conditions that develop in a hospital, including bedsores, postoperative sepsis and post-operative pulmonary embolisms).

Improving RN-to-patient ratios has been shown in a number of studies to prevent or reduce the types of errors identified in the study, including:

• The Institute of Medicine reported last year poor RN staffing and forced overtime were major contributing causes of medical errors, and that improved staffing could reduce these errors significantly.
• The Joint Commission of Accreditation of Healthcare Organizations linked poor staffing to 25 percent of serious medical incidents.
• The New England Journal of Medicine found that better RN-to-patient ratios could reduce failure to rescue and sepsis by 6 percent.
• JAMA reported that for every patient in addition to four assigned to a nurse, the risk of death and failure to rescue increases by 7 percent. The author of the study concluded that legislation to regulate RN-to-patient ratios was a credible approach to improving patient safety in hospitals.
• The DPH reported a 76 percent increase over the last seven years in the risk of death and failure to rescue.

The Story of MITSS: Medically Induced Trauma Support Services

Congress on Nursing Practice develops program for nurses affected by an adverse event

It was just another routine ankle surgery for Linda Kenney of Mansfield on that November morning in 1999. She had previously experienced 19 surgeries in her 37 years, resulting from a birth defect of bilateral club feet. Linda urged her husband, Kevin, to go to work and he reluctantly kissed her goodbye in the pre-holding area at the Brigham and Women’s Hospital.

It was also just another ordinary day for the anesthesiologist assigned to the case, Rick van Pelt, M.D., as he prepared to administer a local nerve block. What would transpire in the following hours, days and months however would transform both their lives and lead them on a journey fraught with emotional upheaval, frustration with a health care system that provided little or no support for those involved in a medical trauma, and ultimately a resolve to change the system that had failed them.

While administering the local nerve block to Linda, the medication was inadvertently delivered to her circulatory system. She became disoriented, experienced a grand mal seizure, and progressed to full cardiac arrest. Heroic efforts on the part of the medical team, in addition to the availability of a cardiac team coincidentally prepared for a procedure scheduled for another patient, saved Linda’s life. She awoke a day later in the ICU with no recollection of the previous day’s events and began the arduous task of physically healing from the ordeal. Dr. van Pelt’s efforts to communicate with his patient were discouraged by medical staff, and Linda’s family—in a protective stance—thwarted his efforts to meet with her. Within a week of her discharge from the hospital, Linda received a personal letter from Dr. van Pelt apologizing for the unfortunate event. But having more pressing matters to attend to, Linda put the communication aside.

Over the next six months Linda’s healing progressed, leaving her without any additional long-term physical disability. Her family and friends, originally devastated by her medical trauma, had begun to move on with their lives. Linda’s initial gratitude at “just being alive”, however, began to wane as she became increasingly aware of the emotional toll that the event had taken on her.

Linda contacted the hospital seeking support services for patients dealing with similar circumstances, but her phone calls went unreturned and communication was limited to impersonal form letters. It was during this time that Linda became acutely aware of the lack of support services available to MNA members.

See Report, Page 11

See MITSS, Page 3
Sen. Tolman: an outstanding leader on single payer health care

By Peg O'Malley, RN
Chair of MASS-CARE

We didn’t get our single payer bill, S.686, the Massachusetts Health Care Trust, passed for a vote, but we got farther than ever before.

And we couldn’t have accomplished this much without the leadership of Sen. Steven Tolman, the lead Senate sponsor of S.686. By St. Patrick’s Day this year despite all our efforts, it became clear that S.686 would not receive a “favorable report” from the Health Care Committee and, therefore, could not be acted upon by the Senate or House. Instead of a “thumbs up” for S.686, the Health Care Committee reported out a kind of substitute bill, calling for a study of the costs and savings of implementing a single payer system in Massachusetts.

Many of us know that other studies have already been done which document that a single payer system in Massachusetts can provide far more comprehensive care to everyone and save money in the process.

Only one study, done in 2002 by consultants LECCG, found prohibitive costs associated with single payer. The methodology of the LECCG analysis, in which costs were inflated and savings omitted altogether, has been resoundingly discredited by MASS-CARE, the MNA, the Mass Senior Action Council, and others.

Faced with the prospect of this study bill and the potential of another LECCG-type distortion, MASS-CARE met to determine its strategy. We figured that single payer can withstand any free cost/benefit analysis and such a study could only help us in the long run. The bill would also give us the opportunity to continue meeting with legislators, as well as provide a focus for ongoing political organizing and public education around the state. MASS-CARE decided to support the “study bill.”

Passage of even this very limited bill was far from a sure thing. It took the personal investment of Sen. Tolman, the lead Senate sponsor of S.686. With Rep. Frank Hynes—the lead House sponsor of S.686—and hundreds of phone calls to legislators from constituents around the state, Sen. Tolman managed to turn our little study bill into a big issue.

First, Senate Ways and Means gave it the go-ahead and the bill passed the Senate, 39 to 0, on a roll-call vote. Every Senator wanted to be recorded in favor.

The bill moved to the House, and then stalled. The House Ways and Means Committee had to review it and they were presented with our budget. In mid-July, after lots of negotiation, the House overwhelmingly approved an amended version of the bill, offered by Rep. John Rogers (D-Worthington), Chair of House Ways and Means Committee, and Rep. Peter Koutoujian (D-Waltham, Newton), Co-Chair of the Committee on Health Care. In its amended form, the bill retained its original intent. With time running out on the legislative calendar, Sen. Tolman brought the amended version back to the Senate where it was promptly taken up, passed and sent on to the governor.

On Aug. 6, Governor Romney vetoed the bill, saying it was duplicative of a study done two years ago. What the governor failed to point out is that the study two years ago was fundamentally flawed and inadequate. We’re disappointed in the governor’s veto. However, our primary focus has always been the single payer legislation itself. We now return to our fundamental work of public education and political organizing to build a veto-proof majority in both Senate and House in favor of the Massachusetts Health Care Trust, but to do this we’ll need more legislators like Sen. Tolman.

Sen. Tolman has helped the campaign for single payer health care advance further than ever before. He is a skilled politician in the best sense of that word. When he sees a problem affecting his constituents and the commonwealth, he seeks expert opinion and analysis. To expand his understanding of an issue further, he talks about it with a wide range of people including, most importantly, his constituents. Finally, he subjects all of this input to his own intelligence and experience.

Once convinced of the wisdom of a proposal, he is a tireless and creative advocate. His staff is first-rate. Sen. Tolman is also extraordinarily generous with his time, meeting often with the volunteers of MASS-CARE, sharing insights and working out strategy to achieve our common ultimate goal—passage of the Massachusetts Health Care Trust.

If we do achieve enactment of the study bill, it may seem to some a minor victory. Personally, I believe what we’ve accomplished this year is enormous even while we rage at the delays in addressing health care properly, each of us knowing the staggering human costs. That’s what motivates us. But things are changing and our work is playing a significant role in that change.

I would wager that every single Massachusetts legislator now knows something about what single payer health care is. They know that a lot of their voters support it, and they know the current “health care mess”—as legislators describe it in their own words—can’t go on. More legislators than ever before are acknowledging that fundamental reform is needed.

MASS-CARE is respected as a clear and credible voice, consistently presenting a reasonable alternative. Our tools are our growing list of member organizations, our activism, and the steady stream of unbiased reports we continue to share with legislators and their staffs.

The reports document, again and again, what we are telling the legislators: Of all the alternatives, the single payer approach is the only one that simultaneously fulfills all three requirements of a functional health care system: universal access, high quality and cost control.

We look forward to reintroducing our bill this December with both Tolman and Hynes as our lead sponsors in the Senate and House respectively.

Getting single payer enacted will make all this effort worthwhile, and we’ll all benefit.

For more information on single payer health care or to learn how to become involved with MASS-CARE, visit www.masscare.org.■

Report echoes MNA positions and concerns

National Coalition on Health Care urges universal health care

The National Coalition on Health Care, a non-partisan alliance of employers, unions, insurers, consumers, political leaders and health care providers, recently issued a report highly critical of the U.S. health care system and calling for “a sweeping overhaul” of the system.

The report calls into question the often used claims by policymakers and health care executives that our health care system is the envy of the world and/or a “medical mecca.” In addition, the report’s characterization of the health system mirrors the position and impressions provided by the MNA and its membership for years.

The report, entitled “Building a Better Health Care System,” states that, “America is already a nation of health care have-haves and have-nots. Reform should aim to ensure that all Americans receive excellent health care and are able to enjoy the quality of life . . . for which such care is essential.”

According to the report, “The American health care system is bedeviled by three huge and interlocking problems, any one of which would be reason enough for alarm: rapidly escalating costs; a huge and growing number of Americans without any health coverage; and an epidemic of substandard care.”

It reserves some of its strongest criticism for the quality of care provided to patients.

“The dominant finding of our review is that for most care that has been studied, there are large gaps between the care that people should receive and the care they do receive. This is true for all three types of care (preventive, acute, and chronic). It is true whether one looks at usual or under care. It is true in different types of care facilities and for different types of health insurance. It is true for all age groups, from children to the elderly.”

The report cites a study that found Americans on average receive only...
Getting directly to the point on what is at stake

By Julie Pinkham, RN
MNA Executive Director

There are any number of supporting arguments to justify the dues increase proposal—whether it’s the comparison of MNA dues with similar organizations, inflation/cost of living increases over ten years, comparative cost/value of everyday items, the historical comparison of salary increases over the same 10-year period. All of the arguments are supportive, but none are to the core argument and purpose of this proposal.

A number of individuals have commented on the dues proposal, specifically their amazement that it has been nearly 10 years (1995) since the MNA dues have increased. One even characterized this as “foolish.” Well, whether it was foolish or not, it clearly reflects two points: that this organization can squeak a penny or two, and, more importantly for our future, that it reflects this organization’s previous reticence to building a vision for the future and defining the resources necessary to pursue and achieve that vision. Well, this dues proposal has been based on a vision for the future. I ask you to consider these rhetorical questions:

• Can bargaining units, particularly acute care hospitals, continue to approach their issues one hospital at a time when the hospitals are now part of large networks capable of leveraging the insurance industry and the Legislature—and potentially equally capable of leveraging your future through stagnation of wages and regressive working conditions?

• Do we believe we should assist nurses and health professionals in organizing if they so desire?

• Do we believe organizations such as Baystate Medical Center, Lahey Clinic, South Shore Hospital of Quincy, and now Mass General, to name a few, are going to welcome the efforts of nurses to organize with the MNA and not see those efforts as a threat to the health care dollars—substantial health care dollars—millions of health care dollars—to defeat nurses seeking to achieve that lawfully protected voice?

• Do we think that nurses unorganized in the border states of New England should fend for themselves if they want to organize and that consultant redesign in these hospitals will have no impact on Massachusetts?

• Do we think the staffing situation will improve if MNA backs away from its aggressive legislative efforts to mandate minimum ratios?

• Do we think the current staffing situation will stay the same if MNA backs away from aggressive pursuit of safe staffing ratios?

• Do we believe that the hospitals/health industry have “seen the light” and will now respect RNs and health professionals—thus denouncing the use of mandatory overtime; job redesign, replacing RNs with unlicensed personnel; and speed ups?

• Do we believe that without the union, management’s wage increases to RNs would reflect any recognition or value to the nurse workforce?

• Do we believe that after eliminating and freezing pensions though the process of 60 plus mergers to form these new hospitals will now readily embrace the retiree health and pension needs of the nursing workforce—over 50 percent of whom are headed for their 50s and 60s?

• Do we believe that the state of New Hampshire’s passage of a law allowing technicians to give medications in hospitals will not have an impact on nursing practice—not only in New Hampshire, but in Massachusetts?

• Do we believe that politics is unrelated to the rules and regulations governing our licenses and that the passage of legislation has no effect on our practice?

• Do we think that we who elect and whether nurses work collectively to help elect candidates friendly to nursing and health care advocacy issues makes no difference?

• Do we think that having the Massachusetts Hospital Association as a primary source of health care information for the Legislature and the public is reflective of the nursing profession—and of our patients’ concerns and interests?

• Do we think the hospital association’s use of a four-to-one ratio of lobbyists to senators, their paid print advertisements and media advertisements has no impact on health policy and public perception?

• Do we think that new nurses will stay more than two years if nothing changes?

• Do you think you’ll stay if nothing changes?

These questions are not exhaustive and they are presented in no particular order. Clearly I could keep going, but I think you get my general point.

This organization, you and its other members, have done phenomenal work with the resources available, including the difficult decision and hard work four years ago to redirect resources from a national organization (ANA) that opposed and continues to take positions undermining staff nurses and patients—not the least of which is their continued opposition to legislated staffing ratios.

You’ve got committed leadership. You’ve used your strengths effectively, and you’ve used your credibility in relaying the reality of the health care environment. You have also effectively used the strength of your numbers—showing up in force at picket lines, rallies and forums for change. With the effective use of these strengths, in conjunction with the efficient use of the resources available, you have awoken the industry, the public and the Legislature—you have their attention. But it is now time to define where you/we are going. If those rhetorical questions hit a chord with you, begin to envision what needs to be done in order to seal the deal on safe staffing; to ensure that there is no return to work redesign/layoffs; to build and re-energize strong bargaining units; to help our colleagues organize; and to make sure that when you’ve given this profession a full career that you can enjoy your retirement with a good, stable and defined pension plan and health benefits that don’t make you the subject of a bad TV ad—like one of those seniors trading off groceries in order to afford prescription drugs.

Tread water or swim for the shore: the debate is yours to have, one member, one vote on Oct. 7 at the Hyatt Harborside Logan Airport Hotel at 2 p.m. I’m certain the hospital industry is hoping you vote no, because I’m sure they don’t want us in a position to unfurl this vision and make it a reality. Not only do I hope they are wrong, I relish the opportunity to prove how wrong they are.

...MITSS

From Page 1

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NursePLAN announces legislative endorsements

Due to their commitment and dedication to passing safe staffing legislation, the following candidates have been officially endorsed by NursePLAN, the political action committee of the Massachusetts Nurses Association.

### Senate incumbents

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<td>Robert Antonioni</td>
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<td>Jarrett T. Barrios</td>
<td>Middlesex, Suffolk &amp; Essex</td>
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<td>Stephen Brewer</td>
<td>Worcester, Hampden, Hampshire &amp; Franklin</td>
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<td>Harriette Chandler</td>
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<td>Susan Tucker</td>
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<td>Marian Walsh</td>
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### House incumbents

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### Open seats/challengers for Senate

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### Open seats/challengers for House

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<td>Jennifer Flanagan</td>
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<td>Jack McFieley</td>
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Advocacy community loses dedicated nurse legislator

State Rep. Mary Jane Simmons, 51, of Leominster, a nurse and strong supporter of the MNA during her tenure on Beacon Hill, died on Aug. 13, in Spaulding Rehabilitation Hospital in Boston after a lengthy battle with Crohn’s disease.

Born in Leominster on May 14, 1953, she was a lifelong resident of the city, graduating from Leominster High School in 1971 and from the nursing program in 1973. From there, Rep. Simmons went on to work at Leominster Hospital and then in the private practice of Dr. Robert Ross.

Simmons was elected to the Leominster City Council in 1986 first as a Ward I councilor and then as a councilor at large. She was the first woman elected city council president and vice president and in 1993, she was elected as the state representative for the 4th Worcester District where she served five terms. She was the chairwoman of several committees during her tenure. In addition, Rep. Simmons was a tireless advocate for and a strong supporter of nursing issues, including being a regular sponsor of the MNA's safe staffing legislation, and a very strong supporter of school health and school nursing programs. Rep. Simmons also fought to create and protect funding for enhanced school nurse services.

During her term in office, Simmons served on many of the major committees of the House of Representatives, including the Health Care Committee and the Committee on Human Services and Elderly Affairs. In 1997 she was appointed by House Speaker Thomas Finneran as the House chairwoman of the Joint Committee on Federal Financial Assistance. In early 1999, the speaker named Rep. Simmons as the House Chairwoman of the Joint Committee on Local Government. In December 2001 she was named as House Chairwoman of the Joint Committee on Local Affairs. She maintained her nursing license throughout her years as state legislator.

MNA testifies at hearing on nursing home abuse, neglect

The MNA was among the organizations invited to testify at hearings held at a Waltham senior center by the Joint Committee on Health Care regarding the issue of abuse and neglect of nursing home patients in Massachusetts. The hearings were held in the wake of an increase in the number of reports of elder abuse and neglect by the state DPH, which documented more than 12,000 complaints of poor care last year.

MNA executive director Julie Pinkham delivered the testimony, which included an extensive summary of recent research detailing the link between declining quality and safety of care in nursing homes and poor RN staffing, excessive turnover of all nursing staff and poor pay and working conditions, particularly for nurses’ aides.

Pinkham highlighted the following statements as taken from a 2001 study conducted by researchers associated with the John F. Kennedy School of Government:

• “Strong evidence supports the relationship between increases in nurse staffing ratios and avoidance of critical quality of care problems.”

• “The rate of turnover among nursing staff in long-term care institutions is extremely high, averaging 100 percent for certified nursing assistants and 66 percent for registered and licensed nurses.”

• “A 1999 General Accounting Office (GAO) report noted that each year, more than one fourth of nursing homes had deficiencies that either caused actual harm to residents or placed them at risk of death or serious injury.”

Pinkham also pointed to a report by the Institute of Medicine in 2003, which found that nine in 10 nursing homes in America were understaffed, and that this understaffing was causing a rapid decline in the quality of care for nursing home residents.

“Here in Massachusetts, our nursing home industry is providing a level of poor care in line with these national findings,” she told the committee. “We have received reports from nurses and patients of staffing levels in nursing homes in our state that leave one nurse responsible for as many as 40 to 60 patients at a time. We have received hundreds of complaints of poor care, serious accidents, terrible neglect and patient abuse as a result of these conditions.”

Pinkham added, “As with the hospital industry, the nursing home industry has failed to provide nurses and nurses’ aides with the support and resources they need to practice their profession and to deliver the care patients deserve.”

In both cases, the MNA told the committee that legislation to regulate staffing levels was needed.

But Pinkham cautioned that while in the hospital industry, RN-to-patient ratios alone would solve the problems of quality and safety in that setting, in the long-term care sector the problems are more complex.

“While salary issues are not a primary issue of concern in hospitals, they are in nursing homes. There is a real danger that if you pass ratio legislation for long-term care without providing the funding base necessary to recruit and retain staff to fill those positions, you will not solve the crisis we now face.”

She pointed out that the issue of adequate pay, particularly for nurses’ aides, as well as for LPNs and RNs is of paramount importance to this issue. “We have nurses’ aides being paid poverty wages, working under horrendous conditions, which is a recipe for the ludicrous turnover rate they are now experiencing,” Pinkham stated.

Therefore, solving the crisis in long-term care requires a more comprehensive approach. The MNA made the following recommendations to address the problem:

• Significant increases in state and federal funding for long-term care, that includes direct-wage pass throughs to guarantee a living wage for nurses’ aides, and a competitive wage for LPNs and RNs.

• Other supports for direct care workers, including, welfare-to-work training programs, child care and transportation supports are also necessary.

• We also need to ensure all these workers have greater access to union organizing and collective bargaining so that they can have the leverage to negotiate for fair wages and benefits, and to have a protected voice in advocating for working conditions to ensure adequate care.

“Finally, as a society and a culture we need to recognize the value of care giving and to provide funding and resources to encourage those in our society to enter and stay in this important field of work. We also need to provide those who need this type of care with a system that works—one that is focused on treating the elderly and those with chronic conditions with dignity and respect,” Pinkham concluded.

A guide on how to register to vote

Register to vote for the Nov. 2 state election, because safe staffing starts at the ballot box!

Who can register?

Only a person who is:
• A U.S. citizen, and
• A resident of Massachusetts, and
• Is 18 years old on or before election day

How can I register to vote?

By mail: Mail-in registration forms are widely available. To obtain a mail-in registration form please call 617-727-2828 or 1-800-462-VOTE and a form will be sent to you.

Mail the completed form to your local town or city hall. You should receive a confirmation notice in two to three weeks. If you do not, please contact your local election office to verify your voting status.

In person: Go to any registration location and complete an affidavit of registration, which must be answered truthfully under the penalty of perjury. The questions on the affidavit will include your name, residence and date of birth.

At the Registry of Motor Vehicles: Keep your motor voter receipt until you receive confirmation from your local election official. If you do not receive any confirmation, please contact your local election office to verify your voting status.

When and where may I register?

There is no waiting period to be eligible to register to vote. If you move, you may register to vote as soon as you move into your new home. You may register to vote:

• In person or by mail, by completing a mail-in registration form and delivering it to your city or town election office, or
• At any local election office in any city or town in the state and at any registration event you encounter anywhere in Massachusetts, or
• When applying for or renewing your driver’s license at the Registry of Motor Vehicles or when applying for service at a designated voter registration agency.

Registration forms are also available at all colleges, universities, high schools and vocational schools.

What must I do if I’ve changed my address since I registered?

If you have moved within the same city or town, notify your local election office of your new address in writing. If you have moved to a new city or town, you must register again.

Are there deadlines for registration?

Yes. In order to vote you must be registered:
• 20 days before all primaries and elections, and/or
• 10 days before a special town meeting.

What if I registered to vote and I have not heard from my local election official?

If you have not received confirmation of your voter status from your city or town election official within two or three weeks from the date you registered please contact your local election office to verify your voting status.
Researching your employer online

By Joe Twaroq
Associate Director, Labor Education & Training

Information is power! This statement is particularly true as a bargaining unit prepares for contract negotiations. A key component in any good bargaining plan is research, and this research should include a study of the general economy; an understanding of the current state of the health care industry; and, most importantly, a thorough review of the employer.

Many resources are now available on the Internet. Bargaining committee members and the general membership have the ability to conduct much of this advance work from their own homes. We will review some of the sites available, with specific reference to the individual facility, in the remainder of this article.

**Economic climate**

The United States Dept. of Labor, Bureau of Labor Statistics is a good place to begin to get a general idea of economic trends. The Web site is www.bls.gov. This site provides a wealth of material, including the consumer price index; unemployment rates; wages by area and occupation; plus productivity, health-and-safety and unemployment statistics. Many of these statistics are also available by region and state.

Under the section titled “Publications and Research Papers” there is another sub-section titled “Economic Press Releases” which contains some up-to-date data. Unfortunately, the collective bargaining section has little available online regarding contract settlements but rather focuses on work stoppages. There are numerous related links that are useful.

**The health care industry**

General industry data is available from many Web sources free of charge. Generally, the more in-depth reports and financial documents require a fee. Nonetheless, here are some sites worth checking out to get overviews of the industry. Hoovers Online, which bills itself as “The Business Information Authority,” has a site at www.hoovers.com. They provide company, industry and market information. Some data is free, such as an overview of the company, key people who run the company, and general financials. Tenet Healthcare and Essent Healthcare information is available here.

Other similar sites are: High Beam Research which lists useful articles and links at www.highbeam.com and the Bureau of National Affairs at www.bna.com. The Corporate Research Project is a non-profit group that is designed to be a resource to aid community, environmental and labor research analyze companies and industries. Their site is www.corp-research.org.

There are also numerous sites from university labor schools and other groups that provide material on contract settlements and actual contract language. Cornell University’s site is www.cornell.edu, and the University of California at Berkeley’s is www.irm.berkeley.edu. The Labor Project for Working Families is a national non-profit advocacy and policy organization providing technical assistance, resources and education to unions on specific family issues, work hours and quality of life issues. Its site is www.labproject.org.

**The hospital**

Non-profit organizations that are exempt from paying federal income tax under section 501(c) of the tax code are required to file a form called the IRS Form 990. This form is filed by the organization in lieu of an annual income tax return and is basically an information form. Most non-profit hospitals therefore are required to file this form. It is an excellent source for information.

The form 990 is a public form that exempt organizations must share with anyone who requests to see it. This form is available for inspection directly from the employer, upon request, or at the Attorney General’s Office of Public Charities. However, 990s are also now available on the Internet, for no charge, by accessing the Web site for Guide Star. The site is www.guidestar.org. Guide Star requires that you register in order to use the site, but there is no charge involved for basic research. Guide Star provides an online tutorial that walks you through the form and explains each significant entry. To download a copy of a Form 990, Adobe Acrobat has to be installed on your computer (free versions are available).

In Massachusetts, a form 990 must be filed by every tax exempt organization annually. By the 15th day of the 5th month after the organization’s accounting period ends. For example, if a hospital’s fiscal year ends on Sept. 30, the completed form is due the following Feb. 15. However, it is not unusual for the organization to be granted which delay the filing for months. The result is that the most current financial data available from these forms is always dated.

The form is a six-page document containing over 900 different items of information, with other various attachments and schedules. The 990 can be used to find out where an organization gets its money and how it uses it, how well it pays its top employees and whether it’s financial situation is declining, improving or stable. Guide Star usually maintains five years of these forms, so it’s possible to compare areas to track any trends.

There are a number of significant items of information on the form, including:

1. **Identity and tax status**
   
   This item shows the name of the filer and what its fiscal year is, as well as whether it has affiliates and the type of accounting method used. In health care, checking the affiliated organizations can be useful since some have corporate structures that obscure the total financial picture. For instance, there might be affiliated foundations with separate funding or a real estate corporation that provides management services (it might own some buildings that are then rented out to the primary facility). This takes some critical analysis to determine the nature of the relationship.

2. **Income received and from what sources**
   
   The form provides information on revenue, expenses and changes in net assets or fund balances, including gifts, grants and other amounts received. Total revenue is listed on Line 12, total expenses are listed on Line 17 and Line 18 lists the excess or deficit for the year. In addition, Part I lists 11 different sources of potential income including grants, service revenue, gifts and grants, government contributions, public support, rent, special events and others.

   A quick picture emerges of the size of the organization and of its operation and financial health. For instance, in Brigham and Women’s most recent filing for 2001 (Fiscal Year ending Sept. 30, 2002) it shows total revenues of $1,200,306,926 and total expenses of $1,197,752,087. Line 18 shows an excess for that year of $42,554,879.

3. **Expenses breakdown among program, management and fundraising**
   
   Line 13 through 16 provide a clear picture of where expenses are incurred. By dividing a category’s (program services, management, or fundraising) expenses by total expenses, one knows the percentage spent on that category.

4. **Net assets**
   
   Line 18 again shows the organization’s excess or deficit for that year’s filing. To get a picture of a trend, it is useful to compare this section (Lines 18 through 21) for several successive years. This section provides an idea of what level the organization has for financial resources and what kind of cushion it has, and whether it is operating on what it brings in from year to year without any significant reserves. Line 19 shows the organization’s net worth at the start of the year. Brigham and Women’s 990 for 2001 shows a net asset or fund balance of $418,398,530 to start the fiscal year. Therefore, adding lines 18 and 19 and subtracting the amount from line 20 (changes in net assets), the total net assets for that fiscal year came to $460,005,176.

Part II of the 990 gives a breakdown of functional expenses from compensation of officers and directors, salaries and wages, pension plan contributions, to legal fees and postage and printing expenses.

Part IV is the organization’s balance sheet showing the hospital’s assets and liabilities. This is an important section that indicates whether the hospital has the capacity to raise funds to meet its future operating costs and whether it has sufficient reserves to maintain operations in the future should it encounter a break in its ability to generate income. A hospital cannot survive long if its assets do not exceed its liabilities. Line 73 indicates the amount by which assets exceed or are less than liabilities.

5. **Type of program or service provided by the organization**

Part III of the form has the organization identify what the primary purpose of the organization is. For hospitals it is generally something like “patient care, teaching and research.” More information often can be found in the attached “statements” which explain that mission. It may include the number of beds; the in-patient admission numbers; ambulatory care visits; neighbor-hood health center visits; ER visits; days of care for Medicaid patients; and more. It is therefore important to look at the notes, attachments and statements to the basic six-page form.

6. **Board members and compensation of top officers/employees**

A very interesting section is Part V of the form. This lists the officers, directors, trustees and key employees and the compensation of the five highest paid employees. Sometimes this section is blank and appears in an attachment. Brigham and Women’s 990 for 2001 has the list separately on pages 15 through 18 of its submission. A review of the notes is important once again, since it explains items in more depth. Also note that there have been cases where the CEO of a hospital and other officers have various separate incomes reflected only in some of the interlocking corporate entities.

Comparing these officer compensations from year to year indicates the percentage of a raise the hospital has chosen to give its top employees. Often that number far exceeds what the hospital proposes for increases to staff on the floor.

Part II of Schedule A lists the “compensation of the five highest paid independent contractors for professional services.” In Brigham and Women’s 990 for 2001, $1,914,334 was paid to Brigham and Women’s Physicians Organization, Inc. for physician services, and another $1,914,334 was paid to Cross Country Staffing for medical services.

How this information is used is important to weigh and consider, since it obviously can be potentially explosive.

7. **The organization’s new activities**

Part VI of the form asks the filer to report any significant changes in its programs and activities, excluding those which are tax exempt. Examples are: a change in incorporation to allow for for-profit activities which are tax exempt. Examples include: a change in incorporation to allow for for-profit activities which are tax exempt. Examples include: a change in incorporation to allow for for-profit activities which are tax exempt. Examples include: a change in incorporation to allow for for-profit activities which are tax exempt. Examples include: a change in incorporation to allow for for-profit activities which are tax exempt.

The Internet provides a new and valuable tool for bargaining committee members to research their employer.
Know your rights: Weingarten rights

By Joe Twarog
Associate Director of Labor Education and Training

Unionized employees have a unique right to union representation during investigatory interviews conducted by their employer. These rights are known as “Weingarten rights,” named after a 1975 U.S. Supreme Court case (NLRB vs. Weingarten, Inc. 420 U.S. 251).

These rights must be invoked by the employee herself, and may be used only during investigatory interviews when an employee is questioned by a supervisor to obtain information which then could be used as a basis for discipline. The employee does not have Weingarten rights to union representation if a supervisor is meeting to discuss a clinical issue or other “direction of work” matter, as long as potential discipline is not involved. Also, an employee would not have such rights if the employer is simply announcing discipline already decided.

These rights therefore must be exercised by the employee using her individual reasonable judgment. It may not always be clear what the meeting may be about, so the employee should always ask in advance the nature of the meeting. It is the employee’s responsibility to be aware of these rights and to request them. Management is not required to inform the employees of these rights unless it is stated in the contract.

If the employee makes a request for union representation (prior to the start of the meeting, or during the course of the meeting if the tone changes) management has several options:

1. It can stop the meeting until the union representative arrives.
2. It can deny the request and call off the meeting immediately.
3. It can ask the employee to voluntarily relinquish his/her rights and proceed with the meeting. The employee should decline this option.

Management can also proceed with the meeting without the union representative present despite the request. This option of course violates the employee’s rights and would result in legal action. In this instance the employer commits an unfair labor practice and the employee may refuse to answer the employer’s questions.

There are other rights that employees have under the Weingarten decision. The employee is entitled to information from the employer regarding the subject of the investigation prior to the meeting. The employee is entitled to consult with the union representative prior to the meeting. An employee may even refuse to attend an interview when denied union representation by the employer, but by exercising such a legal right to refuse invites the charge of insubordination. In such instances it would be safer for the employee to attend but remain silent while taking notes.

Weingarten rights also apply to group meetings when management interviews more than one employee at a time.

The Weingarten rule has been interpreted and extended by the NLRB and U.S. Courts of Appeal in various decisions over the years. The most significant recent decision by the NLRB this June takes back Weingarten rights from non-union workers. This is the fourth reversal in 30 years on this issue. Therefore, non-unionized employees no longer have the right to have a co-worker present during an investigatory interview by the employer that could lead to discipline as ruled by the NLRB by a 3-2 ruling (IBM Corp., 341, NLRB 148, June 9, 2004). In part, the NLRB explained its reversal by citing “new policy considerations” stating: “The years after the issuance of Weingarten have seen a rise in the need for investigatory interviews, both in response to new statutes governing the workplace and as a response to new security concerns raised by terrorist attacks on our country.” And, “Further, because of the events of Sept. 11, 2001 and their aftermath, we must now take into account the presence of both real and threatened terrorist attacks. We hold that the Weingarten right does not extend to the non-union workplace.”

A statement that summarizes “Weingarten rights” is:

“If this discussion/interview could in any way lead to me being disciplined or terminated, I respectfully request that my union representative be present at the meeting. Until my representative arrives, I choose not to participate in this discussion.”

The MNA has produced small, laminated cards with this statement imprinted on one side and other important, related information imprinted on the other. These cards can be easily attached to an employee’s ID lanyard. Please contact the MNA office at 781-821-4625 or your MNA associate director for a supply of these cards for the membership in your bargaining unit.

— Joe Twarog

Labor education and training survey

The Massachusetts Nurses Association is surveying its membership to identify key areas of interest for member education and training on labor issues. The MNA has dedicated resources to make this a priority for the organization. Please take a few minutes to fill out and return this survey to the MNA.

Check off as many topics that you believe are important for training. Then, to the left of the boxes you checked, list the top five most important topics by numbering them 1 to 5.

☐ Grievance training
☐ The role of the steward
☐ Internal communications: newsletters, phone trees
☐ New employee orientation: contract language
☐ Health and safety
☐ Leadership development: identifying new activists
☐ Unfair labor practices and the National Labor Relations Board
☐ Steward’s right to information
☐ Researching the employer
☐ How to run a union meeting
☐ Fair Labor Standards Act: pay, comp time and the new overtime rules
☐ Family and Medical Leave Act/small necessities leave
☐ Drafting contract proposals
☐ Negotiations training
☐ Costing out the contract
☐ Drafting/implementing unit bylaws: officer elections
☐ Unit officer training: understanding Landrum-Griffin
☐ Arbitration: what is it and how does it work
☐ Federal mediation at bargaining
☐ Internal organizing and charting: identifying where members are and how to contact them
☐ Americans with Disabilities Act
☐ Non-discrimination in the workplace
☐ Pressure on the employer and worksite activities
☐ Contract campaigns
☐ Labor history
☐ Other _____________________________

Where would you prefer that training programs occur?
☐ At a local facility near your place of employment
☐ At the Regional office (identify the Region ___________)
☐ At the MNA office in Canton
☐ At the worksite itself
☐ Other _____________________________

What is the best day and time for such training programs?

Completed surveys should be mailed to: MNA, Attn. Joe Twarog, 340 Turnpike St. Canton, MA 02021
Includes stellar language specific to ATB increases and pension securities

19 sessions and 11 months later, nurses at Marlborough ratify contract

On July 21, the MNA bargaining unit at the Marlborough Hospital Campus of UMass Memorial ratified a new two-year contract that guarantees nurses membership several outstanding—and long overdue—benefits, including a 12.5 percent across-the-board salary increase, protections to the bargaining unit’s defined benefit (pension) plan, and language that defines and limits the use of mandatory overtime.

According to Carol Palazzi, RN and chairperson of the bargaining unit at Marlborough, the ratification vote was overwhelmingly in support of the proposed contract settlement—with 98 percent of the vote in favor ratification.

“The MNA members at Marlborough had worked tirelessly to secure the rights and benefits that are outlined in this new contract,” said Palazzi. “We’re proud of the work we did. We’re excited about what we’ve been able to secure with this contract. And we’re grateful that management at Marlborough realized that some of its proposed take aways/changes were harmful to the very nurses who provide expert care of the highest quality to the hospital’s patients.”

The fight for a secure pension

Reaching a ratification vote did not come easy for the bargaining unit though, especially since hospital management refused to acknowledge the conviction of the nurses’ position on one particular issue for almost the entire 11 months of the contract talks: the proposal to change the currently defined benefit plan to a highly inferior defined contribution plan.

With a defined benefit pension plan, the employer is obligated to provide a guaranteed contribution to the employees’ pension and is obligated to provide a guaranteed level of retirement benefit to the employee regardless of the investment returns of the plan. With the defined contribution plan that was proposed by Marlborough Hospital management, both the employer and the employee would have had to make contributions to a 401K-type retirement investment plan—with the investment risk being borne entirely by the nurses. For some nurses at the hospital, the change to a defined contribution plan could have resulted in as much as a two-thirds cut in retirement benefits.

“The hospital’s proposed plan was substantially inferior to the current retirement benefit,” said Palazzi, “and its implementation could have had an enormous impact on the quality of a retiree’s life.”

The members at Marlborough fought hard against this proposed change, and they used several labor/organizing tactics that helped to turn the tides in their favor. In May, they took to the street corner outside of the hospital and held a day-long informational picket—the first such picket by nurses at Marlborough in more than 20 years. And in June members participated in the second informational picket, only this time it coincided with the hospital’s annual “Safe Summer Fun Day”—a major public relations event for the hospital and one that provided RNs with the perfect platform to talk to the community. Hospital management was aiming to dismantle their pension plan.

“We had also started the process of setting up meetings with local legislators, including Rep. Stephen LeDuc,” added Kevin MaCannus, RN and former vice chairperson of the bargaining unit at Marlborough. “It was at this point that we began to make real headway on the key issues that had turned this negotiation into an 11-month struggle.”

The key results

In addition to its fight to maintain the defined benefit plan, the bargaining unit also negotiated and had to secure pay that was on par with other UMass facilities and language that defined and limited mandatory overtime. By the end of their nineteenth negotiation session on July 12, the nurses had made substantial progress on all fronts. The settlement included:

• Defined benefit plan: All nurses who are hired prior to October 1, 2004, including nurses not currently eligible for the pension plan due to working insufficient hours and who subsequently become eligible, will have the opportunity to continue with the current pension plan or convert to a defined contribution plan. The hospital will encourage and provide retirement counseling by and in accordance with the consultative plan already provided to nurses with this decision. In addition, no proposed modification to the defined benefit plan can be made prior to fiscal year 2020.

• With the exception: All nurses will receive a 12.5 percent across-the-board pay increase over the course of the two-year contract, with the first increase being paid retroactively to April 1, 2004 at a rate of 3.5 percent and an additional 3 percent increase being implemented in October 2004, April 2005 and September 2005.

• Mandatory overtime: The new language states that the hospital will work to maintain full staffing in order that overtime work be kept to a minimum. When overtime is necessary, the hospital will work to find volunteers to fill this need. In the case that appropriate coverage cannot be found, the hospital can only request that a nurse work a reasonable amount of overtime, provided that he/she works no more than 12 hours. The hospital also agreed to maintain an “over-time list” by reverse seniority in each department, and it recognized that any nurse may refuse overtime for reasons related to personal fatigue or personal illness. Additionally, there was new language added that the contract specifying that no nurse shall be required to work overtime hours more than eight times in one calendar year.

• Increase in differentials: Night shift differentials were increased to $4.00 per hour, with a second increase to be implemented on Sept. 25, 2005 (to $4.50 per hour). In addition, on-call differentials were increased to $3.75 per hour.
Alex Neary named “Labor Person of the Year” by Berkshire Central Labor Council

The Berkshire Central Labor Council will honor Alex Neary, RN, MNA member and bargaining unit chairperson— with its “Labor Person of the Year Award” next month in recognition of her dedication to the bargaining unit at Berkshire Medical Center (BMC), as well as for all of her contributions to Berkshire County's labor movement.

Neary was selected as this year’s award recipient after being nominated by a Kathy Cimini—a BMC colleague who also represents the MNA at Labor Council meetings. “For more than 20 years, Alex has been faithfully involved with the bargaining unit at BMC,” said Cimini, who also works with Neary as the co-chair of their MNA bargaining unit. “She is both a devoted and skilled union representative and she possesses a number of talents that led the Labor Council to select her as this year’s honoree, including her unique ability to analyze a contract in ways that other people can’t; her complete dedication to doing what is fair and just on behalf of every union member; and her amazing ability to take past union experiences and apply them to current situations. She epitomizes everything that the Labor Council’s award represents.”

In addition to these attributes, representatives from the Labor Council said that Neary’s activism during the 1981 BMC strike and her involvement with the MNA’s safe staffing campaign made her a true and undeniable friend of the labor movement. Neary will receive her award at the Labor Council’s nineteenth annual Labor-Legislative Breakfast on Oct. 24 at 8:30 a.m. at the ITAM Lodge, 93 Waubuck Road, Pittsfield. Congressman John Olver will be the event’s keynote speaker and Remo DelGallo, former mayor of Pittsfield, will be the master of ceremonies.

The Berkshire Central Labor Council is the county’s largest AFL-CIO body, and it functions as an umbrella group to more than 25 local labor organizations. The Labor Council’s mission includes:

• Organizing grassroots political action to push for adoption of worker-friendly initiatives and policies on a national, state and local level.
• Recruiting and supporting candidates who champion working families and a pro-active working families’ agenda.
• Organizing in support of economic development strategies for local public investment that create jobs while establishing worker friendly community standards such as living wages, responsible employer ordinances and project labor agreements.
• Hosting forums and events to educate union members and the community about worker-related issues and legislation.

For more information or to purchase tickets to this event, contact Mike Philpi at 413-442-1970, extension 12.

...Coalition

From Page 2

54 percent of the care to which they are entitled in order to be and stay well. It goes on to state, “Mismatched care between ideal and actual practices would not be tolerated in most industries. Why are they permitted to persist in health care, where they cost lives and produce pain and suffering?”

It answers the question with a call to arms for policymakers: “The status quo—clearly, undeniably—is not working. It leaves tens of millions of Americans with no health insurance at all. It allows costs to skyrocket year after year, putting coverage out of reach for millions of Americans and compromising the vitality of our economy and its capacity to create and sustain jobs. And it jeopardizes the safety of patients because of widespread sub-standard care. The status quo is not acceptable. It is time—it is past time—to change it . . . the coalition believes that the United States needs to mount an all-out effort to combat this hidden epidemic—now, before millions of more Americans die needlessly from the ministrations of a health care system that they turn to for help, not harm.”

While not recommending what type of change is required, the report is clear that any attempt at reform must be “system wide and comprehensive.” It is clear that traditional policy approaches that embrace incremental steps will not work.

“The coalition is calling for system-wide reforms, not for changes that would apply to only some payers, patients, or providers. Unless reform is system-wide, gains in some sectors or for some groups are likely to be offset by losses elsewhere.”

The MNA concurs with the Coalition’s assessment and has been pushing for reform of the system through a single payer, taxpayer-financed health care system, and it has supported legislation to create such a system in Massachusetts. At the end of the most recent legislative session, MassCare—a coalition of 70 organizations fighting for this legislation—was successful in convincing the legislature to fund a study of the feasibility of a single payer system, which will be completed next year.

Member Training

MNA Regions 1 and 4 have scheduled training sessions for all their unit stewards

Topics to be covered will include:
• The role of the steward
• Recognizing and filing grievances
• Interpreting the contract
• Weingarten rights
• Past practice

Region 1 Thursday, Sept. 30
Region 1 Office, 243 King St., Northampton
• Programs will run from 6-9 p.m.
• A meal will be provided at the training
• Participants are encouraged to bring a copy of their contract

Region 4 Thursday, Sept. 23
Angelica’s Restaurant, 49 S. Main St., Middleton

For more information or to register* contact Joe Twarog, the MNA’s Associate Director of Labor Education and Training, at 800-882-2056, x757.

*Please note that attendees must register at least one week in advance.
By Chris Pontus

In early winter of 2003, the Massachusett

es" Nurses carried an article regarding our

investigation of a possible formaldehyde substi-

tute. With research and inquiry through in-

depth Web site and contacts at the Univer-

sity of Maryland, I was able to reach

Dr. Stewart Lipton the owner/inventor/crea-

tor of a substitute formaldehyde product
called NOTOXinc (NOTOX). I spoke with

Dr. Lipton and shared some of the MNA’s

concerns associated with the use of formal-

dehyde, and we talked about the reasons why

we were trying to find a safe and effective

formaldehyde substitute available for hos-

pitals, ambulatory care units, health care

facilities and laboratories.

I asked Dr. Lipton if he knew if NOTOX was

effective in similar applications when used as

a substitute for formaldehyde. He noted,

“I believe NOTOX has different penetration

times for different tissues when compared to

formaldehyde.” Dr. Lipton agreed to give me

a list of health care facilities across the United

States that recently used the product. My plan

was to ask three facilities referenced by Dr.

Lipton the following questions.

1. Why did you change to NOTOX?

2. How satisfied are you and how is it

used in your facility?

3. Would you be a reference contact for

others interested in this product?

I called representatives from the first three

facilities on Dr. Lipton’s list, and asked the

previous questions.

• In response to question number one, two

people responded that they were

looking for a safer substitute and one

person said they did not know why

their facility switched to NOTOX.

• In response to question number two, three

people responded that they were

satisfied with the product and that it

was used on human tissue.

• In response to question number three, one

person stated they would be a refer-

ence contact; two declined.

According to Thomas P. Fuller ScD, CIH

and MSPH, “Anyone working with formal-

dehyde must receive training on the health

effects and appropriate controls to be taken

when working with the chemical.”

The best safety control is to not use for-

maldehyde at all. Formaldehyde substitute

chemicals such as Glyo-fix, Prefer, Histo-fix

and others have appeared on the market in

recent years. Due to the chemical structures

of these products they are safer than for-

maldehyde and perform equally as well.

Administrative controls for formalde-

hyde include specific chemical training

programs, container labeling, monitoring

programs, medical surveillance and good

housekeeping.

Due to the hazardous nature of formalde-

hyde, the Occupational Safety and Health

Administration has set the Permissible

Exposure Level (PEL) for formaldehyde at

0.75 ppm for an eight hour work day. The

formaldehyde Short Term Exposure Level

(STEL) is 2.0 ppm for a time limit up to 15

minutes four times a day. The Action Level

(AL) for formaldehyde is 0.5 ppm and repre-

sents the concentration which workers must

enter the medical surveillance program and

additional air monitoring. It is relatively easy
to reach any of these levels during typical

hospital activities where formaldehyde is

used.

Although the medical community tends to

be resistant to change, as the hazardous

nature of formaldehyde becomes more and

more evident, the need for product substitu-
tion and added safety precautions become

more urgent. It is very difficult to meet

OSHA and EPA safety and effluent restric-
tions without vigilance actions by a facility’s

environmental health and safety office.

Unless your facility is performing annual air

monitoring, training, medical surveillance,

and effluent testing, there is a good likelihood

that it is not in compliance.”

For further information on possible form-

aldehyde alternatives, contact Chris Pontus

(contact information is listed in the lower

corner on Page 11).

CDC releases NIOSH Alert: preventing exposures to hazardous drugs in healthcare setting

By Evie Bain

According to the document foreword by

the National Institute for Occupational Safety

and Health (NIOSH), the purpose of the alert

“is to increase awareness among healthcare

workers and their employers about the health

risks posed by working with hazardous

drugs and to provide them with measures for

protecting their health.”

WARNING!

“Healthcare workers who prepare or

administer hazardous drugs, or who work in

areas in which these drugs are used may be

exposed to these drugs. The air or on

work surfaces, contaminated clothing, medi-

cal equipment, patient excreta, and other

surfaces. Studies have associated workplace

exposures to hazardous drugs with health

effects such as skin rashes and adverse

reproductive outcomes (including infertility,

spontaneous abortions, and congenital

malformations) and possibly leukemia and

other cancers. The health risk is influenced

by the extent of the exposure and the potency

and toxicity of the hazardous drug. Poten-

tial health effects can be minimized through

sound and proper procedures for handling

good patient practice of handling hazardous

drugs, engineering controls and proper use

of protective equipment to guard workers to

the greatest degree possible.”

The document continues, “To provide

workers with the greatest protection, em-

ployers should: 1) implement necessary

administrative and engineering controls, and

2) assure that workers use sound procedures

for handling hazardous drugs and proper

protective equipment.”

This alert applies to all workers who

handle hazardous drugs (e.g. pharmacy and

nursing personnel, physicians, operating

room personnel, environmental health and

services workers, veterinary care workers and ship-

ping and receiving personnel).

A five-page listing of drugs considered to

be hazardous is contained in the document. It

lists antineoplastic agents; unclassified

therapeutic agents; antivirals; oestrogens;

anti-tetrahydro drugs; androgens; estrogens;

gonadotropins; and other classes of drugs.

This 93-plus page document can be

accessed in a PDF format on the NIOSH

Web site at www.cdc.gov/niosh/docs/2004-

hazdrugalert.

OSHA Hazard Communication Standard

(1910.1200) educational requirement applies to

workers exposed to “antineoplastic and other

hazardous drugs in healthcare settings.”

Employers are required to educate nurses

and other workers who work in hospitals and health

care settings about proper selection and

utilization of personal protective equipment

and to recognize health hazards associated

with anti-neoplastic and other hazardous

drugs through employers’ hazard commu-

nication training programs.

The OSHA Technical Manual – Section

VI, Chapter 2 addresses Controlling Occu-

pational Exposure to Hazardous Drugs. This

35-page document can be obtained by visit-

ing the OSHA Web site at www.osha.gov

and clicking on “Technical Links.” Part III of

this document (page 24) addresses the content

and frequency of worker education.

Drugs which are in “solid, final form for

direct administration to the patient” are

exempt from the Hazard Communication

labeling requirements under (1910.1200

(b)(4)(vii)).

MNA members who have questions about

hazard communication and education pro-

grams related to antineoplastic and other

hazardous drugs are encouraged to call the

MNA Health and Safety Program (see contact

information on Page 11).

Environmental update: household prescription medication waste is posing an environmental hazard

By Evie Bain

The U.S. EPA recently announced a pilot

program for innovative approaches address-
ings issues of the disposal of household

prescription medication waste (HPW) in

terms of both solid waste and waste in munici-

pal water supplies. This also includes the

plastic prescription vials, stock bottles and

liquids bottles that are used by pharmacies.

At present there are no widely available solu-
tions for proper management of HPW.

The North East Recycling Council Inc.,

(NERC), in conjunction with the EPA New

England and other public and private

cooperative partners, plans to develop and

implement a pilot collection program(s) for

HPW and bulk compounding (drug associ-

ated) chemicals.

According to the EPA, pharmacies use bulk

compounding chemicals in formulation of

prescription medications. These chemicals

also present a municipal solid waste (MSW)

concern, as many of these chemicals are

recognized as hazardous waste. In addi-
tion, many prescription medications are

dispensed in plastic containers that are

ultimately disposed. Recycling even just a

portion of the millions of plastic prescription

vials, stock bottles and liquids bottles used in

New England pharmacies each month would

result in significant energy conservation

and greenhouse gas savings.

The value of participating in recycling and

reuse programs is understood by nurses.

Watch for news items that discuss these

projects as they come off the EPA’s drawing

board.

For a full copy of this release visit the

EPA OSWER Innovations Web site at:

www.epa.gov/oswer/IWG.htm.

OSHA outreach training focus on healthcare

Dates: Sept. 17 and Oct. 22, 2004

Time: 8:30 a.m. to 3:30 p.m.

Location: Sept. 17 session

UMass Memorial Campus

119 Belmont Street, Worcester

West 4 Conference Room

Oct. 22 session

University Campus

55 Lake Avenue, Worcester

Goff Learning Center S2-309C

Driving directions for both campuses are

located at www.umassmemorial.org.

Fee: No charge for MNA members.

Others $45 fee for the required OSHA text.

Please make checks payable to: Massachu-

setts Nurses Association

Special Note: Lunch will be provided.

For information on upcoming OSHA training sessions, call the MNA’s health and safety program.

Class limited to 24 participants.

Contact Hours Greater Boston AONHN will provide contact hours for this offering and an OSHA Certificate of Attendance will be awarded to those who satisfy OSHA requirements.

To Register: MNA members should contact Evie Bain, 781-830-5776 or via e-mail at eviebain@mnnan.org. Occupational Health Nurses should contact Terry Donahue, 781-759-9358 or via e-mail at taddff@comcast.net.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Men and women are asked to avoid wearing scented personal products when attending this meeting/program.

For information on upcoming OSHA training sessions, call the MNA’s health and safety program.
MNA loses a great leader and powerful advocate

Kate Maker—friend, mentor, wife, mother, grandmother, nurse and MNA advocate—passed away unexpectedly on July 28, leaving both the nursing profession and the labor movement with a legacy that cannot be replaced.

Throughout her life, Maker worked diligently to improve the quality of life of those around her—whether they were strangers, acquaintances or friends in need—and she fought just as hard for the rights of the patients that she delivered care to as a registered nurse at UMass Memorial Health Care’s University Campus in Worcester.

Maker had a keen sense of social justice. From her high school years to the present, she participated in peace marches, rallies for reproductive freedom and union struggles, and she supported and worked for progressive politicians and candidates at every level.

Though she advocated for various social reforms and legislative initiatives, her primary focus as an activist was here with the MNA. She both organized and marched in informational pickets and for nurses at several Worcester-area hospitals over the years, and she was a particularly effective MNA spokesperson—especially when it came to explaining the connections between safe-RN-staffing ratios and their immediate impact on patient safety.

In 1984, Maker received her bachelor’s in nursing from Fitchburg State College and began her employment as an RN soon thereafter. She had been a long-time member of the MNA Board of Directors, and she served two terms as the chairperson of her bargaining unit at UMass Memorial Health Care’s University Campus. It was Maker’s leadership that allowed the nurses at the University Campus to be afforded the same rights and benefits that they received as state workers when the hospital merged with Memorial in 1998. She also helped negotiate several MNA contracts that gave the nurses at UMass improved working conditions, successor language, HIV insurance, and improved benefits.

In 1999, her dedication to the MNA and its labor relations initiatives resulted in her being awarded with the MNA’s Elaine Cooney Labor Relations Award.

Maker had a strong admiration for Elizabeth Cady Stanton—a fearless advocate for the women’s rights movement—and she had the opportunity to portray Stanton in several key MNA events that highlighted the success of women and nurses alike, including the MNA’s 100th Anniversary Celebration in 2002.

Like Ms. Stanton, Maker was fearless in her advocacy for human and patients’ rights.

For her family, friends and colleagues, Maker’s passing has been an overwhelming loss. “She left this world too soon,” said her long-time friend and coworker Kathie Logan, “and she had miles to go before she slept. Her passing has left the nursing community, the advocacy community, the MNA and the University Campus stunned. We know that her legacy will live on, but the vacancy that her passing has left in our lives will never be able to be filled.”

MNA supports Jobs With Justice as Health Care Action Week ramps up

At its most recent Board meeting, the MNA overwhelmingly voted to endorse and support the Massachusetts Jobs With Justice as it begins to plan activities related to its next “Health Care Action Week”—a week-long series of health-care-focused events that aims to call attention to the state’s health care crisis.

The new week of events comes after JWJ’s highly successful “Health Care for All” march, which was held on June 19. With more than 80 organizational endorsers, JWJ spokespeople estimated that 1,000 to 1,500 concerned health care voters were marching in Boston, along with thousands more in 150 cities in all 50 states across the country.

The key to further success though is to keep the momentum going in order to keep the health care crisis in the forefront throughout the election season. As a result, JWJ is partnering with the MNA and other organizations to promote “Health Care Action Week.” (Please note: the exact dates of this week-long series of events will be announced soon. For up-to-date information, visit www.massjwj.net.)

Participants in “Health Care Action Week” will engage in rallies, door-to-door canvassing, passing resolutions and holding town hall meetings. JWJ’s collective demand is for a just health care system that will engage large numbers of working people about the need for a health care plan that:

• Covers everyone
• Saves money by eliminating bureaucratic inefficiency
• Is publicly financed

To drive the point home, Massachusetts JWJ will celebrate part of the week of action by holding a Town Hall Meeting on the Health Care Crisis’ at the Old West Church at 4 p.m., Sunday, October 10. Attendees will use this forum to reflect on their experiences throughout the week and to discuss an action plan that addresses what meaningful health care reform means as November 2 approaches.

Organizations/individuals who are interested in participating in any of the week’s events, including the Town Hall Meeting, are encouraged to download a JWJ endorsement form via the MNA Web site at www.massnurses.org. For more information, contact the JWJ’s Tiffany Skogstrom via e-mail at skogstrom@massjwj.net or call 617-524-8778.

...Report

the number of medical errors, patient falls, complications and complaints by Massachusetts hospital patients—with the majority of complaints related to the quality of nursing care.

According to president Karen Higgins, this recent report follows more than 15 other similar studies that have come out in the last three years that validate the vital role nurses play in preventing harm to patients.

“Nurses are the surveillance system in the hospital,” said Higgins. “We are there to monitor a patient’s condition, administer medications and treatments, and to notice when problems arise and then work with physicians to take appropriate actions. When we have too many patients—as most nurses do every day in Massachusetts—we are more apt to miss these subtle changes, and failure to rescue occurs. This report makes clear that the hospital industry is failing to provide us with the conditions needed to safely care for patients. We intend to make the legislature understand that every year they fail to enact our safe-RN-staffing legislation, thousands of patients in our hospitals will die and millions of health care dollars will be wasted. The time has come to end the suffering in our hospitals and pass this bill.”

The MNA is currently working on plans to refile safe staffing legislation in the coming legislative session.

To learn more about the MNA’s progress on this front, visit www.massnurses.org.
Proposed MNA Five-Year Plan/Dues Increase

**Frequently Asked Questions**

1. Why does MNA need a dues increase?
   To make you and your profession the voice of health care in Massachusetts. Without strong efforts by the MNA, the health care environment created by the industry will become even more hostile for nurses providing direct patient care.

2. How was the amount of the increase and timeframe calculated?
   The dues amount and timeframe being proposed are based on a carefully constructed five-year action plan developed by the MNA Board of Directors with the input of the membership gathered over a year-long process. Based on members’ needs and goals, a comprehensive vision of where the MNA needed to be in five years was developed. The Board then worked with staff to develop a budget that could achieve the membership’s expressed goals and objectives. At regional meetings, members will have the opportunity to review and discuss the five-year plan. The debate and vote will occur at the business meeting on Oct. 7 at 2 p.m.

3. Why aren’t the dues pro-rated based on hours of work or union/non-union status?
   You could, and some organizations do, apply a dues rate as a percent of gross salary—versus a flat rate as is the case at MNA. However, we believe that the flat rate is more fair and appropriate for the following reasons:
   a. The hourly status of a member bears no relationship to the work of representing members. The overwhelming majority of our services (grievances, arbitrations, legal fees, mileage, telephone and hands-on work), bears no relationship to the number of employee hours. Representation does not occur on a sliding scale. It is applied equally to all members regardless of the cost to provide that representation.
   b. Any dues rate based on a percentage of gross salary to finance the organization’s work and five-year plan would not be significantly less for part-time workers than what we are proposing with a flat rate, but the dues would be dramatically higher for full-time nurses. For example, a nurse earning $34,000 a year would pay $680 per year (close to what is being proposed now) with a 2% dues rate currently used by another organization, while a nurse at the top of the scale in Boston would pay over $2,000. In essence, the members working longer hours would be asked to finance and subsidize the nurses who are working less hours.
   c. Creating a pro-rated system would require enlarging the membership department to implement members’ dues through W2 forms. This seems both invasive and counterproductive to the members’ goals. However, the MNA does realize that there are nurses who do work a fixed schedule of minimum hours as well as MNA members who don’t belong to a local bargaining unit, but both want to stay connected to the MNA. In response to these issues, the Board will be convening a task force to explore options for alternative dues structures for these situations, which will then be considered by the Board and brought before the membership at the 2005 annual business meeting.

4. Why is an inflation factor attached to the proposal and how was it calculated?
   This has been added to account for the typical cost of inflation of doing business each year. Beginning in 2008, the dues proposal calls for an annual increase of 3% per year. The rate of 3% was chosen after a review of the consumer price index (CPI) for the last 10 years, and a comparison of the wage adjustments for our members over the same period. If we don’t include an inflationary component, we will end up cannibalizing our budget over time as is currently happening. The rate proposed matches the inflation rate index of the last 10 years and is sufficient to assuage MNA can keep pace with cost inflation without reducing member programs and goals.

5. What happened to the monies from the ANA disaffiliation?
   MNA previously was required to pay a per-cap per-member fee to ANA. When the members voted to disaffiliate, these monies were reallocated to:
   a. Pay off annual operating deficit
      The prior leadership of the MNA was operating at a $400,000 annual deficit; therefore, the first $400,000 of the new annual revenue went just to balance the annual budget.
   b. Expand services as requested by the membership
      • Lowered staff to bargaining unit ratio – better servicing
      • Expanded organizing department
      • Expanded nursing, health care research and occupational health & safety program
      • Rebuilt the government affairs department from scratch
      • Enhanced web, graphics and communication
   c. Implement Statewide Safe Care Campaign
      Our Safe Staffing Bill was approved by the Joint Committee on Health Care and passed by the Senate. We came closer to passing minimum RN-to-patient ratios than any other state since California and are on the verge of passing this bill to become law when the Legislature reconvenes in January. This campaign costs money—radio ads, newspaper ads, polling, and direct mail.
   d. Create New National Organization for staff nurses
      Creating a national voice with like-minded groups for staff nurses to take on issues such as safe RN staffing and mandatory overtime.

6. Why is the decision to be made at the Business Meeting and not by mail ballot?
   MNA bylaws specify that such a vote on a dues increase is to take place at the annual business meeting. This is how MNA dues have been established for 100 years. MNA is a democratic organization, where all major decisions are made through a one-member, one-vote system of governance, which takes place at the annual business meeting. This system grants each member the right to debate issues and cast his/her vote to determine the direction of the organization. The MNA bylaws allow members at the business meeting the opportunity to debate and amend any dues proposal on the floor of the business meeting; therefore, a mail ballot cannot satisfy the requirements of the bylaws.

7. Why is the meeting being held at 2 p.m.?
   This is the traditional time slot for our annual business meeting. Given that nursing is a 24/7 profession and there is no single time that would work for everyone, we gave the membership ample advance notice of the meeting date to assure those that are interested can adjust their schedules to attend.
MNA Member Benefits Save You Money

Personal & Financial Services

**Portable Health Insurance**
ELLEN KAPLAN, GROUP HEALTH SPECIALISTS
Contact 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
800-842-0804
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.

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

**Discount Tax Preparation Service**
TAXMAN INC.
800-7TAXMAN
20% discount on tax preparation services.

**Home Mortgage Discounts**
RELIANT MORTGAGE COMPANY
(877) 662-6623
Discounts on mortgage applications for home purchase, refinance and debt consolidation. Inquire about no points, no closing costs programs and reduced documentation programs. Receive free mortgage pre-approvals.

Products & Services

**Auto/Homeowners Insurance**
MANFIELD/Colonial Insurance Services
800-571-7773 or 508-339-3047
WINDSOR: Lannon Insurance Agency
413-937-0050
FALMOUTH & POCasset: Murray & MacDonald Insurance Services
800-800-8990
Tunkers Falls: Partridge Zehau Insurance Agency
413-863-4331
Save up to 6 percent on Massachusetts auto rates; 12 percent account credit for homeowners when you write your auto policy.

**Digital Pagers**
INTERNET PAGING
800-977-1997
Discount digital pager program.

**Cellular Telephone Service**
CINGULAR WIRELESS
800-894-5500
Save 10–20 percent on SuperHome rate plans with no activation fee plus 20 percent discount on accessories. Some discount plans include free nights (9 p.m. to 7 a.m.) and weekends.

**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.

**Health Care Apparel**
WORK ’N GEAR DISCOUNT
800-882-2056, 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 CDP#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**
COURTYARD INNS & SUITES
800-842-0804
Save 20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention MSA Program #0680152. Membership in Guest Privileges Frequent Traveler Program.

**Discount Travel Program to Florida, Bahamas & Las Vegas**
EXECUTIVE TOUR & TRAVEL SERVICE
800-272-4707 (RESERVATIONS)
4 day/3 night discount on “Getaway Vacations” to Florida, Bahamas & Las Vegas. Visit site at www.executourtravel.com. Mention MNA group number 15187.

**Central Florida Area Attractions**
The Official Ticket Center
877-406-8836
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.massnurses.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.
# MNA Continuing Education Courses

**Fall/Winter 2004**

## Emergency Medical Response to Hazardous Materials and Acts of Terrorism

**Description**  
The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on the use of emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, decontamination procedures, and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers, as well as nursing interventions for patient care will be identified.

**Speakers**  
Anthony Fucaloro, EMT  
Cpt. Lawrence F. Ferazani  
Christine Pontus, MS, RN, COHN-S

**Date**  
Sept. 20, 2004

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

**Place**  
MNA Headquarters, Canton

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

**Contact Hours**  
6.9

**Special Note**  
Class size limited to 25; please reserve your space early

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

### ACLS: Certification & Recertification

**Description**  
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, intervention, defibrillation, and pharmacological interventions. This is a two-day certification and a one-day recertification program. Recertification candidates must present a copy of their current ACLS card at the time of registration.

**Speakers**  
Date  
Oct. 12 and 19, 2004

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

**Place**  
MNA Headquarters, Canton

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

**Contact Hours**  
16 for certification only

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

## Oncology for Nurses

**Description**  
This course is designed for nurses who have had a basic course in monitoring patients for cardiac rhythm disturbances and wish to enhance that knowledge base 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. The course will conclude with an overview of pacemakers and common pacemaker rhythm disturbances.

**Speaker**  
Carol Mallia, MSN, RN

**Date**  
Dec. 9, 2004

**Time**  
8:30 a.m. – 4 p.m.: Cardiac and Pulmonary Pharmacology  
12:45 p.m. – 4 p.m.: Cardiac and Pulmonary Pharmacology

**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 Notes**  
Lunch provided.

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

## Psychophysiology of Mind / Body Healing: Placebos and Miracles

**Description**  
This program will provide nurses with evidence-based knowledge, in depth information and insight into the whole person, based on a whole health concept that is relationship centered.

**Speaker**  
Georgianna Donadio, D.C., M.Sc., Ph.D.

**Date**  
Dec. 1, 2004

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

**Place**  
MNA Headquarters, Canton

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

**Contact Hours**  
Will be provided

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

## Clinical Update 2004

### A.M. Session

**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 such as exercise and meal planning, and a discussion of 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, CS, CDE

**Date**  
Dec. 9, 2004

**Time**  
8:45 a.m. – 12 p.m.: Cardiac and Pulmonary Emergencies  
12:45 p.m. – 4 p.m.: Cardiac and Pulmonary Pharmacology  
8:30 a.m. – 4 p.m.: Combined, all-day program

**Place**  
Crowne Plaza, Pittsfield, MA

**Fee**  
Per session: MNA members, $65; all others, $95  
All day: MNA members, $125; all others, $150

**Contact Hours**  
3.6 per session

**MNA Contact**  
Liz Chmielinski, 781-830-5719 or 800-882-2056, x719
### Benefits Corner

**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 any-time 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.

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### 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

- **Bournmouth 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, DeMamme Building, Room 116.** Contact: LeRoy Kelly, 617-469-0300, x305. Meets: Sundays, 7:30–8:30 p.m.
- **Peer Group Therapy, 1354 Hancock Street, Suite 209, Quincy.** Contact: Terri O'Brien, 781-340-0405. Meets: Tuesdays & Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- **Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton.** Contact: Eleanor O’Flaherty, 508-559-8897.
- **Addiction Behavior, 27 Salem Street, Boston.** Contact: Joyce Arlen, 978-352-2131, x19. Meets: Tuesdays, 6–7:30 p.m.
- **Health Care Support Group, UMass School of Medicine, Room 123, Worcester.** Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

#### Central Massachusetts

- **Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester.** Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Meets: Mondays, 6–7 p.m.
- **Health Care Support Group, UMass School of Medicine, Room 123, Worcester.** Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

#### Northern Massachusetts

- **Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown.** Facilitator: Joyce Arlen. 978-352-2131, x19. 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.
- **Nurses Recovery Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke.** Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.
- **Partnership Recovery Services, 121 Myrtle Street, Melrose.** Contact: Jay O’Neil, 781-979-0262. Meets: Sundays, 6:30–7:30 p.m.
- **Nurses Peer Support Group, VA Hospital, 88 Faunce Corner Road.** Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

#### Western Massachusetts

- **Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield.** Contact: Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.
- **Professional Support Group, Franklin Hospital Lecture Room A, Greenfield.** Contacts: Wayne Gavryck, 413-774-2871, Elliot Smolensky, 413-774-2351. Meets: Wednesdays, 7–8 p.m.

#### Southern Massachusetts

- **Professionals Support Group, 76 W. Main St., Suite 306, Hyannis.** Contact: Kathy Hoyt, 508-815-4625, ext. 755 or 800-882-2056 (in Mass only). Meets: Thursdays, 7–8:30 p.m.
- **Nurses for Nurses Group, 300 Turnpike St., Canton, MA 02021. Contact: Carol at 781-821-375-6227. Meets: Tuesdays, 6:30–8 p.m.**
- **Nurses Recovery Group, VA Hospital, 5th Floor Lounge, Manchester, N.H.** Contacts: Diede M., 603-666-6482, Sandy, 603-666-6482. Meets: Thursdays, 7–8:30 p.m.
The MNA Home Mortgage Seminar

. . . or secrets on how to buy, sell and finance real estate!

Presented by the Massachusetts Nurses Association and the MNA Home Mortgage Program

Thursday, Oct. 14
6 – 8 p.m.

MNA Headquarters, Canton

The Massachusetts Nurses Association and the MNA Home Mortgage Program have put together a comprehensive seminar on how to buy and finance real estate. Whether you are a first-time homebuyer or an experienced real estate investor, take advantage of free advice from attorneys, credit analysts, mortgage consultants, appraisers, and real estate experts. Learn how to avoid costly mistakes when buying a home, ever buy something and later hear someone talking about the great deal they got on the same item? Don’t let seller mistakes or unasked buyer questions be your downfall to paying too much for your next home. Common questions of discussion include: Should you refinance, consolidate debt, or transfer property before you buy more property? Can you borrow money from your IRA to purchase a home? Can you refinance, consolidate debt, or transfer property to your mortgage before you buy more property? Can you refinance, consolidate debt, or transfer property before you buy more property? Can you refinance, consolidate debt, or transfer property before you buy more property?

This lecture will be held at MNA Headquarters in Canton on Oct. 14 from 6 to 8 p.m. If you are interested in attending, complete the registration form below by Oct. 7 and send to: MNA, attn. Liz Chmielinski, 340 Turnpike Street, Canton, MA 02021. For questions, call 781-830-5719, and for directions to the MNA visit www.massnurses.org.

Registration Form: The MNA Home Mortgage Seminar
Massachusetts Nurses Association – Canton

Name: __________________________________________________________
Address ___________________________________________________________
Daytime phone: ____________________________________________________
Employed by: ______________________________________________________

For questions, please contact Liz Chmielinski at 781-830-5719 or 1-800-882-2056, x719.

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 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.

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 will be 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

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 ____________________
Making **YOU** The **Voice** of Health Care in Massachusetts

For over a decade, staff nurses have been under attack by a hostile hospital industry concentrated on restructuring, re-engineering and cost-cutting, creating conditions that make your practice unbearable, not to mention harmful to your patients.

The MNA has responded by protecting members through union activism, creating an occupational health & safety program, providing on-going education and implementing the Safe Care Campaign.

Today, we face a crossroads. While other unions are struggling, MNA is growing. According to an independent public survey, MNA is the most respected voice on health care issues. MNA is looked to by the public, the media and the Legislature as emerging force on Beacon Hill.

**But we have a long way to go:**
- The health care industry is increasing their pressure on nursing
- We are ill-prepared to meet the challenges of an aging nurse workforce
- The battle for safe care is still underway
- There are thousands of nurses who want and need to be organized
- Nurses have an unmet need for continuing education
- There is a need for a stronger national and New England presence for nurses

**We either move forward or begin to erode . . .**
- No dues increase in 10 years
- The cost of doing business has increased dramatically in 10 years
- MNA’s dues are the lowest of any union of similar size

**We need a focused five-year plan to:**
- Pass legislation to regulate RN-to-patient ratios to protect patient safety and retain nurses
- Establish low bargaining unit-to-staff ratio to improve representation of members
- Secure a retiree pension and health insurance plan for an aging nurse workforce
- Expand free CE for MNA members through conferences, at your workplace and on the web
- Increase RN power and visibility at the State House, on Capitol Hill and throughout New England
- Organize nurses who want and need a union voice, which will make your voice stronger

Don’t allow important MNA services and program to be eroded. Don’t let the hospital industry dictate your future!

**Vote Yes**

**ON THE DUES INCREASE**

If **YOU** Want To Be The **Voice** of Health Care In Massachusetts

**Annual MNA Business Meeting • Hyatt Harborside Hotel, Boston**

**Oct. 7 at 2 p.m.**
Regional meetings scheduled: Learn more about five-year plan and dues increase

In preparation for the Oct. 7 vote on the proposed dues increase, the Board of Directors will be holding meetings in each of the MNA’s five Regions in order to present the five-year plan and to answer questions related to the plan or the associated dues increase. Meetings details are as follows:

Region 1, Western Mass
Sept. 13, 6 – 8 p.m.,
Region 1 Office, 243 King Street, Northampton / 413-584-4607

Region 2, Central Mass
Sept. 23, 6 – 8 p.m.,
Region 2 Office, 193 West Boylston St., Suite E, West Boylston / 508-835-5988

Region 3, South Shore/Cape & Islands
Sept. 14, 6 – 8 p.m.,
Region 3 Office, 449 Route 130, Sandwich / 508-888-5774

Region 4, North Shore
Sept. 9, 6 – 8 p.m.,
Angelica’s Restaurant, 49 South Main Street, Middleton / 978-750-4900

Region 5, Greater Boston
Sept. 20, 6 – 8 p.m.,
MNA, 340 Turnpike Street, Canton / 781-821-4625

For directions to these meetings visit the MNA Web site at www.massnurses.org.

Want Safe Staffing?
Then Get Political with NursePLAN

If you truly want safe staffing for your patients and your profession, then you need to get political with NursePLAN—MNA’s political action committee (PAC).

NursePLAN is dedicated to raising and contributing funds to political candidates who support the nursing profession, patient safety and quality health care:

• NursePLAN ranked as one of the state’s top 20 PACs in 2002.
• Last November, NursePLAN endorsed candidates who were successful in 18 out of 23 state primary races and 51 out of 56 state general election races.
• One MNA-endorsed candidate won by just 12 votes, due in large to the impressive number of nurses who came out to vote.

Efforts like these are also having an enormous influence on the legislature’s continued movement forward to pass the MNA’s safe staffing legislation. We have accomplished a great deal on this front already, but your support is still needed.

If you want safe staffing, then you need to get political. Help us ensure that candidates who support the nursing profession are elected.

Contribute today, and please consider making a donation that will allow you to earn a limited edition, 100th anniversary MNA jacket. Doing so is simple and easy—just complete and return the attached form. Thank you for getting political with NursePLAN.

NursePLAN Contribution Form

Name: ____________________________
Mailing Address: ____________________________
Phone: ____________________________ Email: ____________________________
Occupation*: ____________________________

*state law requires that contributors of $200 or more per year provide this information

Please circle jacket size (men’s sizes) $ S  M  L  XL  XXL  XXXL  XXXXL

Please check one:

[] Donation of $100 or more. Please make check payable to NursePLAN. Amount enclosed ______

[] Donation of $85 and:

[ ] I already donate at least $5/month to NursePLAN via Union Direct.
[ ] Sign me up to become a monthly NursePLAN donor in addition. I would like to contribute the additional amount of (PLEASE CIRCLE ONE)

$5/month $10/month $20/month Other $ _____/month

Signature: ____________________________ Date __________

Some sizes are special order and will take up to 8 weeks to be delivered.

NursePLAN is the voluntary, non-profit political action committee for the MNA whose mission is to further the political education of all nurses, and to raise funds/make contributions to political candidates who support related issues.
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

Call the MNA Answer Line for Program Rates and Details:

1.877.662.6623
1.877.MNA.MNA3

As an MNA member, you and your family are entitled to receive free mortgage pre-approvals, and credit analysis.
**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 are 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, x 727.

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**Registration Form**

Name__________________________

Address ____________________________

City/State/Zip _______________________

Telephone: ________________________

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 and please call the MNA at 800-882-2056, x727

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

<table>
<thead>
<tr>
<th>Package Description</th>
<th>MNA Members</th>
<th>All Others</th>
<th>Reduced Members</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Two-Day Convention Package — Thursday and Friday:</td>
<td>$75</td>
<td>$100</td>
<td>$70</td>
<td>$</td>
</tr>
<tr>
<td>Includes ALL events on Thursday and Friday:</td>
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<tr>
<td>MNA Members $75 All Others $100 Reduced Members* $70</td>
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**Please register below if you plan to attend these Thursday events:**

- [ ] Unit 7 Business Meeting/Luncheon  Noon.
- [ ] Region 5 Annual Meeting  1:00 p.m.

**Thursday-Only Package:**

| Includes ALL events on Thursday: keynote, plenary session, all meals, exhibits, auction | MNA Members $45 All Others $60 Reduced Members* $35 | $ |

**Friday-Only Package:**

| Includes ALL events on Friday: keynote, two plenary sessions, NursePLAN Breakfast, all meals, exhibits, auction | MNA Members $45 All Others $60 Reduced Members* $35 | $ |

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**Optional Ticketed Events**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awards Banquet</td>
<td>Wednesday, October 6, 7 p.m.</td>
<td>$45</td>
</tr>
<tr>
<td>NursePLAN Event</td>
<td>Thursday, October 7, 7:30 p.m.</td>
<td>$65</td>
</tr>
</tbody>
</table>

**Total Convention Fees**

**Payment**

Please mail this completed form with check made payable to MNA to: Massachusetts Nurses Association, 340 Tamarisk 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.