Nurses recommend Patrick/Murray

On Nov. 7 Massachusetts voters will elect a new governor and lieutenant governor, and this election is critical to front-line staff nurses. Because of the importance of this election, the Massachusetts Nurses Association PAC and its board of directors have recommended and endorsed Deval Patrick for governor and Tim Murray for lieutenant governor.

The next governor:
• Will have the power to sign into law or veto the safe RN staffing bill.
• Will hold tremendous influence and power in the appointment of key positions in government that impact nursing and health care, including the commissioner of the Department of Public Health, members of the Board of Registration in Nursing and key health care policy makers.
• Will be the employer of nearly 2,000 registered nurses and direct care professionals working in our state health and human services system. Under the Romney/Healey administration this unit went three years without a contract and had to fight back constant efforts to dramatically increase their health insurance premium contributions, alter their pension and dismantle their collective bargaining rights and benefits.

Patrick and Murray bring a new approach and new ideas to Massachusetts state government. Patrick supports the House-passed, redrafted version of the safe RN staffing bill. The Romney/Healey administration issued a statement of opposition during the House debate and candidate Healey refused to answer an MNA questionnaire or attend a related MNA interview.

In his own words
Patrick recently commented on the redrafted safe RN staffing bill and said, “I supported this compromise, and conveyed this support in a number of public forums. Though that compromise did not move in the Senate, I look forward to working with the MNA, legislators and others to revive it.”

In terms of patient safety and nursing care, Patrick has said, “My conversations with the Board and other members of the MNA, my own research and my family’s experience have convinced me of the need to address the staffing crisis that nurses and their patients are facing. As I stated in my MNA questionnaire, recent patient care studies highlight how nurse understaffing leads to increased rate of error, complications, lengths of stay and readmissions. I believe hospitals and their nursing staffs should work toward the

UMass RNs set to strike on Oct. 26 against concessions

The 840 registered nurses at UMass Memorial/University campus have served notice on the hospital that they plan to go out on strike on Oct. 26 at 6 a.m. The strike authorization vote was approved by 94 percent of those voting in late September—the largest strike authorization vote in MNA history.

After posting a record $94 million in profits in 2005 and projecting another $47 million in 2006, the hospital is demanding a number of significant concessions—concessions the nurses believe compromise their ability to retain and recruit staff needed to deliver quality patient care at the region’s only level one trauma center. Adding insult to injury, after demanding the concessions from the nurses, the hospital announced it awarded its CEO John O’Brien a 38 percent pay hike and that it intends to invest more than $68 million this year in capital improvements.

“We reached a point where we have no other alternative,” said Kathie Logan, RN, a nurse at UMMC and chairperson of the bargaining unit. “No one wants a strike but management continues to demand major concessions at a time of record, and unprecedented, profits. Our members will not give back 25 years of gains when the institution is in its strongest financial position in its history.”

Key issues in dispute include management’s demand to delete the nurses’ defined benefit pension plan for new employees; dramatically increase health insurance costs; reduce family medical leave benefits; and gut “reduction in force language.” In addition the hospital is proposing to drastically cut the nurses’ salary scale, which would increase the number of steps in the scale while reducing the top step from $49.86 to $46.16. The hospital’s proposals would mean the nurses could lose as much as $8,000 per year in compensation, with some nurses losing more than $15,000.

The nurses’ pension is a benefit guaranteed to them under the law that allowed the privatization of UMMC in 1997. There are facing. As I stated in my MNA questionnaire, recent patient care studies highlight how nurse understaffing leads to increased rate of error, complications, lengths of stay and readmissions. I believe hospitals and their nursing staffs should work toward the

Kentucky River update

Politically driven NLRB ruling on supervisory status of nurses fails to provide promised clarity on union eligibility

In a long-awaited decision by the National Labor Relations Board (NLRB) to clarify if and when registered nurses can be classified as supervisors under the National Labor Relations Act, the Republican-dominated board issued a convoluted ruling on Oct. 3 that targeted certain nurses working in the role as a permanent charge nurse as potentially ineligible for union representation.

On a practical level, the NLRB ruling specifically states that the ultimate decision on union eligibility for these employees will continue to be decided on a case-by-case basis, leaving the door open for further extensive litigation of these matters and removing its stated goal of intended “clarification” of this issue.

“It is clear, with the three released decisions today as the latest examples, that the NLRB, whose directors are political appointees, have taken a turn to the far right and have been construing labor law in favor of the employer,” said Julie Pinkham, RN and the MNA’s executive director.

“This decision will prove a boon to management attorneys who will continue to do what they have been doing for years, which is to use every opportunity to delay union elections and to deprive workers, including nurses, of their union rights. In the context of workers’ rights, justice delayed is justice denied.

“There is nothing really new in this decision. It is yet another example of the continued erosion of rights of workers by the Republican right,” added Pinkham. “In the end it is the public who has the most to lose if registered nurses are deprived of their right to organize in unions. It is only under the protection of a union that nurses can fulfill their role as advocates for patients.”
Nurses’ guide to single-payer reform

By Sandy Eaton, RN

The September issue of the Massachusetts Nurse published excerpts from Richard Kirsch’s assessment of this year’s Massachusetts “universal” health insurance bill (“If Witches Were Horses: The False Promise of the Massachusetts Health Plan”). This assessment was written shortly after the April 12 Faneuil Hall signing ceremony, presided over by Gov. Mitt Romney and attended by nearly everyone who is a stakeholder in the state’s extensive health care industry. Since April, some clarity has begun to emerge.

Chapter 58’s complexity and its silence on the meaning of several key terms have stoked ongoing struggles to leverage its impact on various competing interests: corporate “stakeholders” versus those communities and individuals to whom so much had been promised. The two-year extension of the state’s Medicaid waiver, worth $378 million per year, was subsequently approved by the Bush administration.

The Commonwealth Health Insurance Connector was established and its board filled with appointments by the attorney general and the governor, with an executive director drawn from the commercial health insurance industry. The Connector’s charge is to broker “affordable” health insurance “products” so that coverage is within everyone’s reach. As such, it must define what affordable means in this context.

Four existing managed care plans through which Mass Health, our state’s Medicaid plan, is administered have been approved for this expanded role: Fallon Community Health Plan, Neighborhood Health Plan, HealthNet and Network Health. There’s been some passing discussion of adding a fifth plan as well.

Individuals and families earning below the federal poverty line will be covered at no cost to them.

The newly-created Commonwealth Care fund will receive employer assessments and dispense subsidies to individuals whose earnings fall between 100 and 300 percent of the federal poverty level - for an adult the range is $9,800 a year to $26,400 per year and for a family of two adults it’s $15,300 to $39,600. For an insurable, fifth person, it’s $16,600 a year to $49,800 per year.

Proposed “affordable” contributions under the current four plans range from 1.7 percent (or $18 monthly) to 4.7 percent ($106 a month) of income for individuals, and from 2.1 percent ($36 to $48 a month) to 6.3 percent ($240 a month) for families.

The only new source of revenue for the Commonwealth Care fund is the $295 per employee per year from employers of eleven or more workers who fail to show that they are making a “fair and reasonable” contribution to their employees’ coverage. The Romney administration’s Division of Health Care Finance and Policy held hearings to define “fair and reasonable.” Employers and trade associations were heavily represented, with minimal representation from labor at these poorly advertised meetings. Employer representatives argued that any contribution that an employer makes toward employee coverage should be counted as “fair and reasonable,” while spokespeople for groups associated with the ACT! petition campaign argued for a minimum standard of a 50% premium contribution. (The representative of the Associated Industries of Massachusetts claimed that the “any contribution” definition was the common understanding of those forging the compromise bill behind the scenes at the State House in March. Of course those discussions were off the record and of little weight now.)

The Romney administration has now issued final standards to employers to avoid the $295 assessment, employers must show that at least one-quarter of their employees are enrolled in a company-sponsored health plan, or employers must offer to pay at least one-third of the cost of an individual employee’s premium. (Among companies that still contribute to insurance premiums, employers pay 84% of premium costs for individuals and 74% for families. This new standard of one third is widely predicted to become a strong disincentive for employers to maintain health insurance plans, complicating contract negotiations in organized workplaces and sowing additional insecurity elsewhere.)

This past July, the Affordable Coverage Today! (or ACT!) coalition chose not to file the final round of voters’ signatures to place their question on the November ballot, thus weakening themselves in the ensuing battles around affordability and adequate employer funding, trusting instead to work within the “delicate compromise” that had been brokered behind closed doors in March by Partners Healthcare and Blue Cross-Blue Shield of Massachusetts. A week later the Legislature sent to study the healthcare constitutional amendment proposal that would have provided the impetus to march forward toward affordable, universal coverage. Hence, no healthcare question will appear on this November’s ballot.

Upcoming deadlines:
Oct. 1: The “fair and reasonable” rules set by the Romney Administration’s Division of Health Care Finance and Policy for require companies with 11 or more full-time equivalent employees to pay the assessment if they do not meet one of two “fair and reasonable” standards. Companies will avoid the assessment if at least 25 percent of full-time employees are enrolled in the company’s health care plan, or employers must offer to pay at least one-third of the cost of an individual employee’s premium. (Among companies that still contribute to insurance premiums, employers pay 84% of premium costs for individuals and 74% for families. This new standard of one third is widely predicted to become a strong disincentive for employers to maintain health insurance plans, complicating contract negotiations in organized workplaces and sowing additional insecurity elsewhere.)

By Catherine DeLorey, RN, DrPH

Women’s Health Institute

Nurses have always been advocates for the health of society, and as we struggle for an adequate health care system nurses are at the forefront as change agents, organizers and decision makers.

With almost 95 percent of nurses in the U.S. being women, the issue of health care reform and women is of particular interest to nurses, as advocates and as women.

Reform needs to address women

Health care reform needs to address the special health needs of women. As more than 52 percent of the population, women are the major consumers of health services. Women are also the majority of health care givers and the traditional caretakers of family health.

Gaps and inequities in the health care system greatly affect women, especially women of color. Women are more likely to be chronically ill and to die early. Women are also disproportionately represented among low-wage workers or work in industries that don’t offer benefits, and women are frequently dependent on their husbands for coverage.

Health care reform is important for women, because women:
• Make 58 percent more visits each year than men.
• Are more likely than men to take at least one prescription drug on a daily basis.
• Have greater annual health expenses than men ($2,453 vs. $2,316).
• Pay a greater proportion of their health care expenses out of pocket (19 percent vs. 16 percent).
• Work in positions that are 15 percent less likely to be offered job-based health insurance.
• Are 20 percent more likely than uninsured men to have trouble obtaining health care.
• Are more than twice as likely as men to receive employer-based health coverage as “dependents” through their spouses’ insurance (26 percent vs. 11 percent).

Uninsured in rural areas

In addition to the issues relevant to all Americans, women—especially Latina—have difficulties in accessing adequate health care. Thirty-four percent of Latinas and 21 percent of black women are uninsured, versus 13 percent of whites. For immigrant women, difficulties accessing health care are compounded by language and cultural barriers.

The rate of being uninsured in rural areas is 20 percent higher than in urban areas. Even with insurance, the lack of health care options means that rural women often have difficulties accessing appropriate care.

Recently there have been significant changes to Medicaid that have the potential to reshape program coverage for the nearly 19 million low-income women, who make up approximately 70 percent of Medicaid’s adult beneficiaries.

Medicare—the closest thing in the U.S. to universal health care access plan—covers nearly all seniors—serves women disproportionately. Fully 56 percent of Medicare recipients are women.

Reproductive health

In planning health care reform, we know there is no health security for women without protecting the full range of women’s reproductive services. Reproductive health rights need to be protected because they are denied proportionately among women of low-wage workers or women of color in order to keep children from reproductive age. Women are vulnerable to stigmatization of women who have the right to get pregnant when they want, to the right to a healthy pregnancy, and the right to a healthy baby.

In addition, the following principles are essential to any reform proposal:
• Universal access to quality care.
• Comprehensive health benefits.
• Availability of women’s health care from a variety of providers.
• Care provided in a variety of settings.
• System accountability to women.
• Full health information for women to make their own health decisions.

As we plan for the future, the only way we will achieve an adequate health system for women is for women to work together to have their voices heard. Some ways this is being done include:
• The National Women’s Health Network (nwhn.org) includes health care reform in its long-term goals.
• The Avery Institute for Social Change (www.averyinstitute.org), coordinated by Byllie Avery, convened a national meeting of women’s health advocates to establish a consensus on women and universal health care.
• The Maryland Women’s Coalition for Health Care Reform (information via askyip@aol.com) formed in November 2003, as a confederation of women in Maryland to support efforts already underway to bring comprehensive health care to all.
• Women’s Universal Health Initiative (www.wuih.org) is a national organi-
We are a powerful union, but we can do even more

By Beth Piknick

Let me start by saying that the past year, my first year as president, has been a whirlwind adventure. I come away from these 365 days more convinced than ever that the MNA is a powerful organization. We are a powerful union. The people in this room, individually and collectively, are powerful people.

I am awed by the work that this organization has done to move the issue of safe staffing forward, and I will never forget that night standing in the House chamber as the roll call was taken and our safe staffing bill passed by a 133–20 margin. Next year I hope to have that same feeling again, but this time in both houses and at the desk of our next governor: Deval Patrick.

I was proud that the MNA led the fight against the BU bioterrorism lab and has taken a stand against the farce that is the Massachusetts Biotechnology Institute.

It was encouraging to see our efforts around occupational health and safety continue to bear fruit. This past year we were able to get our workplace violence bill and our safe patient handling bill out of committee for the first time, and our alliance with OSHA has provided helpful education to nurses throughout the state.

I was inspired by the tenacity and the strength of our members of Unit 7, who waged a relentless battle against the governor to finally win a new contract.

I was proud to watch my own bargaining unit at Cape Cod Hospital rally themselves and the public to wage a campaign to win contract language specifying RN-to-patient ratios in every unit.

And I am moved and inspired by the courage and unity of our brothers and sisters at UMass Medical Center, who just last week took an historic strike vote—the largest in MNA history—to take a stand in order to protect their pension and the integrity of their contract. I would ask all members of the UMass bargaining unit who are here today to stand so your colleagues can applaud you for the courage you have shown. Please know that we are all with you and that your fight is our fight.

So I am proud of the work we do and the power we have, but I wanted to take this time to highlight a concern I have and how that concern presents a challenge to all of us as we move forward.

My concern can be expressed by a comment made to me one time by a member, a leader of a local bargaining unit, who said, “I wish the overall MNA membership could feel and appreciate our power in the same way that those in the outside world perceive our power.”

What this person was expressing was her concern over the disconnect that exists within our organization. The local bargaining leadership and many members don’t always see the connection they have within their own facility to the MNA as a whole. They don’t see the connection they have within their own facility to the public, the patients, patients’ families, other organizations and our legislators.

In the past year, I have taken time to travel the state talking to local bargaining units. I have walked picket lines, attended regional events, and talked to those in the field about the MNA.

As an organization, we have begun to do the same. This past year, our division of communications conducted focus groups and a statewide telephone survey of our members. I would like to share some of the highlights of that survey.

The good news is that the vast majority of our members feel satisfied with their membership. They also have strong faith in their local unions and they hold their union contract as their most important asset that is derived from their status as an MNA member.

They also see the MNA as doing what our mission says we should be doing. They see us as a powerful advocate for the profession and for patient care. They also strongly support all the areas of activity that the organization is involved in.

But the survey also found that even though they are satisfied with their membership, they don’t feel connected to the MNA, particularly beyond their bargaining unit. They also don’t fully understand that all the MNA is and does, and how the MNA is actually addressing their concerns.

Members expressed a lack of connection to the regions and the state organization. They didn’t understand how the organization all fit together. They also questioned the importance of our elections and a lack of understanding of the importance of electing or running for a statewide office.

So this is our challenge in the coming year. We need to connect the dots of our organization. We need to make our members fully understand all of what the MNA is and does.

Our five-year plan approved at last year’s convention provides the blueprint for action to do all this.

With our new resources we now have the ability to reach out and support our members through increased staff and educational resources both in the division of labor action and the division of nursing.

Our mobile unit will allow us to be out in the field talking with and educating members.

Our print shop and expanded communications services will allow us to provide better materials and timely communication to keep members informed of our story. We will also be able to do more advertising to the general public about nurses and the important issues we face, which is something our members desperately want.

We have a new orientation video and are working on a new-member orientation program for the bargaining units to educate our members from the beginning of all MNA has to offer.

As demonstrated by our legislative efforts over the past two years, we have the resources and strategies to involve more and more members in the legislative process. This is one area, even for me, where the dots have truly been connected. More of our nurses than ever before are seeing the connection between political action and their workplace and they are participating like never before.

We started to expand our division of legislation to include regional grassroots organizers to carry this work deeper into the organization.

A big challenge for this organization and for any organization is to make it come alive. And life to an organization like ours is enhanced through the lifefood of a lively and competitive election process. On all levels of the organization we need to communicate to our members the importance of running for office, on the local, regional and state levels.

We need to communicate to members the importance of leadership positions and to make them want to vote for those positions.

Finally, we have a whole new generation of nurses coming up through the ranks. It is my hope that these nurses who come after us will already have the dots connected for them and that they will be able to see where they belong within the MNA.

In the coming year we will be talking with and will survey many of our newest nurses in order to learn more about their needs and how best to connect with them so that we can sustain this organization into the next generation of professional activism.

As I said earlier, we are a strong and powerful organization. We have accomplished so much and can do so much more if we stay united and if we keep working together to connect the dots. This will allow us to create a picture of nurses and nursing that shows us what we truly are—the voice of health care in Massachusetts.
Nursing on Beacon Hill: Legislative Update

Election 2006: Critical to staff nurses

Massachusetts’ front-line nurses and the patients they care for fell just one vote short of passing safe RN staffing legislation this past legislative session. With an overwhelming 133-20 vote in the House, the session came to an end without the Senate taking action on the bill. But with a strong vote in the House, key supporters returning in the Senate, front-line staff nurses, and MNA-endorsed gubernatorial candidate Deval Patrick expressing his support for the compromise bill, Massachusetts is poised to pass legislation protecting patient safety and ensuring quality care.

In addition to the House passage of the safe RN staffing bill, the Legislature passed into law several important bills, such as the bill that codifies the sexual assault nurse examiner program; the bill that provides tenure to school nurses; and the bill protecting state health insurance contribution premiums for Unit 7 members. We must ensure that those who have been supportive of these issues are re-elected this fall.

The Massachusetts Nurses PAC has reviewed the voting records and advocacy work of each candidate, and it has also conducted interviews with the candidates—so these recommendations and endorsements are not taken lightly. In fact, an exhaustive process is undertaken to identify and help elect those candidates most supportive of the staff nurses’ agenda.

The Massachusetts Nurses PAC recommends and endorses the following candidates for election on Tuesday, Nov. 7:

State Senate

The Massachusetts Nurses PAC has endorsed the following Senate incumbents with challenges for re-election based on their support for safe RN staffing and advocacy for issues important to front-line nurses:

- Edward Augustus, Worcester
- Harriette Chandler, Worcester
- Susan Fargo, Lincoln
- Robert Hedlund, Weymouth
- Brian Joyce, Milton
- Mark Montigny, New Bedford
- Robert O’Leary, Barnstable
- James Timilty, Walpole
- Marian Walsh, Boston

The Massachusetts Nurses PAC has endorsed the following candidate for an open seat in the Senate:
- Benjamin Downing, Pittsfield

House of Representatives

The Massachusetts Nurses PAC has endorsed the following House incumbents with challenges for re-election based on their support for safe RN staffing and advocacy for issues important to front-line nurses:

- Demetrius J. Atsalis, Barnstable
- Antonio F. D. Cabral, New Bedford

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President: Beth Piknick, ’05–’07
Vice President: Donna Kelly-Williams, ’06–’08
Secretary: James Moura, ’05–’07
Treasurer: Nora Watts, ’06–’08
Directors, Labor:
Region 1: Irene Patch, ’05–’07; Diane Michael, ’06–’08
Region 2: Kathleen Logan, ’05–’07; Mary Marenco, ’06–’07
Region 3: Judy Rose, ’05–’07; Stephanie Stevens, ’06–’08
Region 4: Fran O’Connell, ’05–’07; Vacant, ’06–’08
Region 5: Connie Hunter, ’05–’07; Ginny Ryan, ’06–’08

Directors (At-Large/Labor):
- Karen Coughlin, ’05–’07; Karen Higgins, ’05–’07; Richard Lambros, ’05–’07; Barbara Norton, ’05–’07; Nancy Gilman, ’06–’08; Judith Smith-Goguen, ’06–’08

Directors (At-Large/General):
- Sandy Eaton, ’05–’07; Tina Russell, ’05–’07; Jeannine Williams, ’05–’07; Marilyn Crawford, ’06–’08; Helen Gillman, ’06–’08; Sharon McCollum, ’06–’08; Rosemary O’Brien, ’06–’08

Labor Program Member:
- Beth Gray-Nix, ’05–’07

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Mission Statement: The Massachusetts Nurse will inform, educate and meet member needs by providing timely information on nursing and health care issues facing the nurse in the Commonwealth of Massachusetts. Through the editorial voice of the newsletter, MNA seeks to recognize the diversity of its membership and celebrate the contributions that members make to the nursing profession on the state, local and national levels.

Published nine times annually, in January/February, March, April, May, June/July, August, September, October and November/December by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

Deadline: Copy submitted for publication consideration must be received at MNA headquarters by the first day of the month prior to the month of publication. All submissions are subject to editing and none will be returned.

www.massnurses.org
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- Sean Curran, Springfield
- Salvatore F. DiMasi, Boston
- James B. Eldridge, Acton
- Lewis G. Evangelidis, Holden
- Jennifer L. Flanagan, Leominster
- Susan W. Gifford, Wareham
- Anne M. Gobi, Spencer
- Thomas A. Golden, Jr., Lowell
- Mary E. Grant, Beverly
- Denis E. Guyer, Dalton
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- Michael Moran, Boston
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- Harriet L. Stanley, West Newbury
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...Patrick/Murray

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best staffing ratios to serve patient needs.”

Tim Murray: A friend of nurses

As the mayor of Worcester, Murray has a strong record of supporting working people, organized labor and quality health and human services. Murray has consistently advocated for the concerns of nurses and their patients. The nurses of St. Vincent Hospital have long admired Murray since his days as a city councilor. While in that position, he regularly walked the picket line with the striking nurses and provided ongoing support in their fight for improved staffing and working conditions.

...UMass

From Page 1

is no justification for taking this away from the nurses. According to Logan, “If the hospital has its way, patients will suffer as many as $10 per hour ($20,000 per year) more, with better benefits.”

“While the unit is in preparation for a strike, the negotiating committee is hoping that management will come to its senses and agree to our last and final proposal before the October 26 deadline,” added Logan.

Those nurses who wish to support the UMass nurses in their strike can do so in a number of ways, including joining them on their picket line, making a donation to their strike fund and/or by calling their CEO John O’Brien at 508-334-0100 to register your outrage.

You can send donations to the UMass nurses strike office, which is located in the new MNA Region 2 headquarters, 365 Shrewsbury Street, Worcester, MA 01604.

To learn more about the strike and what you can do to help, visit the UMass nurses Web page on the MNA Web site at www.massnurses.org, or call the strike office at 508-756-5800.
Keeping nurses safe on the job: News from the Congress on Health and Safety

Research project at UMass aimed at nurses, others who provide home, hospice care

The MNA and the Congress on Health and Safety have a long and productive association with the University of Massachusetts Lowell (UML) in the work environment and the well-being of nurses. The case study and focus group research addressed our questions about how health care system restructuring has affected the health and safety of nurses. Our partnership with the MNA provided us with the opportunity to learn about the unending conditions nurses face in a range of health care settings. Nearly 50 MNA members—including many elected leaders, local unit leaders, occupational health advocates and staff nurses who were primarily employed in hospital environments—participated in a series of seven focus groups on the following topics: working conditions, health and safety; violence and abuse; diversity and discrimination; post-injury return to work experience; and healthcare system restructuring. Outlined below is a summary of the findings.

Summary of findings

A. Work-related injury, illness, violence and abuse

Types and source of injury: These include direct bodily harm and threats to health such as HIV infection from needle sticks, sharps and bodily fluids of patients; exposure to hazardous materials; and muscular-skeletal disorders traced to heavy lifting, inadequate equipment, and too few staff for lifting very heavy patients. Nurses attributed frequent URIs, chronic fatigue and spastic bowel, too short staffing, double shifts and mandatory overtime. One nurse described the work environment as a “merry-go-round turned to high” and so, to avoid falling off “you have to increase the speed at which you work.”

The categories of assault and abuse included physical—but non-life-threatening—attacks, life-threatening violence, and verbal and emotional abuse. Violence and abuse occur across practice settings, with patients as primary perpetrators and direct care staff as the primary targets. Nurses attribute increasing assaults and abuse to lack of preventive programs focused on temporary support; inadequate staffing and security measures; admission of patients with histories of violence without adequate security; the “free flow of people [into healthcare facilities]; and increased aggressiveness of patients and families; short staffing; and long waits for service leading to patient frustration.

Abuse included verbal attacks by physicians and the emotional toll of “constant negative evaluations” by management, labeling them as “malingering” if injury was not physically apparent, and humiliating them in front of patients and other staff.

Impact of stress and trauma on physical and emotional health: The stress emanating from the fast pace, overtime, noise from telemetry, fear of potentially dangerous patients, and chronic fatigue is insidious, although not immediately detectable. It increases awareness. But it is also cumulative—eventually revealing itself in conditions such as dental pain, sleep deprivation, compromised immune system, and subsequent increased vulnerability to infections and injuries from various exposures. As one nurse said, “Nursing is just one shortcut after another, and many shortcuts are unhealthy for the nurse and patients.”

Nurses distinguished the trauma from assault. Assault is based on the following issues: cognitive status of the perpetrator: If the patient is impaired, it is easier to excuse the assault. Yet, there is a tendency to interpret assaults in health care settings as “part of the job” unlike, for example, recognizing assault in a supermarket as a “criminal act.”

For example, when a nurse complained about a patient who committed a sexual assault, a supervisor said, “We can’t do anything… he has a right to be here [until a court order is obtained.]” Similarly, in a dramatic and life-threatening hostage situation, management was apparently oblivious to the emotional toll the event had on the nurse who was trying to bring a violent patient under control in order to save lives. She pressed the nurse to continue in her care-taking role with, “Hurry up, let’s go” … and with no opportunity for post-incident debriefing or support. Also noted was a class difference in management’s response to the assault of a worker, with more attention paid, for example, if the assaulted victim was a physician.

Disparities among workers at risk: Overall, direct care workers are at greatest risk of injury, especially nurses and nursing assistants, although this varies according to type of injury, language, ethnicity and class. The upward age trend and accompanying decreased physical stamina among nurses (5% of the workforce) increases the risk of injury from stressors of short staffing, heavy workloads, long shifts and many years of work. Although nurses note less frequent injury of managers and physicians—“They don’t have a lot of lifting as part of their job”—chemical injury and exposure is perceived as “the great equalizer” because, regardless of job description, “The fact that you were in the building, breathing on a regular basis was your risk factor. But the way you were treated varied on the basis of what your status was.

B. Reporting behavior, policies and management attitudes

Overall, reporting may be formal (following agency policies), or informal, encompassing the communication process between workers and management, and among workers themselves. One nurse cited the money that could be saved by solving the occupational health problems versus legally intimidating the injured worker.

A nurse may not report an injury perceived as “self-inflicted” or accidental (e.g., bumping one’s head), whereas physical assault by patients are more often reported, although such reporting is complicated by the cognitive status of the perpetrator.

This is a significant factor in a nurse’s attempt to find meaning in what happened and take appropriate follow-up steps after injury. It refers to the widespread differentiation in medical and public health arenas between “intentioned” and “unintended” injuries. If the perpetrator is cognitively impaired, there is a propensity to accept the injury as “part of the job,” as exemplified by the following statement: “But he’s demented, you know.”

Delayed reporting occurs when the perceived seriousness of the injury or subsequent pain may not be apparent until days after it occurred. Reporting behavior is also complicated by a policy requirement to cite a “specific instance” of injury which is not possible in cases of the “cumulative” effect of some injuries. For such insidious injuries, some nurses attribute their “collapse” to “getting old, tired and [working] too hard.”

Nurses cited management’s failure to support reporting. They cited the money that could be saved by solving the occupational health problems versus legally intimidating the injured worker.

On the other hand, one nurse acknowledged the chaos of the situation and said, “We put ourselves in harm’s way” [in contrast to others who assert themselves]. Still another said, “Adaptation is a terrible thing; you do it because it’s expected. And eventually you don’t even realize how bad it is for you.”

Look for the second part of this article in the November/December edition of the Massachusetts Nurse.

Acknowledgements: MNA member focus group participants; focus group coordinator Evie Bain; and PHASE team members Kathy Speranzza, Eduardo Siqueira and Beth Wilson, for their assistance with this research.

Authors: Lee Ann Hoff, a nurse-anthropologist, has authored several books on crisis and violence, and is a co-investigator of the UMass Lowell PHASE research project. Craig Slatin is a psychologist and is a co-investigator of the UMass Lowell PHASE project. Eduardo Siqueira and Beth Wilson, for their assistance with this research.

For information on the methodological facets of this study, contact leehoff@mnarn.org.
Home health care practitioners: we need your input to prevent injuries

The population of home health care workers is both a growing and understudied population. According to the Center for Disease Control, 385,000 needlestick and other percutaneous sharp injuries are sustained annually by hospital-based health care clinicians, potentially leading to hepatitis and HIV infection.

Although similar injuries occur in private homes, most prevention efforts have been focused on hospitals and little attention has been given to the rapidly growing home health care industry, which is one of the fastest growing industries in the U.S.

Blood exposures pose serious risk

Blood exposures are a serious health risk in the understudied population of home health care professionals. Health care providers—nurses and aides alike—are at risk for infection from blood exposures, primarily from needlesticks and other sharp devices, such as lancets and scalpels. Exposure to bodily fluids is also a key issue for these health care workers. Occupational exposures can result in debilitating or fatal diseases like hepatitis B, C, or HIV. Even the post-exposure treatment can have serious physical, emotional and economic consequences for caregivers and their families.

Important research is underway

Researchers from the UMass Lowell School of Health and Environment are conducting important and innovative research to identify working conditions that put home health care nurses and aides at risk of injuries like needlesticks. This effort has been named Project SHARRP (Safe Homecare and Risk Reduction for Providers). From the these findings, researchers plan to design ways to help home health care practitioners work safely while continuing to deliver quality care.

One of the steps in this research project is to conduct a survey to identify risk factors that lead to needlestick injuries. The surveys will be conducted among home health care nurses and home health aides. Results from these surveys will be analyzed and used to help reduce risk factors that result in needlestick injuries.

More than 1,000 surveys will need to be completed for this research, so participation by home health care workers is essential. Without you, we cannot be successful in our endeavor to reduce the risk of needlestick injuries.

Who can participate?

Home health care nurses and aides (part time, full time or per diem) who are willing to complete a mailed survey are needed for this research initiative. Surveys will take about 20 minutes to finish and can be returned to the research administrators at no cost to you.

How will the survey be distributed?

We will mail you a survey packet. The packet will contain a consent form, a survey and a self addressed stamped envelope. After signing the consent form and completing the survey at your convenience, return all of the materials in the self-addressed, stamped envelope.

Once your return packet is received, a $25 reimbursement check will be sent as a way of thanking you for your time and assistance.

When will things get started?

The survey will be conducted during the fall and early winter, but you can contact us now to make sure you are on the mailing list to receive a survey.

If you are a home health care nurse or aide who is interested in participating in this important and innovative research, contact Catherine Galligan at Project SHARRP: Catherine_Galligan@uml.edu or 978-934-3386.

You may also contact Evie Bain, MNA Associate Director, Occupational Safety & Health at: EvieBain@mnarn.org.

Disaster preparedness: an all-hazards approach for nurses

By Chris Pontus

In response to requests from nurses to become educated about responding to a disaster event, the MNA recently developed and presented a disaster preparedness program series this past spring/summer.

The three-part educational program, geared toward nurses, was conceptualized and developed by Mary Crotty and Chris Pontus. Speakers included experts from the Massachusetts Department of Public Health and Massachusetts schools of nursing, as well as professionals in the field of emergency medical services and first response.

Each participating speaker delivered and presented the program to an at-capacity crowd of nurses—several of whom came looking for assistance in developing their organizations’ emergency response plan.

The series also provided a valuable opportunity for nurses to network and share contact information and ideas about creative ways to develop contingency plans for presently unknowable events.

Program overview

Part I: All hazards overview

Disaster preparedness: An All-Hazards Approach for Nurses Part I was designed and delivered from the perspective of an all-hazards overview. The course content identifies the events that shape the modern profession of emergency management, describes the components in the Center for Disease Control (CDC) Response Plan, with an overview of the National Response System (NRS). Some of the objectives of this program were to have participants identify emergency management agency support functions provided by Federal Emergency Management Agency (FEMA) and Local Emergency Preparedness Committee’s (LEPC) in their communities.

Participants also learned to consider and recognize when personal protective clothing and equipment are needed to safely get a job done. Nurses were provided the basic elements in the development of an EMS plan which includes the levels of incidents and resources of an Emergency Command System (ICS). Continuity of operations was also discussed during the program.

Part II: All-hazards approach for nurses

The nurse and community planning efforts for emergencies and disasters were presented as well as the essential components in a Continuity of Operations Plan.

Part III: All-hazards approach for nurses—Psychosocial affects of disaster, nursing management

Session three looked at the behavioral health issues of both natural and man-made disasters. The result of how these emergency events affect the behavioral health of individuals, families and communities was discussed. Symptoms and interventions related to distributing factors of a pandemic. The current status of HSNIV virus and the elements of a state and local pandemic plan were presented as well as the essential components in a Continuity of Operations Plan.

More than 1,000 surveys will need to be completed for this research, so participation by home health care workers is essential. Without you, we cannot be successful in our endeavor to reduce the risk of needlestick injuries.

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You may also contact Evie Bain, MNA Associate Director, Occupational Safety & Health at: EvieBain@mnarn.org.

Catherine Evlog, RN, nurse practitioner and Unit 7 leader, retires

Catherine Evlog, the chairperson of the MNA bargaining unit at Chelsea Soldiers Home, and a leader in Unit 7, was joined by her family, friends and co-workers at an important party this past summer to celebrate her illustrious career in nursing and labor leadership.

Why? Because Cathy has “retired,” at least from her full-time job. She can now spend more time with her husband, at home or at one of her favorite spots: Greece, Ireland and Florida.

At the party, which was held at the Hilltop Steak House in Saugus, Cathy’s career and unique contributions were re-counted by her wonderful peers who came out in celebration and gratitude for the many years shared, working together for the health of the Massachusetts veterans at the Soldiers Home at the top of the hill in Chelsea.

At the party were the new co-chairs of the Soldiers Home, Roseann DiCato and Paul Corkham. They say they were well prepared to assume their duties by Cathy who has always been committed to developing new leaders in MNA.

As well as serving as the chair of the Chelsea “SOHO” and on the executive board of Unit 7, Cathy has, for many years, served the entire membership of MNA through her terms on the Cabinet on Labor Relations, the Board of Directors, and the MNAs political action committee.

She has also been a longtime leader in Region 4 which represents the MNA members living and working in Essex County. Through the transition from MNA “districts” to Regional Councils, she has been a steady and conscientious leader, helping to establish, for the first time, a Region 4 office in Peabody and creating a permanent staff position to assist the very active 17-member Board and 2,300 members of Region 4.

Cathy has no intentions of giving up her commitments to MNA and our profession. Although her term as president of Region 4 ends this month, Cathy was on this year’s MNA ballot—where she was elected to an at-large seat on the MNA Board of Directors. She has also agreed to remain on the MNA Board of Directors.  She has also agreed to remain on the Cabinet on Labor Relations, the Board of Directors, and the MNA’s regional councils. She has been a steady and conscientious leader, helping to establish, for the first time, a Region 4 office in Peabody and creating a permanent staff position to assist the very active 17-member Board and 2,300 members of Region 4.

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New survey says that hospitals put patients last

As the Massachusetts Hospital Association prepared to launch a two-day conference in September in order to trumpet its “Patients First” public relations campaign, the MHA released the preliminary results of the only real-time survey of actual hospital staffing performance—and it found that hospitals regularly violate their own published staffing plans.

The survey—which is a follow up to a similar analysis completed in 2004—found that staffing levels in the state’s acute care hospitals remained unchanged over the last two years, despite the hospital industry’s claims to be improving the quality and safety of nursing care.

Survey highlights include:

• There was no statistically significant difference in hospital staffing levels on medical/surgical units between the 2004 and 2006 surveys.
• Extreme changes in the number of patients assigned to registered nurses.
• More than half of the hospitals reported regularly assigning more than five patients per nurse on the medical/surgical floor, in excess of the current limit set by regulations in California.
• Every hospital reported an assignment of more than four patients per nurse on the medical/surgical floor. A study in the Journal of the American Medical Association finds that for each patient over four assigned to an RN there is a 7 percent increase in risk of injury, harm and death to patients.
• In a shocking 36 percent of observations hospitals failed to meet the accepted minimum standard of no more than two patients per nurse in the intensive care unit, a standard recommended by the Institute of Medicine.
• Most alarming of all, more than 45 percent of hospitals had, on occasion, assigned eight patients or more to their nurses, a staffing level that according to research published in Journal of the American Medical Association, placed those patients at a 31 percent increased risk of death.

“This survey, which is the only study to track what really is actually happening with nurse staffing in our hospitals, shows once and for all that the hospital’s ‘Patients First’ initiative is a farce, providing patients with a false promise of patient safety, and that the hospital’s actual staffing practices are oftentimes patently dangerous and irresponsible,” said Beth Piknick, RN, president of the MNA. “The fact that there is so much variation in hospital staffing levels and the fact that they are incapable of adhering to their own self-created plans is the best argument for legislation creating enforceable safe limits on the number of patients assigned to an RN.”

Piknick noted, “The MHA Web site is not based on any research or standard of care; it’s the hospitals self-imposed plan and ironically one they don’t even follow.”

The staffing survey was conducted by the MNA, in conjunction with Andover Economics, a leading health care economics research firm. The survey was conducted April 4–21, 2006, and employed a random sample of 65 medical/surgical floors and 52 intensive care units in 35 of the state’s 67 acute care hospitals. The survey, which included random sampling of all shifts and all days of the week, tracked the actual RN-to-patient ratios, with nearly 1,000 individual shifts observed. It is the only real-time survey of hospital staffing and actual RN patient assignments ever conducted.

The MNA is concerned that the hospital association and others in the nursing field are treating the Patients First staffing numbers as if they represent the actual staffing patterns in Massachusetts hospitals. In fact, the MHA is promoting a research study published in the September issue of the Journal of Nursing Administration, which purported to present a scientific analysis of staffing in Massachusetts hospitals based on the staffing patterns promised on the Patients First Web site.

A random sampling of hospitals by the MNA analyzing the actual RN staffing levels and census data with the Patients First Web site for those hospital units, found the patient census matched only 6 percent of the time while the actual RN staffing matched only 15 percent of the time. This again reaffirms that the Web site has little relationship to the reality that patients face when they are admitted to the hospital.

“We will not allow the MHA and its surrogates to use false data and misinformation to cloud an issue of such great importance to the safety of patients in our hospitals,” Piknick said. “The only conclusion that can be reached from any honest look at the staffing patterns in our hospitals is that, left unregulated, they vary from facility to facility and there is no guarantee of any expected level of safety for any patient under current conditions. Clearly, continued self policing has generated a public relations campaign and a Web site, but no substantive change for patients or the front-line nurses who care for them. The only way we can make that happen is through legislation to actually hold hospitals accountable.”

The release of these preliminary survey results were part of a larger study on RN staffing in Massachusetts hospitals and the cost of implementing safer staffing standards. Andover Economics intends to release in October. [ ]
RNs encouraged to register as emergency preparedness volunteers

Emergency Preparedness Volunteer Information

This contact information may be used by MNA for routine emergency preparedness communications and/or in the event of an emergency or disaster. The information may be shared with emergency relief agencies or organizations. You will periodically be asked by MNA to update your data to keep contact information current.

PLEASE NOTE: MNA strongly encourages nurses to obtain personal professional liability coverage!

First name: ________________________________ MI: ___ Last name: ________________________________

Please indicate: RN: _____ NP: _____ Other: _____ Retired? Yes_____ No _____

Are you an MNA member? Yes_____ No______ If not, would you like to be? Yes_____ No _____**

Nursing area(s) of expertise: __________________________________________________________

Other information or skills (i.e. languages spoken, etc): __________________________________

Street address: ______________________________________________________________________

City: _________________________ State: _____ Zip: ____________

Daytime phone: _____________________________ Evening phone: __________________________

Mobile number: _____________________________________________________________________

Email address: _____________________________________________________________________

Please return this form to Mary Crotty, 781-830-5743 or Chris Pontus, 781-830-5754 at:
Massachusetts Nurses Association
340 Turnpike Street, Canton MA 02021

**If you would like to become an MNA member, please call the MNA membership department at 800-882-2056.
Division of Labor Action: Education & Training

Who wants to be a millionaire? These hospital CEOs are close.

For those who may have missed the article in the fading days of summer, the Boston Globe reported on Massachusetts hospital CEO’s salaries on Aug. 31. The account was both enlightening and depressing. It is important to remember that most of these hospital executives are the heads of so-called non-profit institutions. Let the numbers speak for themselves. Here is an adaptation of what the Globe reported, with additions. Roll the tape! Now we know why they are all smiling.

### James J. Mongan
CEO, Partners HealthCare
Mongan’s compensation surpassed $2 million, with a $1.17 million in salary, a $330,000 bonus and $150,000 in deferred compensation. He also received a $350,000 contribution to his retirement plan.

### Elaine Ullian
CEO, Boston Medical Center
Ullian’s compensation increased from $885,901 to $1.37 million, which translates into an incredible 54 percent increase.

### Peter Slavin
CEO, Massachusetts General Hospital
Slavin’s compensation rose from $884,422 to $1 million, a 13.1 percent increase.

### Michael Jellinek
President, Newton-Wellesley Hospital
Jellinek made $723,312 in Fiscal Year 2004 (Oct. 1, 2003 through Sept. 30, 2004) which are the most recent records available.

### Paul Levy
CEO, Beth Israel Deaconess Medical Center
Levy received a 4.5 percent increase, boosting his salary from $957,477 to $1 million.

### John O’Brien
President and CEO, UMass Memorial Medical Center
John O’Brien, the chief executive of UMass Memorial Medical Center in Worcester, received a 38 percent increase in compensation — bringing his salary up from $920,000 to $1.27 million. Ironically, he is currently demanding 50 concessions from the UMass nurses who are in contract negotiations, including cuts in health insurance, pensions, sick days and personal days.

### Ellen Zane
President and CEO, Tufts-New England Medical Center
Zane received a total of $1.05 million in 2005. During 2004, when she was chief executive for only eight months, she received $590,131.

### David M. Barrett
President and CEO, Lahey Clinic
Barrett's package increased from $945,031 to $1.25 million, an increase of 32 percent. This included $518,000 in benefit payments.

### James Mandell
President and CEO, Children’s Hospital, Boston
Mandell received a compensation increase of 9.9 percent which inflated his salary from $978,955 to $1.07 million.

### Gary Gottlieb
President, Brigham and Women’s Hospital
Gottlieb’s compensation package grew from $935,009 to $1 million, a healthy 6.9 percent increase.

### Robert Haddad
Former president, Caritas Christi Health Care
Haddad received $932,870 in salary and benefits as chief executive of the hospital system operated by the Archdiocese of Boston, until he was forced to resign because of charges that he sexually harassed women in his office.

### Mark R. Tolosky
President and CEO, Baystate Health
Tolosky’s package increased to $1.24 million, up from $1.03 million in 2004, the year he was promoted to chief executive. That represents a 20.4 percent increase.

### Norman B. Goodman
President, Brockton Hospital
Goodman received a whopping 34.7 percent increase in salary from fiscal year 2003 to 2004—which brought his salary up to $737,660.

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American Red Cross nurses leaflet at Springfield Donor Center

Contract talks stall over proposal to eliminate RN oversight of blood drives

Registered nurses at the American Red Cross Blood Services – New England Region (ARC), who are currently negotiating a new contract with management, have been taking their case to the public for support in protecting donor’s access to monitoring and care by registered nurses during blood drives. As part of their effort, the nurses conducted informational leafleting outside the ARC Springfield Blood Donor Center on Oct. 7.

The key issue in dispute has been a demand by ARC management to allow the replacement of licensed registered nurses with non-licensed technicians to oversee blood drives, which would mean there may not be qualified RNs on hand to assist donors and to respond to complications that arise. The ARC employs 47 registered nurses throughout the state. The RNs, who are represented by the MNA, have been negotiating their new contract since July 12, 2006. The nurses’ contract expired on Aug. 15, 2006.

The RNs provide numerous services within the ARC’s whole blood, platelet apheresis and double red cells programs. The platelet apheresis program is a specific form of blood donation that involves the collection of a donor’s platelets which in return is usually given to a cancer patient while in treatment. The MNA-represented nurses work out of four different regional offices located in Dedham (which is also the headquarters for the Red Cross), Springfield, Worcester and Peabody.

“We believe this is an issue of great concern for the public because nurses play a vital role in the safety of our blood donors and blood supply,” said Tina Holman, RN, a nurse in the American Red Cross and a member of the union's negotiating committee. “The RN has the knowledge and experience of assessing medical needs. Donors have reactions, sometimes resulting in serious injuries. It is not uncommon for patients to faint and hit their heads resulting in concussions and lacerations. They can experience arterial sticks, cardiac problems and anaphylactic allergic reactions. The nurse’s evaluation may result in the need for the donor to seek further medical care, a call to 911 or a follow up with their primary MD.”

Holman said that the current effort to replace nurses with technicians to oversee blood drives is part of a concerted effort by the agency to break the nurses’ union and completely eliminate the role of the registered nurse from the agency altogether.

This agency was founded by nurses, and it built its reputation on the work and skill of nurses,” said Holman. “We are concerned that the organization’s purely business mentality has put the bottom line ahead of quality services. Management’s stance in these negotiations is an attempt to silence the voice of nurses at the Red Cross. We want the public to know that what is at stake in these negotiations is the very heart and soul of this revered organization.”

In addition to the Springfield leafleting, the nurses intend to continue with similar job actions at blood drives and donor centers across the commonwealth.
1,000 RNs picket Brigham & Women’s Hospital
Nurses protest hospital’s failure to recruit and retain staff to provide safe care

In what by all accounts was the largest informational picket of a hospital in Massachusetts history, more than 1,000 registered nurses represented by the MNA at Brigham & Women’s Hospital (BWH) demonstrated outside the entrance to the facility on Oct. 12.

The RNs at BWH, who are attempting to negotiate a new union contract, walked a long and winding picketing line in protest of the hospital’s failure to recruit and retain the staff needed to safely care for patients.

Maintaining appropriate staffing a struggle

Maintaining appropriate staffing levels has been a constant struggle at the facility in recent months, and it has caused nurses to either work overtime hours to fill gaps in the schedule or to take on excessive patient assignments. The nurses have pointed to concrete evidence of a rapid deterioration in staffing conditions that jeopardizes the safety of patients every day:

- In the last month, nurses have filed more than 65 official reports of unsafe staffing conditions at the facility, conditions nurses say compromised their ability to deliver the care their patients deserved. On one recent occasion, two newly licensed nurses were left alone on a floor with 15 patients—a patient assignment that the medical research shows placed those patients at a 21 to 31 percent increased risk of death.
- Nurses on a floor that specializes in providing post-operative care to critical patients recovering from brain surgery and other neurological conditions recently signed a letter to management and physicians pleading for more staff. The letter stated, “We struggle every day to keep these patients safe. We are tired of learning that our patients—no matter how hard we try—are still at risk. We fear something catastrophic is going to happen.”

The Brigham nurses have been outraged by the hospital’s lack of effort to negotiate a fair settlement with the nurses in light of the fact that Brigham & Women’s Hospital is one the busiest and most profitable hospitals in the state, with state-of-the-art services catering to a patient population with complex needs and who require the most sophisticated nursing care.

Brigham & Women’s profits increased by more than 75 percent in 2005 to more than $74 million, and the facility posted another $42 million in profits through the second quarter of this year. In the wake of this success, the hospital is offering its nurses a 1.5 percent pay hike and is asking them to pay for that increase by cutting their sick time benefits.

The hospital’s most recent salary offer will leave the Brigham nurses pay scale as much as 10 percent below nurses at like-sized facilities—including Boston Medical Center and the Dana Farber Cancer Center.

The Brigham & Women’s Hospital nurses and management have been negotiating their contract since July 13. The contract expired on Sept. 30 and has been extended until the next negotiating session on Oct. 23. If talks continue to stall, the nurses are considering taking a vote to authorize a strike.

Caritas Carney Hospital settles contract after 21 negotiation sessions

The registered nurses at Caritas Carney Hospital in Dorchester recently ratified a new three-year contract that includes wage increase, successorship language and landmark language specific to health and safety.

It took the nurses 21 negotiation sessions—the last three of which were held before a federal mediator—to reach a settlement on July 19. But according to the Carney union’s chairperson, Jane Connelly, the months spent at the negotiating table were well worth it.

“The MNA membership at Carney was very concerned about several key issues at the start of these negotiations,” explained Connelly, “including the dramatic disparity between wage rates at Carney and wages paid to RNs at other Boston-area hospitals and the high cost of health insurance. This new contract addresses those concerns and our membership is very happy with the overall results.”

Highlights of the new three-year contract include:

**Wages**
- Nurses at the top of the scale will receive a fully-retroactive increase of more than 28 percent over the life of the contract.
- Top wages for staff nurses will be $53,13 by May 1, 2008.
- In the first year of the contract, the wage scales were adjusted so that each step is 5 percent more than the one before it.
- The waiting periods between the steps were eliminated, allowing for nurses who are not yet at the top of the scale to get there faster.
- During the second and third years of the contract, there will be across-the-board raises totalling 13 percent and a new 5 percent step added to the top of the scale.

**Successorship**
- The contract includes new language that protects the contract if the hospital is sold or merged with another institution.

**Health and safety**
- New language specific to health and safety/workplace violence was also added to the contract. It requires the hospital to work to prevent workplace violence and investigate all such incidents.
- The hospital will also advise the nurses of the outcomes of all such investigations and will provide medical and psychological services if needed at no cost to the nurse.
- The hospital will pay the nurse for the first five days of absence due to a workplace injury caused by workplace violence without loss of sick time if the absence is recommended by Employee Health.
- If a nurse is injured and away from work due to a workplace injury, medical insurance will be continued for six months, (up from 90 days).

**New per diem program**
- All per diems will be in the union and will be paid on scale with annual step raises. Those who make a bigger commitment to the hospital will be paid a 3 percent differential.

**Health insurance**
- The hospital and union agreed to maintain favorable contract language regarding percentages of premiums paid by nurses for plans.
- In addition the rotation language was also improved and differentials were increased.
- The contract was ratified on Aug. 7.
**Donations Needed for MNF Annual Auction!**

We Need Your Help: The Massachusetts Nurses Foundation is preparing for the annual golf tournament that is scheduled for June 2007, as well as its annual silent and video auction to be held during the MNA’s 2007 convention.

Donations are needed to make these fundraising events a big success. Your tax-deductible donation helps the Foundation raise funds to support nursing scholarships and research.

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

Your support is appreciated.

**Jeannine Williams**  
MNF President

**Patricia Healey**  
MNF Secretary

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

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**Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems**

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

**Boston Metropolitan Area**
- Bournenwood 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, DeMarmette Building, Room 116. Contact: LeRoy Kelly, 508-881-3192. Meets: Wednesdays, 6–7 p.m.
- Peer Group Therapy, 1354 Hancock Street, Suite 209, Quincy. Contact: Terri O’Brien, 781-964-9546. Meets: Fridays, 6:30–7:30 p.m.
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9435. Meets: Saturdays, 11 a.m.–noon.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Contact: Jay O’Neil, 781-979-0262. Meets: Sundays, 6:30–7:30 p.m.

**Central Massachusetts**
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9435. Meets: Saturdays, 11 a.m.–noon.
- 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.

**Northern Massachusetts**
- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Facilitator: Teri Gouin, 978-352-2131, x15. Meets: Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor, Beverly. Contact: Jacqueline Lyons, 978-697-2733. Meets: Mondays, 6–7 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.

**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, 508-854-7036. Meets: Mondays.
- Nurses Recovery Group, VA Hospital, 5th Floor Lounge, Manchester, N.H. Contacts: Dieder M., 603-647-8852, Sandy, 603-666-6842. Meets: Tuesdays, 7–8:30 p.m.
MNA Member Discounts Save You Money

**Personal & Financial Services**

**PROFESSIONAL LIABILITY INSURANCE**
Nurses Service Organization ................................................................. 800-247-1500 (8 A.M.–6 P.M.)
Leading provider of professional liability insurance for nursing professionals with over 800,000 health care professionals insured. www.nso.com.

**CREDIT CARD PROGRAM**
Bank of America .................................................................................. 800-847-7378
Exceptional credit card at a competitive rate.

**TERM LIFE INSURANCE**
Lead Brokerage Group ......................................................................... 800-842-0804
Term life insurance offered at special cost discounts.

**LONG TERM CARE INSURANCE**
William Clifford.......................................................................................... 800-878-9921, x110
Flexible and comprehensive long-term care insurance at discount rates.

**SHORT TERM DISABILITY INSURANCE**
ISI New England Insurance Specialist LLC ................................. 800-959-9931 or 617-242-0909
Six-month disability protection program for non-occupational illnesses & accidents.

**LONG TERM DISABILITY INSURANCE**
Lead Brokerage Group ......................................................................... 800-842-0804
Provides income when you are unable to work due to an illness or injury.

**RETIEMENT PROGRAM**
American General Financial Group/VALIC ........................................... 800-448-2542
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQPA, Mutual Funds, etc.

**DISCOUNT TAX PREPARATION SERVICE**
TaxMan Inc...................................................................................................... 800-TAXMAN
20% discount on tax preparation services.

**HOME MORTGAGE DISCOUNTS**
Reliant Mortgage Company ......................................................................... 877-662-6623
Save on your next home loan/mortgage with discounts available to MNA members and their families. Receive discounts off mortgage applications for home purchase, refinance and debt consolidation loans. Inquire into no points/no closing costs programs and reduced documentation programs. Receive free mortgage pre-appraisals.

**TAX REVIEW SERVICE**
Merriam Tax Recovery .............................................................................. 508-340-0240
Experts in recovering overpaid taxes.

**LIFE & ESTATE PLANNING**
Law Office of Dagmar M. Pollex ............................................................... 781-535-6490
10-20% discount on personalized life & estate planning.

**NEW** Blue Cross Blue Shield
Health insurance plan details are available by calling 800-422-3345, ext. 65414

**Products & Services**

**AUTO/HOMEWONERS INSURANCE**
Colonial Insurance Services, Inc ................................................................. 800-571-7773 or 508-339-3047
MNA member discount is available for all household members. No service changes when choosing convenient EFT payment plan. Prices competitive with AAA. For a no obligation quote visit www.colonialinsuranceservices.com.

**CELLULAR TELEPHONE SERVICE**
Cingular Wireless .................................................................................. 781-888-0021
Save 8% on rate plans and 20% on equipment and accessories. No activation fees.
T-Mobile ....................................................................................................... 781-888-0021
T-Mobile is offering MNA members and their families a free phone with activation, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee is required for members.
Verizon Wireless ......................................................................................... 617-571-4626
Receive 8% discount on plans priced $34.99 and above! Receive a free Motorola V60s on any new purchase or upgrade.
Sprint Nextel Communications ...................................................................... 617-839-6684
Save up to 30% on equipment, up to 23% on rate plans and up to 10% on accessories. Choose from a wide selection of phones. Call Don Lynch or email Donald.Lynch@Sprint.com or visit www.nextel.com/massnurses to place an order today.

**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.

**JYFF LUBE DISCOUNT**
MNA Division of Membership ................................................................. 800-882-2056, x726
Obtain an MNA discount card to receive 15% discount on automobile products & services.

**CONSUMER REFERRAL SERVICE**

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

**DISCOUNT PRODUCTS BY MEMBER ADVANTAGE**
Member Advantage .............................................................................. 781-828-4555 or 800-232-0972
Discount prices on a broad range of products. Nationwide shipping or local pickup available. Register at mnadiscountproducts.com (member ID: 39312040).

**OIL BUYING NETWORK DISCOUNT**
Oil Buying Network .................................................................................. 800-660-4328
Lower your heating oil costs by 10–25 cents per gallon or $150 per year.

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

**HEALTH CARE APPAREL**
Work ‘n Gear Discount ............................................................................. 800-WORKNGEAR (for store locations)
Receive 15% discount off all regularly priced merchandise. Visit www.massnurses.org for a printable coupon to present at time of purchase.

**BROOKS BROTHERS DISCOUNT**
Enroll online to receive 15% discount at Brooks Brothers, Adrienne Vittadini and Carolee. Visit http://membershiptwo.brooksbrothers.com. (ID=87400, PIN=97338)

**Travel & Leisure**

**AVIS RENTAL CAR DISCOUNT**
Avis ............................................................................................................. 1-800-331-1212
Discounts can be used for both personal and business travel. For full benefits, the Avis Worldwide Discount (AWD) number must be given to the reservation agent: Q602414. Visit www.avis.com to set up your own personal profile or for more information.

**HERTZ CAR RENTAL DISCOUNT**
Hertz ............................................................................................................ 800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

**DISCOUNT MOVIE PASSES**
MNA Division of Membership ................................................................. 800-882-2056, x726
Showcase Cinemas/National Amusements, $7. AMC Theatres, $5.50. Regal Cinemas (not valid first 12 days of new release), $6. Call to order by phone with Mastercard or Visa.

**DISCOUNT HOTEL & TRAVEL PRIVILEGES**
Choice Hotels International (SOS Program) ............................................. 800-228-2847
20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #00801502. Membership in Guest Privileges Frequent Traveler Program.

**DISNEY DISCOUNT**
Members can now take advantage of discounted tickets to Walt Disney World and Disneyland along with other Florida attractions. Begin saving by calling 800-331-6483 or check out the discounts on our Web site at www.massnurses.org.

**ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT**
MNA Division of Membership ................................................................. 800-882-2056, x726
Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

**UNIVERSAL STUDIOS FAN CLUB** ................................................................ 888-777-2131
Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices.

**WORKING ADVANTAGE**
Members now have access to discounts for movie tickets, movie rentals, theme parks, ski tickets, Broadway shows, and much more. Register today at www.workingadvantage.com (member ID available by calling 781-830-5726).

**NEW** Boston Celtics Discount
For information on MNA Boston Celtics discount nights, including dates and ticket information, email massnurses@celtics.com

For more information, contact the representative listed or call member discounts at the MNA, 800-882-2056, x726. All discounts are subject to change.
<table>
<thead>
<tr>
<th>Place</th>
<th>Time</th>
<th>Date</th>
<th>Speaker</th>
<th>Description</th>
<th>MNA Contact</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNA Headquarters, Canton</td>
<td>8:30 a.m. - 4 p.m.</td>
<td>Nov. 3, 2006</td>
<td>Marylou Gregory-Lee, MSN, RN, NP</td>
<td>This program will increase knowledge in oncology nursing. The content 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. (Class size limited to 25 participants).</td>
<td>Liz Chmielinski, 781-830-5719 or 800-882-2056, x719</td>
<td>$150</td>
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<tr>
<td>MNA Headquarters, Canton</td>
<td>5 – 9 p.m. (light supper provided)</td>
<td>Nov. 14, 2006</td>
<td>Alfred DeMaria, MD</td>
<td>This program is designed to provide nurses with current information regarding critical infectious diseases, e.g. HIV/AIDS, Tuberculosis, Hepatitis, MRSA and emerging infectious diseases, e.g. Avian flu, Marburg virus, SARS, EBOLA, BSE and other diseases. The morning session will address specific diseases, their epidemiology, signs/symptoms, treatment and prevention. The afternoon session will address protecting nurses and others from disease exposure through the use of environmental and work-practice controls, as well as personal protective equipment.</td>
<td>781-830-5727 or 800-882-2056, x727</td>
<td>Free</td>
</tr>
<tr>
<td>MNA Headquarters, Canton</td>
<td>8:30 a.m. - 4 p.m.</td>
<td>Nov. 28, 2006</td>
<td>Carol Mallia, RN, MSN</td>
<td>This program will enhance the nurse’s ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.</td>
<td>Carol Bates, Compliance Assistant Specialist, OSHA; Linda Haney, RN, MPH, COHN-S, CSP; Kathleen Nelson, PT; William S. Marrae, Ph.D., CPE</td>
<td>$70</td>
</tr>
<tr>
<td>MNA Headquarters, Canton</td>
<td>5 – 9 p.m. (light supper provided)</td>
<td>Nov. 1, 2006</td>
<td>Donna White, RN, PhD, CADAC-II</td>
<td>This program will provide nurses, from all clinical practice settings, with a better understanding of how cardiac and pulmonary medications work. Actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
<td>Free</td>
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</tbody>
</table>

### Contact Hours

- **Oncology for Nurses**: 7.2 Contact Hours
- **Critical and Emerging Infectious Diseases**: 7.0 Contact Hours
- **Addictions in Nursing: A Profession at Risk**: 3.8 Contact Hours
- **Interpreting Laboratory Values**: 4.4 Contact Hours
- **Cardiac and Pulmonary Pharmacology**: 4.4 Contact Hours
Position open at the MNA: Associate Director/Organizer in the Division of Organizing

Summary of position
In this full-time position, the Associate Director/Organizer is responsible for carrying out all activities related to labor organizing with a specific focus on developing leads in New Hampshire and other New England states. This position reports to the accountable to the Director of Organizing.

Job responsibilities
- Previous experience in a membership-based organization, specifically a labor organization;
- Functions effectively in a very busy (often stressful) environment.
- Proficiency in Microsoft Office.
- Minimum five years related experience (and two years business school preferred).
- Other activities as directed.
- Maintains word processing/computer skills.
- Organizes/reorders assigned work and establishes appropriate priorities.
- Maintains records/files and recommends changes and/or revisions for the improvement of the operation of the division of nursing.
- Types, takes dictation (if required by the division), edits, proofreads and operates office equipment related to the functions of the nursing program.
- Supports the Board as directed by the Director of Organizing, and assists and participates in MNA conventions/events.

Qualifications
- Organizing experience required.
- Knowledge of organizing law, both private and public sectors, ideal.
- Advanced education in labor relations preferred.
- Experience and knowledge of the health care industry and experience as a local union leader desirable.
- Ability to work independently to develop leads and/or drives throughout New England.
- Organizing experience required.
- Ability to work independently to develop leads and/or drives throughout New England.
- High school diploma required; proficiency in Microsoft Word, and additional computer proficiency desirable (i.e. graphics, Excel); spelling and grammar competencies; must be able to function with minimal direction; experience in a membership-based organization (especially a labor organization); and able to travel on occasion as work duties require.

Resumes can also be sent via fax to 781-821-4445, or via email to sthompson@mnarn.org.

Application deadline: Nov. 8. Salary commensurate with experience. Excellent benefits. MNA is an AA/EEO.

Open Position at the MNA: Associate Director, Division of Nursing

The MNA is seeking an associate director in the division of nursing. This position will be accountable for carrying out the activities related to the labor goals of the association.

Extensive current clinical expertise and knowledge of clinical nursing and the regulatory requirements related to nursing practice necessary. Candidate should have a demonstrated competence in planning, presenting, implementing and evaluating nursing education programs. Should also have experience in researching and writing articles for publication related to nursing practice issues, as well as documented collaborative skills in working with groups of direct care nurses. A master’s degree in nursing preferred.

Please send resumes to:
Shirley Thompson
MNA Director of Operations
340 Turnpike St., Canton MA 02021.
Fax: 781-821-4445.
E-mail: sthompson@mnarn.org.

Application deadline: Nov. 8. Salary commensurate with experience. Excellent benefits. MNA is an AA/EEO.

Open Position at the MNA: Region 5 Office Manager

Summary of Position
In this eight-hour per week position, the regional office manager will be responsible for overseeing general office functions in order to support the regional office and regional council. This position is funded by the regional dues, via the common fund. As a result, continuation of the position is contingent upon continued funding at the discretion of the region on an annual basis. This position reports to the MNA’s director of operations.

Job responsibilities
- The office manager provides services and support to the Region’s membership through its Regional Council.
- Works in collaboration with the Region organizer.
- Communicates in writing, via computer, via telephone and through personal contact with individuals and groups.
- Organizes/establishes own workload and priorities.
- Responds appropriately for answering the office’s phone; checking for voicemail and email messages; responding to questions; and making appropriate referrals.
- Maintains and updates records, files and manuals.
- Recommends changes and/or areas for improvement of the work of the regional office.
- Functions as key operator in the proper use and maintenance of all office equipment. Addresses maintenance needs with the MNA’s director of operations in a timely and efficient manner.
- Works with the MNA’s director of operations in obtaining any contracts and service bids in accordance with policy.
- Assumes proper appearance of office for use by Regional members.
- Attends all Regional Council meetings. Takes minutes and follows up on related activities as needed.
- Prepares material for annual meetings, committee meetings, programs and newsletters.
- Holds and accounts for petty cash fund.
- Acts as a liaison for building management, and communicates any/all relevant information to the MNA’s director of operations.
- Maintains financial records in accordance with accounting and auditing standards as outlined by the MNA’s director of finance.
- Performs other duties and functions as required by the Regional Council’s president or designee.

Qualifications
- High school diploma required; proficiency in Microsoft Word, and additional computer proficiency desirable (i.e. graphics, Excel); spelling and grammar competencies; must be able to function with minimal direction; experience in a membership-based organization (especially a labor organization); and able to travel on occasion as work duties require.

Resumes can also be sent via fax to 781-821-4445, or via email to sthompson@mnarn.org.

Application deadline: Nov. 8. Salary commensurate with experience. Excellent benefits. MNA is an AA/EEO.

Position open at the MNA: Division Assistant in the Dept. of Nursing

Summary of Position
In this full-time position, you will be responsible for the performing of secretarial/assistant duties in support of the nursing program within the division of nursing. You will also work cooperatively with associate director(s) and will be directly responsible to the division’s director.

Responsibilities
- Communicates in writing, by telephone and through personal contact with individuals and groups.
- Types, takes dictation (if required by the division), edits, proofreads and operates office equipment related to the functions of the nursing program.
- Maintains records/files and recommends changes and/or revisions for the improvement of the operation of the division of nursing.
- Keeps division manuals current and accurate.
- Cooperates to ensure adequate receptionist coverage.
- Organizes/reorders assigned work and establishes appropriate priorities.
- Maintains word processing/computer skills.
- Supports division-run events such as on-site activities, including registration and other duties as needed.
- Other activities as directed.

Qualifications
- Minimum five years related experience (and two years business school preferred).
- Typing (minimum of 55 wpm)
- Proficiency in Microsoft Office.
- Spelling/grammar competencies.
- Good communication/interpersonal/organization skills.
- MUST be able to function with minimal direction.
- Functions effectively in a very busy (often stressful) environment.
- Previous experience in a membership-based organization, specifically a labor organization, desirable.
- Able to travel, on occasion, as work duties require.

Resumes can also be sent via fax to 781-821-4445, or via email to sthompson@mnarn.org.

Application deadline: Nov. 8. Salary commensurate with experience. Excellent benefits. MNA is an AA/EEO.
Free online courses!

NEW online Continuing Education programs on the MNA Web site

Current program topics include:

- **Fragrance Free! Creating a Safe Healthcare Environment**
  1.2 contact hours
  The goal of this program is to ensure a therapeutic environment in which the patient and the nurse can interact, as well as to create a healthy workplace in which employees can practice.

- **Workplace Violence**
  1.1 contact hours
  The goal of this program is to provide nurses and others with an understanding of the extent and severity of workplace violence in the health care setting, the effects this violence has on nurses and other victims and learn to identify hazardous conditions that can be corrected to prevent violence.

Participating RNs and healthcare professionals have the option to either complete their studies in “one sitting” or over the course of several days and/or visits—whatever is most convenient.

Visit www.massnurses.org

MNA HOODED SWEATSHIRTS NOW ON SALE

New MNA hooded sweatshirts are now available. Gray, hooded sweatshirts of cotton/poly blend are excellent quality and feature the MNA logo on the chest and across the back.

Order Form

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SIZE</th>
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<td><strong>GRAND TOTAL</strong></td>
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Payment

- Check enclosed (Payable to MNA)
- Please charge my ☐ Visa ☐ MasterCard ☐ American Express

Card Number

Expire (Mo/Yr)

Signature as shown on credit card

Return this form with payment to MNA, 340 Turnpike Street, Canton, MA 02021
The MNA joins MITSS in providing support to nurses involved with an adverse medical event.

To Support Healing & Restore Hope

Program Mission/Philosophy
- We believe that nurses have a professional responsibility to support colleagues who have been affected by unexplained medical outcomes or adverse patient events.
- We believe that early support can lessen the emotional effects on the nurse clinician provider.
- Are you a nurse who has been impacted emotionally by an experience associated with an adverse medical outcome?
- Would you like to talk confidentially to a MITSS therapist?
- Would you like to join in a peer-led support group?
- Would you like to join or participate in a structured support group led by an experienced psychologist?

Medically Induced Trauma Support Services (MITSS), Inc. is a non-profit organization that supports, educates, trains, and offers assistance to individuals affected by medically induced trauma.

MITSS supports clinicians using the following resources:
- One-on-one interaction via phone
- Group sessions led by a professional facilitator
- Training for fellow survivors who would like to help others

Travel to Europe with MNA in 2007!

Paris & the French Countryside
April 10–18, $1,999*
Our Paris and the French countryside tour begins with three nights in Rouen, and will include two full days of sightseeing, including a day in Normandy and Bayeux to see the D-Day landing beaches, the American Cemetery and a stop to see Queen Matilda’s famous Bayeux Tapestry. The next day, we’ll visit the Mont St. Michel, the most famous abbey in the world. After a morning tour of Rouen, including a visit to the Cathedral of Notre Dame, and some free time for shopping and browsing; we are off to Paris for a four-night stay. Our first full day in Paris, features a panoramic sightseeing tour and the afternoon at leisure for museum visits. The next day, a morning tour to the Palace of Versailles with the afternoon again free in Paris for shopping and sightseeing. The following day features a Chateau Country tour to the Loire Valley where we will visit Blois and Amboise. We’ll tour the Chateau de Chambord and Chateau de Chenonceau.

Sorrento, Italy
May 24–June 1, $1,899*
Join us on a tour of one of southern Italy’s premier vacation resorts. This all-inclusive nine-day, seven-night trip includes air, transfers, hotel and all meals as well as guided tours. The tour will feature Sorrento, Naples, Pompeii, the Isle of Capri and Amalfi Drive. Visits to Postiano; the Cathedral of St Andrew; the Museum of Correale; orange, lemon and olive groves; vineyards; and the Castel dell’Ovo in Naples will also be arranged. Offered as an all-inclusive trip, this package is a great value.

Costa Del Sol plus Madrid
Nov. 6–14, 2007, $1,769*
This Spain tour will feature the first five nights in the beach resort of Torremolinos on Spain’s Costa Del Sol with the last two evenings in Madrid. We will enjoy a sightseeing tour that includes Ronda, Grenada to see the Alhambra, Seville and Gibraltar. En route to Madrid, we’ll visit Toledo, and while in Madrid, we’ll have a panoramic city sightseeing tour, and visit to the Prado museum. The last afternoon will be free for individual sightseeing and shopping. This tour includes three meals daily except our last full day in Madrid where lunch is on your own while in the Costa Del Sol.

Florence, Venice & Rome
Oct. 30–Nov. 7, 2007, $1,869*
Join this wonderful nine-day/seven-night trip featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. The tour will include four nights in the beautiful Spa town of Montecatini. From there, day trips to Florence, Siena and San Gimignano will be arranged. The time in Rome will include a full-day sightseeing tour of the Coliseum, the Panthenon, the Spanish Steps, the Trevi Fountain, Vatican City and much more. This trip includes round-trip air from Boston and transfers to and from the hotel. Breakfast and dinner included, as well as one lunch.

Reserve Early Space is Limited

To receive more information and a flyer on these great vacations, contact Carol Mallia via email at cmallia@mnarn.org and provide your mailing address.

*Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are not included in the listed prices. Credit card purchase price is $30 higher than the listed price.
Benefits Corner

New MNA member benefit
Blue Cross/Blue Shield of Massachusetts health insurance plans are now available by calling 1-800-422-3545, extension 6514 Susan O’Connell for information in regard to the plans, like HMOBasicBlue Direct, HMOBlueDirect and BlueHealthKids. You may also view a broad idea of costs across the state for the BCBSMA plans on the Mass.gov website for the Division of Insurance. You are eligible for coverage if:
• You are a resident of Massachusetts actually living in Massachusetts;
• You meet the plan’s requirements regarding residence within the plan’s approved service area;
• And you are not enrolled in Medicare or Medicaid.

MNA membership dues deductibility for 2005
The table below shows the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

<table>
<thead>
<tr>
<th>Region</th>
<th>Amount</th>
<th>Percent</th>
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<tbody>
<tr>
<td>All Regions</td>
<td>$28.50</td>
<td>5.0%</td>
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Congress on Nursing Practice to launch mentorship program
A mentorship program for MNA members will begin this fall. There will be two categories of programs: one for experienced nurses who want to become mentors and the other for nurses who want to be mentored.

The mentorship program was developed with three areas of concentration:
• Labor: which will provide entry involvement into union-based activities in the workplace
• Career: which will provide information on avenues for professional growth and advancement, including specialty areas, advanced education and certification
• Organizing/legislative initiatives: which will provide entry into legislative activities and/or statewide initiatives.

Interested members should fill out the form below and return it to the MNA. For questions, call the Division of Nursing at 781-821-4625.

Application: MNA’s Mentorship Program
Name __________________________
Address ____________________________________________________________
E-mail address _______________________________________________________
Phone __________________________________________________________________
Years of experience __________ Area of expertise ____________________________
□ I want to be a mentor   □ I am interested in being mentored
Preferred area of concentration: □ Labor □ Career □ Organizing/Legislative Initiatives
Return to: MNA’s Division of Nursing, 340 Turnpike Street, Canton, MA 02021

MNA Baseball Caps
Adjustable baseball caps featuring the MNA logo are $4.99 each, plus $3.95 shipping and handling if mailed

To order, contact the MNA’s Division of Membership, 781-830-5726, or send checks to: MNA Division of Membership, Attn: MNA baseball hats, 340 Turnpike Street, Canton, MA 02021.
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
Deval Patrick & Tim Murray: Fighting for patient safety and quality care

Deval Patrick supports the safe RN staffing bill passed by the Massachusetts House of Representatives in May 2006.

“My own research and my family’s experience have convinced me of the need to address the staffing crisis that nurses and their patients are facing.”

Tim Murray for Lt. Governor

Tim Murray has a long record of fighting for nurses and patients:

✔ He supports the safe RN staffing bill.
✔ He walked the picket lines with nurses during the St. Vincent’s nurses strike.
✔ As Mayor of Worcester, he has consistently stood with nurses to improve care in our hospitals, schools, and city.