

MASSACHUSETTS NURSE

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MNA Convention 2004

Oct. 7-8

MNA's annual convention returns to Boston this year and will be held at the Hyatt Harborside Logan Airport. The theme is *MNA: On the Cutting Edge*. The MNA Awards Banquet precedes the convention on Oct. 6. The hotel is offering special rates for MNA members.

MNA Annual Business Meeting

Oct. 7, 2 p.m.

For this year's complete schedule and registration form, see Page 20.

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 increase 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

See Report, Page 11

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



Dr. van Pelt and Linda Kenney at a recent conference.

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 avail-

See MITSS, Page 3

For the latest developments impacting nurses, visit the MNA Web site, www.massnurses.org

Nurses' guide to single-payer reform

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 this year, 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 LECG, found prohibitive costs associated with single payer. The methodology of the LECG 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 LECG-type distortion, MASS-CARE met to determine its strategy. We figured that single payer can withstand any *fair* 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 in the issue by Tolman. 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 preoccupied with the budget. In mid-July, after lots of negotiation, the House overwhelmingly approved an amended version of the bill, offered by Rep. John Rogers (D-Norwood), 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 nonpartisan 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 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 overuse or under use. 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 also cites a study that found that Americans on average receive only

Extending health care without jeopardizing quality

By Sandy Eaton, RN

On July 14, the Massachusetts Legislature, meeting in Constitutional Convention, voted to move the proposal to amend the constitution to make access to affordable health care a right of all who reside in the commonwealth.

This was the second of three major steps on the way to the 2006 general election ballot. The first step was the collection of over 71,000 valid signatures of registered voters across the state last fall. The second step was, and the third step will be, getting the approval of at least 25 percent of the legislators meeting in Constitutional Convention in each of two successive biennial sessions. More than enough votes were assured before the question came up for a vote, but heavy lobbying by industrial and retail interests nearly prevented the measure from being considered at all. Joint Health Care co-chair Sen. Richard Moore proposed the substitution of the word "basic" for "comprehensive" in the amendment's reference to "comprehensive health care."

This gambit was rejected by the Committee for Health Care for Massachusetts,

the campaign committee for this question. Sen. Moore's second proposal, that whatever vehicle the legislature finally comes up with to satisfy the constitutional requirement must go before the voters for final approval, was accepted. The final vote on the adopted amendment carried with three times as many votes as needed to move the question on to the next session.

When the campaign's co-chair, Barbara Roop, the architect of the Massachusetts Health Care Trust bill and MASS-CARE's representative to the advisory committee on the state-funded study on "consolidated health care financing and streamlined delivery," first raised this concept last year, the Massachusetts Ad Hoc Committee to Defend Health Care, with which MNA has worked closely since its creation in 1997, was the first group to embrace this campaign. MNA quickly became the second. MNA has long held that health care is a basic human right, and this revision of the Massachusetts Constitution would make it a recognized and enforceable right.

The specific mechanism to achieve uni-

versal access to affordable health care is not spelled out, but those of us who advocate a single-payer, state-sponsored, universal health insurance system know that no other approach would achieve the cost savings to extend health care without jeopardizing quality. Some advocate an individual mandate, like mandatory auto insurance, but it is unclear how such a system can work. Others feel that an employer mandate to provide for employees' insurance or pay into a state pool to cover the uninsured ("play or pay") is the best way to go. There even may be an attempt to create some hybrid of these two, which would maintain the parasitic role of private insurance companies, as well as the peculiar U.S. institution of employment-based health insurance.

The passage of this constitutional amendment pushes the envelope and challenges both the single-payer advocacy community and the employer mandate advocates to get their ducks in a row in order to be ready to pass muster with the legislators and with the public in 2006 or 2008. ■

See *Coalition*, Page 9

*Executive director's message***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 these 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 and Mass General, to name a few, are going to welcome the efforts of nurses to organize with the MNA and not spend 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 no longer: disrespect 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



Julie Pinkham

process of 60 plus mergers to form their networks, that the 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 believe that who we 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 realities 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 prescriptions.

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

able to patients and families involved in a medical trauma.

Six months after the incident, Linda was able to speak on the phone with Dr. van Pelt who had by then relocated to Seattle. They began an open and honest dialogue about the event with the agreement to meet and speak personally should their paths cross again. When Dr. van Pelt subsequently returned to the Boston area, Linda and he met for coffee. During that meeting, they spoke candidly about how the event had affected each of their lives. What struck Linda from her conversation with Dr. van Pelt was the lack of support services available to clinicians involved in adverse medical events. Thus, she became committed to advocating for and implementing those support systems that were sorely lacking, in her case, for patients and families as well as for clinicians. Her goal was to prevent others from suffering the emotional aftermath that she and her physician had experienced. Linda's dedication to these ideals culminated in the formation of Medically Induced Trauma Support Services (MITSS).

MITSS is a non-profit organization incor-

porated in 2002 whose mission is "to support healing and restore hope" to those who have been negatively affected by an adverse medical event. MITSS defines medically induced trauma as an unexpected complication due to a medical/surgical procedure, medical/systems error, and other circumstances that affect the overall well being of an individual and/or family member. MITSS' goal is to allow individuals to process adverse medical events in a positive manner in order to move forward both personally and professionally.

Since its inception, MITSS has provided ongoing structured therapeutic educational groups led by a licensed psychologist for patients and family members. They have also participated in various conferences and workshops on the local and national level in an effort to increase awareness of the critical need for support services. Under Linda Kenney's direction, MITSS has embarked on an aggressive outreach effort to the medical community in order to shine a spotlight on its core issue: the need to provide support to all those negatively affected by a medical trauma. MITSS has assembled a strong board

of directors from diverse backgrounds with solid representation in the fields of nursing, pharmacy and medicine.

MITSS is currently collaborating with the MNA on a program designed to bring support services to nurses affected by medical trauma. Led by a licensed therapist, the MITSS nurses' group will begin in November 2004 and will be held weekly over the course of six weeks. The MNA has set up a confidential phone line for nurses who have been impacted emotionally by an experience associated with adverse medical outcomes. If you are a nurse who has been involved in an adverse medical event and would be interested in enrolling in this group, would like to speak with someone confidentially, or if you would just like more information, please call the MNA MITSS line at 781-830-5770 or call MITSS directly at 1-888-36MITSS.

The MITSS approach is one of acknowledgment and support. It is an all inclusive model recognizing that not only do patients and families suffer greatly from medical trauma, but medical professionals do as well. If an adverse medical event has affected your emotional well-being, personally, profession-

ally, or both, call now and begin your journey of healing.

A special note: Linda Kenney and Rick van Pelt will be the keynote speakers at the MNA Annual Convention on Oct. 8 at 9:15 a.m. at the Hyatt Harborside Hotel, Logan Airport, Boston. ■

Correction

In last month's issue of the *Massachusetts Nurse*, there was an error on the wage progression chart that ran on Page 13.

The top wage for MNA members at Cape Cod Hospital in 2004 was \$37.85, not \$41.94. The correct wage is a 53.5 percent increase since 1994, not 70.1 percent.

Readers should note though that this does not significantly influence the overall average salary increase for RNs at all MNA hospitals (47.0 percent, as listed on the same chart) due to the large volume of hospitals/facilities represented. ■

Fall elections hold future of safe RN staffing legislation

By Charles Stefanini

"...states in which nurses' unions have sufficient political power to enact minimum nurse-to-patient ratios."

— Health Affairs
Volume 21, Number 5
September/October 2002
Article on Nurse Staffing Ratios

While the journal *Health Affairs* generally focuses on clinical issues, one of the publication's recent editions included the sentence outlined above—a sentence that accurately summarizes the debate here in Massachusetts regarding minimum RN-to-patient ratios: Do nurses have the political power to pass this bill?

As we have all seen, the research and medical evidence to support our initiative continues to grow—with the Harvard School of Public Health, the *Journal of the American Medical Association*, the *Journal of Medicine* and JCAHO all weighing in with research in support of safe ratios. But whether or not ratios become law in Massachusetts will ultimately hinge on our political ability to pass this proposed legislation.

Given that premise, the MNA and its members have been working tirelessly to involve

RNs in political campaigns throughout Massachusetts in order to increase our political clout. We MUST continue to build on that this fall, and we MUST re-elect our supporters to the Legislature in order to pass safe RN staffing.

In order to do this, the MNA needs your help in the following areas:

- Organizing RNs in your area and community
- Putting a sign on your lawn
- Making phone calls
- Contributing to MNA direct mail campaigns
- Holding "Nurse for" signs at key locations prior to and during elections
- Holding/attending press events
- Hosting coffee parties for candidates

You may not think that who is elected to the Statehouse matters much, but as you drive around your community and around the state, and as you see the myriad of political signs in people's lawns, you need to ask yourself, "How does that candidate feel about minimum RN-to-patient ratios?"

The 2004 elections will have an absolutely enormous impact on the future of nursing in Massachusetts. After an aggressive campaign to pass safe RN staffing this past session,

the Legislature is poised to take this issue up again in 2005. Passage and implementation of RN-to-patient ratios will depend on re-electing our supporters.

To pass of safe RN staffing legislation the MNA must become a stronger political entity, getting behind a candidate and helping to elect or defeat a candidate. We MUST continue to build that political clout, or we will never be able to achieve our goal. ■

After an aggressive campaign to pass safe RN staffing this past session, the Legislature is poised to take the issue up again in 2005. Passage and implementation of RN-to-patient ratios will depend on re-electing our supporters.

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

Incumbent	District
Robert Antonioni	Worcester & Middlesex
Jarrett T. Barrios	Middlesex, Suffolk & Essex
Stephen Brewer	Worcester, Hampden, Hampshire & Franklin
Harriette Chandler	1st Worcester
Susan Fargo	3rd Middlesex
Jack Hart	1st Suffolk
Brian Joyce	Norfolk, Bristol & Plymouth
Therese Murray	Plymouth & Barnstable
Marc Pacheco	1st Plymouth & Bristol
Pamela Resor	Middlesex & Worcester
Bruce Tarr	1st Essex & Middlesex
Richard Tisei	Middlesex & Essex
Susan Tucker	2nd Essex & Middlesex
Marian Walsh	Suffolk & Norfolk

House incumbents

Cory Atkins	Concord (14th Middlesex)
Ruth B. Balser	Newton (12th Middlesex)
Debby Blumer	Framingham (6th Middlesex)
Jennifer Callahan	Sutton (18th Worcester)
Christine Canavan	Brockton (10th Plymouth)
Mark J. Carron	Southbridge (6th Worcester)
Edward Connolly	Everett (28th Middlesex)
Michael Costello	Newburyport (1st Essex)
Joseph Driscoll	Braintree (5th Norfolk)
James B. Eldridge	Acton (37th Middlesex)
Mark Falzone	Saugus (9th Essex)
Michael Festa	Melrose (32nd Middlesex)
Barry Finegold	Andover (17th Essex)
David L. Flynn	Bridgewater (8th Plymouth)
John P. Fresolo	Worcester (16th Worcester)

William Galvin
Colleen Garry
Anne M. Gobi
Thomas Golden
Patricia Haddad
Patricia Jehlen
Rachel Kaprielian
Brian Knuuttila
Peter Kocot
Stephen Kulik
James Leary
David P. Linsky
Barbara L'Italien
James Marzilli
Harold Naughton
Thomas O'Brien
Robert Spellane
Joyce Spiliotis
Thomas Stanley
Ellen Story
Kathleen Teahan
Timothy Toomey
Joseph Wagner
Steven Walsh
Alice Wolf

Canton (6th Norfolk)
Dracut (36th Middlesex)
Spencer (5th Worcester)
Lowell (16th Middlesex)
Somerset (5th Bristol)
Somerville (27th Middlesex)
Watertown (29th Middlesex)
Gardner (2nd Worcester)
Northampton (1st Hampshire)
Worthington (1st Franklin)
Worcester (14th Worcester)
Natick (5th Middlesex)
Andover (18th Essex)
Arlington (23rd Middlesex)
Clinton (12th Worcester)
Kingston (12th Plymouth)
Worcester (13rd Worcester)
Peabody (12th Essex)
Waltham (9th Middlesex)
Amherst (3rd Hampshire)
Whitman (7th Plymouth)
Cambridge (26th Middlesex)
Chicopee (8th Hampden)
Lynn (11th Essex)
Cambridge (25th Middlesex)

Open seats/challengers for Senate

Edward Augustus 2nd Worcester

Open seats/challengers for House

Jennifer Flanagan Leominster (4th Worcester)
Jack McFeeley Wrentham (9th Norfolk)

NursePLAN
THE POLITICAL ACTION COMMITTEE OF THE MNA

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www.massnurses.org

MNA
MASSACHUSETTS NURSES ASSOCIATION



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 fed-

eral 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. ■

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 Rossi.

Simmons was elected to the Leominster City Council in 1986 first as a Ward 1 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 Counties. 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. ■



Mary Jane Simmons

MASSACHUSETTS NURSE

We want to hear from you!

Do you have an idea for a story or column?

Please e-mail dschildmeier@mnarn.org
or call 781-830-45717 or 800-882-2056, Ext. 717

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 city or town 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. ■

Educating our Members: Labor Issues

Researching your employer online

By Joe Twarog

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.iir.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.laborproject.org.

The hospital

Non-profit organizations that are exempt from paying federal income tax under section 501(c) (3) 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

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.

When "Brigham and Women's Hospital" is entered as a search, some nine organizations appear including "Brigham and Women's Hospital, Inc." along with "Brigham Medical Research and Education Foundation, Inc." and "The Friends of the Brigham and Women's Hospital, Inc." (whose statement of program service accomplishments is listed as "...purchases needed equipment and supplements department budgets..."). Identifying the correct organization is critical.

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 1 lists 11 different sources of potential income including program service revenue, gifts and grants, government contributions, public support, rents, special events and others.

A quick picture emerges of the size of the

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 the hospital 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; neighborhood 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, \$9,171,000 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 which are tax exempt. Examples are: a change in incorporation to allow for a new activity; new by-laws; amending the number of board members and modifications in how it governs itself. If there are changes, attachments will provide the details.

The Internet provides a new and valuable tool for bargaining committee members to research thier employer.

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 extensions 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

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 \$1,157,752,047. Line 18 shows an excess for that year of \$42,554,879.

3. Expenses breakdown among program, management and fundraising

Lines 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 \$418,398,538 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

See *Research*, Next Page

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 so 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 inves-

tigation 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.

...Research

From Page 6

8. Lobbying activities

Line 1 of Part III's Schedule A will indicate whether the organization engaged in any lobbying. This can be of some interest because of the lobbying itself and the amount spent on lobbying might jeopardize the organization's tax exempt status.

Other information

There is much more information on these forms that does not fit into any one category. For instance:

- Part IX lists taxable subsidiaries. Guide Star suggests an example of such a legitimate subsidiary. An organization may have considerable printing expenses and decides to establish its own printing operation for efficiency reasons. Then it uses that operation to generate additional money for the exempt organization.
- Line 90B provides the number of employees as of a certain date.
- Schedule B lists donors whose contribution was over \$5,000. But since November 2002 the names of the donors have been redacted. Apparently the new policy of the IRS is to only release the full Schedule B document upon specific request.

When reviewing the form 990 it is important to recognize that the form is filed by the institution itself and is not independently audited, and that some of the information reported is not necessarily complete. The form does not provide a full financial picture of the institution, but is a good place to start. The MNA will periodically update information on how to research your employer online in future issues of the *Massachusetts Nurse*. ■

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.

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

Labor Relations News

Nurses tire of employer's arrogant disrespect

Jeers for management at Harvard Vanguard! Cheers for MNA members there!

Until recently, the MNA bargaining unit at Harvard Vanguard had not been at the top of the list of the most active and assertive units. But recent positions and actions taken by Harvard Vanguard have led to a sort of metamorphosis.

The agreement MNA has with Harvard Vanguard had a wage re-opener for this year of the contract. The contract does not have the traditional experiential grid contained in all of our other MNA agreements, but rather a range with minimums and maximums. Annual increases for each nurse are based on "merit" as unilaterally determined by Harvard Vanguard through its evaluation system. For example a nurse with 25 years experience could be paid as little as \$30.74 but not more than \$37.96. The employer proposed to allow for merit increases this year of 0 percent, 3 percent or 4.75 percent dependant on each nurses' annual evaluation. Based on past history, only a handful of nurses get an evaluation sufficient enough to provide the highest increase in salary.

At the same time, Harvard Vanguard proposed to increase its maximum rate by 20 percent to \$45.35; however that rate would only be available to nurses in a new program Harvard Vanguard has established. Harvard Vanguard explained they needed the new

maximum rate in order to be competitive and recruit and retain nurses in its new endoscopy program, most of whom were recruited from the Beth Israel program.

The Harvard Vanguard membership voted down that proposal. Their concerns were that the Harvard Vanguard proposal was neither equitable for all the bargaining unit nurses nor in step with compensation for nurses in and around Boston.

Despite the bargaining unit's rejection of Harvard Vanguard's offer and in violation of the law, the employer proceeded to implement the increases of up to 20 percent for the nurses in the new program. Next, Harvard Vanguard started reprimanding unit activists and leaders for using Harvard Vanguard's internal e-mail system to circulate union information about the contract negotiations. Harvard Vanguard's actions again appear to be in violation of the law and in contravention of the National Labor Relations Act. The MNA has filed charges against Harvard Vanguard with regard to both of these issues.

In subsequent negotiations Harvard Vanguard said that its position of increasing the maximum salaries by up to 20 percent would be expanded to approximately another seven nurses and that its maximum increase

allowed for all other bargaining unit members was revised downward from its initial proposal of 4.75 percent to 3.5 percent. It subsequently amended that proposal by 0.1 percent to 3.6 percent. Under that proposal, we estimate it would take any nurse at the current Harvard Vanguard maximum at least six more years to reach the newly proposed maximum of \$45.35—and only then under ideal circumstances.

The response by the MNA members has been impressive. At the last negotiations session our negotiations team had grown to 30 members; turn out at unit meetings has been greater than ever; a number of grievances have been initiated because of Harvard Vanguard's actions against members; and our e-mail communications network has mushroomed. The nurses at Harvard Vanguard are uniting like never before. They are realizing that the only way Harvard Vanguard can take advantage of the nurses is if they continue to let them.

The nurses at Harvard Vanguard know that the nurses in the new endoscopy program deserve all of the \$45.35 per hour and, based on the current market for nurses, probably more. They know a nurse with over 25 years of experience merits an hourly rate significantly higher than the \$30.74 that

Harvard Vanguard could pay her/him. They know that a similarly experienced nurse practitioner deserves more than the \$38.51 she/he might be paid at Harvard Vanguard. They know that an increase of not more than 3.6 percent to an already uncompetitive salary is an insult and out of tune with the reality of this market, where double digit increases are common.

The nurses have explained to Harvard Vanguard that the reason it isn't competitive with regard to salaries for endoscopy nurses is because its compensation system and salaries are not consistent with the health care industry norms in the greater Boston area.

Harvard Vanguard and the MNA negotiations team will be back at the bargaining table, with the assistance of a federal mediator, on Sept. 21. Maybe by then Harvard Vanguard will realize that the MNA members who work for them are a very valuable asset that needs to be respected and that the members need to be compensated equitably and competitively—or else its ability to deliver quality health services with a qualified dedicated nursing force could be severely compromised.

After all, it would appear that Beth Israel learned that lesson the hard way with regards to its endoscopy program. ■

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 nurse members 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 easily 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 nurses' 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 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 a 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 opportunity to tell the community how 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 McManus, 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 hard 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 an independent consultant to assist nurses with this decision. In addition, no proposed modification to the defined benefit plan can be made prior to fiscal year 2020.
- **Wage increases:** 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 "overtime 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 to 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 larger 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 Waubeek 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 23 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. ■

A cartoonist's view



"As part of your long-term financial planning, I'd recommend a carefully thought out union organizing drive."

...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, "Mismatches of this magnitude 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

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

- 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

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.

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

A second look at formaldehyde in the workplace: Some possible alternatives

By Chris Pontus

In early winter of 2003, the *Massachusetts Nurse* carried an article regarding our investigation of a possible formaldehyde substitute. With research and inquiry through individual Web sites and contacts at the University of Maryland, I was able to reach Dr. Stewart Lipton the owner/inventor/creator of a substitute formaldehyde product called NOTOXhisto (NOTOX). I spoke with Dr. Lipton and shared some of the MNA's concerns associated with the use of formaldehyde, and we talked about the reasons why we were trying to find a safe and effective formaldehyde substitute available for hospitals, ambulatory care units, health care facilities and laboratories.

I asked Dr. Lipton if he knew if NOTOX was as 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

Alternative Formaldehyde Sources		
Alternative	Supplier	Source of Information
GlycoFix	Thermo Shandon 800-245-6212	*SHP Web site 800-522-7270
HistoFix	Trend Scientific 800-328-3949	*SHP Web site 800-522-7270
NOTOXhisto	Scientific Device Lab 847-803-9495	www.scientificdevice.com

their faculty 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 reference contact; two declined.

According to Thomas P. Fuller ScD, CIH and MSPH, "Anyone working with formaldehyde 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 formaldehyde at all. Formaldehyde substitute chemicals such as Glyo-fixx, Prefer, HistoFix and others have appeared on the market in recent years. Due to the chemical structures of these products they are safer than formaldehyde and perform equally as well.

Administrative controls for formalde-

hyde include chemical specific training programs, container labeling, monitoring programs, medical surveillance and good housekeeping.

Due to the hazardous nature of formaldehyde, 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 represents 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 substitution and added safety precautions become more urgent. It is very difficult to meet OSHA and EPA safety and effluent restrictions without vigilant 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 formaldehyde alternatives, contact Chris Pontus (contact information is listed in the lower corner on Page 11).

*SHP is the Sustainable Hospitals Project at UMass Lowell. It can be reached at www.sustainablehospitals.org.

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 where these drugs are used may be exposed to these agents in the air or on work surfaces, contaminated clothing, medical 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. Potential health effects can be minimized through sound procedures for 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, employers 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 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; oxytocics; antiretroviral agents; 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 workplace exposure to "antineoplastic and other hazardous drugs in healthcare settings."

Employers are required to educate nurses and others who work in hospitals and healthcare 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 communication training programs.

The OSHA Technical Manual – Section VI, Chapter 2 addresses Controlling Occupational Exposure to Hazardous Drugs. This 35-page document can be obtained by visiting 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 programs 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 addressing issues of the disposal of household prescription medication waste (HPW) in terms of both solid waste and waste in municipal 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 solutions 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-associated) 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 addition, 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.umhmc.org

Fee: No charge for MNA members

Others \$45 fee for the required OSHA text. Please make checks payable to: Massachusetts Nurses Association

Special Note: Lunch will be provided.

Class limited to 24 participants.

Contact Hours Greater Boston AOHN 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@mnarn.org. Occupational Health Nurses should contact Terry Donahue, 781-784-5158 or via e-mail at tadhfd@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 strikes for nurses at several Worcester-area hospitals over the



Kate Maker

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

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.

Maker received her bachelor's in nursing from Fitchburg State College and began her employment as an RN soon thereafter.

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 100 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 this level of 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 informa-



tion, 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

From Page 1

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.

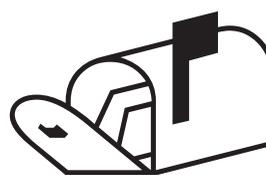
According to president Karen Higgins, this recent report follows more than 15 other similar studies that have come out in the last three years that validate the vital role nurses play in preventing harm to patients.

"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. ■



Have you moved?

Please notify the MNA of your new address:
800-882-2056, x726

Health & Safety Briefs

Work-related asthma is reportable health condition in Massachusetts

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

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

Attend JWJ's "Town Hall Meeting on the Health Care Crisis"

The Old West Church
4 p.m., Sunday, Oct. 10

Attendees are invited to use this forum to discuss an action plan that addresses what meaningful health care reform means as the Nov. 2 election approaches.

Health & Safety Contacts

For questions, comments or concerns related to health & safety issues, contact:

■ **Evie Bain, MEd, RN, COHN-S**
Associate Director/Coordinator,
Health & Safety
781-830-5776
ebain@mnarn.org

■ **Christine Pontus, MS, RN, COHN-S/CCM**
Associate Director, Health & Safety
781-830-5754
cpontus@mnarn.org

MNA

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 greater 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 assure 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

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T-MOBILE.....508-369-2200
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VERIZON WIRELESS.....617-571-4626
Receive an 8 percent discount on plans priced \$34.99 and above! Receive a free Motorola V60s on any new purchase or upgrade.

DISCOUNT DENTAL & EYEWEAR PROGRAM

CREATIVE SOLUTIONS GROUP.....800-308-0374
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyecare and chiropractic expenses.

JIFFY LUBE DISCOUNT

MNA MEMBERSHIP DEPARTMENT800-882-2056, 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 NETWORK800-649-7473
Lower your home heating oil costs by 10 – 15%.

WRENTHAM VILLAGE PREMIUM OUTLETS

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

SIGHT CARE VISION SAVINGS PLAN

MNA MEMBERSHIP DEPARTMENT800-882-2056, x726
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

HEALTH CARE APPAREL

WORK 'N GEAR DISCOUNT.....800-WORKNGEAR (FOR STORE LOCATIONS)
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 DEPARTMENT800-882-2056, 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 DEPARTMENT800-882-2056, x726
Purchase discount movie passes for Showcase/National Amusements & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

DISCOUNT HOTEL & TRAVEL PRIVILEGES

CHOICE HOTELS INTERNATIONAL (SOS PROGRAM).....800-258-2847
20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #0801502. 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 Web site at www.exectourtravel.com. Mention MNA group number 15187.

CENTRAL FLORIDA AREA ATTRACTIONS

THE OFFICIAL TICKET CENTER877-406-4836
Discount admission to Orlando area attractions.

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

MNA MEMBERSHIP DEPARTMENT800-882-2056, 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@universolorlando.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
Capt. Lawrence P. 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 Susan Clish, 781-830-5723 or 800-882-2056, x723



Speaker Carol Mallia, MSN, RN

Date Nov. 18, 2004

Time 8:30 a.m. – Noon: Diabetes: What Nurses Need to Know
12:45 p.m. – 4 p.m.: Cardiac and Pulmonary Pharmacology

8:30 a.m. – 4 p.m.: Combined, all-day program

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

7.2 for the combined, all-day program

Special Note Lunch provided.

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

Advanced Dysrhythmia Interpretation

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 Nov. 30, 2004

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

Place MNA Headquarters, Canton

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

Contact Hours* 3.2

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

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

Dates Oct. 12 and 19, 2004

Time 9 a.m. – 5 p.m. (Lunch provided)

Place MNA Headquarters, Canton

Fee Certification: MNA members, \$155; all others, \$195

Re-certification: 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 program will increase knowledge in oncology nursing. The content of the program will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of hospice care.



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

Date Oct. 27, 2004

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

Place MNA Headquarters, Canton

Fee MNA members, \$125; all others, \$150

Contact Hours* Will be provided

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

Clinical Update 2004

A.M. Session **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

P.M. Session **Cardiac and Pulmonary Pharmacology.** This afternoon program will

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 **Cardiac and Pulmonary Emergencies.** This morning program is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation and ABG interpretation will be discussed, as well as clinical management of respiratory distress.



Speaker Denise Schoen, BSN, RN

P.M. Session **Cardiac and Pulmonary Pharmacology.** This afternoon program will provide nurses from all clinical practice settings with a better understanding of how cardiac and pulmonary medications work. The actions, indications and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.



Speaker Carol Mallia, MSN, RN

Dates 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

7.2 for the combined, all-day program

Special Notes Lunch provided.

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

C.E. COURSE INFORMATION

- Registration** Registration will be processed on a space available basis. Enrollment is limited for all courses.
- Payment** Payment may be made with MasterCard or Visa by calling the MNA contact person for the program or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021.
- Refunds** Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.
- Program Cancellation** MNA reserves the right to change speakers or cancel programs when registration is insufficient. **In case of inclement weather**, please call the MNA at 781-821-4625 to determine whether a program will run as originally scheduled. Registration and fees will be reimbursed for all cancelled programs.
- *Contact Hours** Continuing Education Contact Hours for all programs except "Advanced Cardiac Life Support" and "Anatomy of a Legal Nurse Consultant" are provided by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for "Advanced Cardiac Life Support" and "Anatomy of a Legal Nurse Consultant" are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
To successfully complete a program and receive contact hours or a certificate of attendance, you must:
- 1) sign in,
 - 2) be present for the entire time period of the session and
 - 3) complete and submit the evaluation.
- Chemical Sensitivity** Scents may trigger responses in those with chemical sensitivity. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

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. ■



MNA

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems

- ✓ **Are you a nurse who is self-prescribing medications for pain, stress or anxiety?**
- ✓ **Are you a nurse who is using alcohol or other drugs to cope with everyday stress?**
- ✓ **Would you appreciate the aid of a nurse who understands recovery and wants to help?**

CALL THE MNA PEER ASSISTANCE PROGRAM

ALL INFORMATION IS CONFIDENTIAL

781-821-4625, EXT. 755

OR 800-882-2056 (IN MASS ONLY)

WWW.PEERASSISTANCE.COM

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

- Bournwood 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, DeMarmeffe Building, Room 116. Contact: LeRoy Kelly, 508-881-3192. Meets: Thursdays, 5:30–6:30 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.

- Meets: Fridays, 6:30-7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Contact: Jacqueline Sitte, 781-341-2100. Meets: Thursdays, 7–8:30 p.m.

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.

- Partnership Recovery Services, 121 Myrtle Street, Melrose. Contact: Jay O'Neil, 781-979-0262. Meets: Sundays 6:30–7:30 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, 413-774-2351, Elliott Smolensky, 413-774-2871. Meets: Wednesdays, 7–8 p.m.

Southern Massachusetts

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-790-1944. Meets: Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke. Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.

- Substance Abuse Support Group, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

Other Areas

- Maguire Road Group, for those employed at private health care systems. Contact: John William, 508-834-7036. Meets: Mondays
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Contact: Sharon Goldstein, 800-445-1195. Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 5th Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8852, Sandy, 603-666-6482. Meets: Tuesdays, 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 buy property with no money down? Considering selling your property to buy another one? What about the capital gains? Learn when you should negotiate to buy real estate, how to do your own property research, and when to rely on a trusted professional to help you secure your next home.

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 big success. Your tax-deductible donation helps the Foundation raise funds to support nursing scholarships & research.

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



Contact the MNF at 781-830-5745 to obtain an auction donor form or mail or deliver your donation to the Mass. Nurses Foundation, 340 Turnpike Street, Canton, MA 02021.

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.

Tenure Track Nursing Faculty

The School of Nursing at Salem State College is seeking two tenure track faculty members for the fall of 2005.

Coordinator, Second Degree Program: Required qualifications include a Master's degree in Nursing, five years of nursing practice and baccalaureate level teaching. Preferred is an earned doctorate. Refer to: **05-AA-F-NUR-2D**

Medical/Surgical: Required qualifications include a Master's in Nursing, expertise in Medical/Surgical, Basic Skills, and Health Assessment and five years of nursing practice. Preferred are an earned doctorate and baccalaureate teaching experience. Refer to: **05-AA-F-NUR-MS**

In addition, we prefer candidates with experience in and commitment to teaching in a multiracial, multiethnic environment with students of diverse backgrounds and learning styles, as well as in distance learning and instructional technologies, and candidates who enjoy serving as role models and mentors for a diverse student body. Salaries are competitive and commensurate with education and experience. Advertised position subject to available funding.

Application review will begin immediately and continue until an adequate pool is achieved. To apply, send letter of application specifying department, reference number, and position for which you are applying, resume, appropriate transcripts and three letters of reference to: **Office of Human Resources & Equal Opportunity**, Salem State College, 352 Lafayette Street, Salem, Ma 01970. Fax: (978) 542-6163; E-Mail: eo-hr@salemstate.edu (Word or Word Perfect)

SALEM STATE COLLEGE IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. PERSONS OF COLOR, WOMEN AND PERSONS WITH DISABILITIES ARE STRONGLY URGED TO APPLY.

www.salemstate.edu/eo-hr

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Feel Better, Look Better & Be Healthier!



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- Individual Nutrition Plans
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- 30-Minute Cardio Training Workout

ACTUAL TESTIMONIALS

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—nurse from Boston

"I have more energy, feel better than I ever had"
—nurse from Boston

2 Canton St., Suite 115,
Stoughton • 781-344-4999
www.whyweightfitness.com

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 / 508-835-5898

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—the 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: _____

Employer*: _____ 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.

Auto • Home • Business • Life

Just for being a MNA member, you and all household members are entitled to savings on your Automobile Policies. This includes all household members, including Young Drivers!

Call Colonial Insurance Services today for a no-obligation cost comparison 1-800-571-7773 or check out our website at www.colonialinsuranceservices.com



Automobile Savings

Automobile discount of 6%. Convenient fee free EFT available.



Homeowners Policy

12% discount when we write your automobile. 3% renewal credit after 1 year the policy has been in effect.



INTRODUCING THE NEW MNA HOME MORTGAGE PROGRAM

A new MNA family benefit



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

MNA
MASSACHUSETTS NURSES ASSOCIATION

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



MNA Convention 2004

MNA: On the Cutting Edge

October 6, 7 & 8, 2004

Hyatt Harborside Logan Airport, Boston

Convention schedule

Wednesday, October 6

6:00–7:00 p.m. Cash Bar for Awards Banquet
7:00 p.m. MNA Awards Banquet

Thursday, October 7

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

Friday, October 8

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

Hotel Information

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

Refund Policy

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

Chemical Sensitivity

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

Contact Hours

Continuing nursing education contact hours will be awarded by the Massachusetts Nurses Association which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Questions

Call MNA's department of nursing at 1-800-882-2056, x 727.

Registration Form

Name _____

Address _____

City/State/Zip _____

Telephone: Day _____

Evening _____

I am a(n): MNA Member

*Full-time Student/Unemployed/Retired

Non-Member

* (Includes full-time students [minimum 12 credits], unemployed, retired and student nurse association members.)

Check here if you require vegetarian meals

Check here if you require special assistance during convention and please call the MNA at 800-882-2056, x727

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

Full Two-Day Convention Package — Thursday and Friday:

Includes ALL events on Thursday and Friday.

MNA Members \$75 All Others \$100 Reduced Members* \$70

\$

Please register below if you plan to attend these Thursday events:

Unit 7 Business Meeting/Luncheon

• Noon.

n/c

Region 5 Annual Meeting

• 1:00 p.m.

n/c

Thursday-Only Package:

Includes ALL events on Thursday: 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

\$

Optional Ticketed Events

Awards Banquet	• Wednesday, October 6, 7 p.m.	• \$45	\$
NursePLAN Event	• Thursday, October 7, 7:30 p.m.	• \$65	\$
<i>Dinner show & dancing featuring Shirley McAfee, the singing nurse!</i>			

Total Convention Fees

\$

Payment

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

For Office Use Only:

Charge Code: _____ Amt: _____ Date: _____ Ck#: _____ Ck. Date: _____ Init: _____ V/MC: _____