National Nurses Week is coming. What do we want? Safe staffing!

As National Nurses Week approaches, the best thing you can do for your profession is to call your legislator and ask them to pass H.2059, the safe nurse staffing bill.

Last year, we got closer than ever. To win the fight this session once and for all, we must get the bill through the House fast.

As we wait for this bill to be passed, staffing conditions have continued to deteriorate. A survey of hospital staffing released last September found that there has been no increase in RN staffing in Massachusetts’ hospitals in the last two years, even in the wake of the hospital industry’s “Patients First” initiative. We need to tell the legislators what it is like for our patients. We need to let them know that despite the hospitals’ promises for change, staffing is not getting better. Patients need a law to ensure that they receive the care they deserve.

You can help. Call your state representatives today and tell them to pass H.2059.

Turning fear into action: standing together in strength

By Jeanine Hickey, RN
MNA Organizer

We have all experienced fear throughout the course of our lives. Some of us face our fears head on and do not let them consume our lives. Some of us let fear overwhelm our lives and infringe on our daily routines. Sometimes our fears are so strong that it forces people to seek medical intervention. We would not be human if we were not fearful of things that happen in our lives. It is what we do with those fears that ultimately determines how they affect our lives.

Fear plays a significant role in a nurse’s life. Fear of caring for your first patient in nursing school. Fear of giving your first injection. Fear of your instructors. Fear of taking your licensing boards. Fear of your first day as a full-fledged registered nurse. Fear of your first day in charge. Fear of making a mistake. Fear of not having enough staff. Fear of speaking up for your nursing practice and working conditions. Fear of organizing a union.

Every day nurses face these and numerous other fears in the work place. These situations cause apprehension and anxiety. It is how a nurse handles this fear that ultimately helps her overcome her anxiety and apprehension over the day-to-day situations that arise in the work place.

“It have learned over the years that when one’s mind is made up, this diminishes fear; knowing what must be done does away with fear.”—Rosa Parks

Over time, nurses develop the critical thinking skills necessary to face patient care hazards for nurses.

West Springfield school nurses ratify new contract

The West Springfield school nurses have voted to ratify, and the school committee has subsequently approved, a new three-year contract that provides wage increases, establishes a number of important workplace safety measures and provides important provisions to protect the professional practice of nurses for the benefit of all children in the school system.

“We are satisfied that we have finally reached a fair agreement that begins to recognize the professional role school nurses play in keeping our children healthy and ready to learn,” said Laurie Scripter, RN, a nurse at the John Ashley Kindergarten and Early Childhood Center and co-chair of the nurses’ local bargaining unit of the Massachusetts Nurses Association. “While we had hoped to reach an agreement that would provide the school nurses with full parity with all other professionals in the system, we believe...
Is the health insurance law a success?

By Bill Walczak

We’ve just passed the one year anniversary (April 12) of the signing of Chapter 58, the health insurance reform bill that is the subject of this blog. The bill was signed by Governor Romney in a phalanx of reporters from both Democratic and Republican parties and celebrated not only as the solution for keeping federal funds flowing into Massachusetts to care for the uninsured (a major reason for the bill), but also as the solution to the mess we call the health care system. Media reports have mostly been celebratory since then, and there have been dozens of stories across the country of other states mimicking Massachusetts’ solution to the problem of the uninsured.

But is it successful?

Well, that depends on who you are with regard to health care. The system to reimburse institutions for providing health care to the uninsured is based on income and family size, and a few other factors like residency and citizenship status. The old system of reimbursement for the uninsured, the so-called Free Care Pool, was a formulaic system in which hospitals and health centers would verify income and family size of uninsured people who came in for care, and submit information on the cost of services provided to a state agency. Families up to 200 percent of the federal poverty line (FPL) had no co-payments or deductibles. There was some reimbursement from the Free Care Pool for people with incomes up to 400 percent of the FPL. Hospitals were reimbursed for care based on a complex formula that took into consideration the cost of providing the care and other factors such as the percentage of low income people served by the institution. Certainly there were problems with this system – patients often didn’t know if they’d be covered, and arranging for things such as prescription drugs could be very difficult. And if you weren’t in Boston or another city with a good safety net system that was well prepared to deal with the Free Care Pool system, it could be very difficult to get the care you needed.

Chapter 58 is attempting to solve those problems by pushing hundreds of thousands of the people formerly getting care reimbursed through the Free Care Pool into an insurance system. Reimbursement is still based on family size and income, but the system of care depends on the uninsured enrolling in an insurance product. And the products can be complex. So let’s look at the results by the various categories that were set up.

First off, Chapter 58 expanded Medicaid eligibility (state health insurance for the poor), which resulted in 50,000 additional people getting onto Medicaid, and it reinstated some services (like adult dental care) that had been cut during the last budget crisis. Chapter 58 also created free health insurance, called Commonwealth Care, for poor residents under 100 percent of FPL who for various reasons don’t qualify for Medicaid. To get this insurance, you need to be very poor. The insurance products are provided by insurance companies that were largely created to act like Medicaid insurance.

There is near unanimous agreement that this first phase of health insurance reform has worked well. It’s the second phase of Commonwealth Care which has policy makers and health care providers nervous.

Through the creation of these new insurance products, 50,000 people formerly covered by the Free Care Pool have been converted to insurance.

There is near unanimous agreement that this first phase of health insurance reform has worked well. It’s the second phase of Commonwealth Care which has policy makers and health care providers nervous. You see, it’s not that difficult to give people free health insurance. When the expectation changes so that working poor and working class people, of whom many have been receiving free health care through the Free Care Pool, will now be expected to pay monthly premiums and co-payments and deductibles for care, we’re in uncharted territory.

The biggest problem with the next phases of health insurance reform is that it tests the idea of “affordability,” which is a requirement of Chapter 58. Is it affordable to have a person making $20,000 a year pay $70 a month for insurance, then pay co-payments and deductibles on top of that, when that person qualified for free care prior to Chapter 58? Is it affordable for a 57-year-old making $30,000 a year to pay $4,000-$6,000 a year for health insurance plus co-payments and deductibles? Or, more important, will s/he pay that? Will s/he pay that if the state starts fining him/her (first year penalty is loss of income tax personal exemption, second year penalty is a fine up to half the cost of the insurance)? What will happen if the person refuses to pay? What happens if s/he stops sending monthly checks? Then there’s the issue of what happens to the health care providers. With the free care pool, hospitals and health centers would get some payment for most visits by the working poor, but in the new system, if the working poor person stops paying insurance premiums, will the health center and/or hospital be expected to turn the person away from health care?

These issues will need to be dealt with in 2007. Phase 2 will be considered successful if a large percentage of the 73,000 who received invitations to join the Phase 2 plan actually join, send in their checks and continue to make monthly payments. You see, it’s very important that a high percentage join, since a low enrollment could indicate that only the sicker individuals are joining—and that could dramatically increase the cost of the state subsidy for the plans, so the well and young need to join and pay for this to be successful.

And the next phase, Commonwealth Choice, the mandatory health insurance for those with incomes over 300 percent of poverty (over $30,000 a year for an individual, over $50,000 for a married couple with a child) is going to be a huge test of the new system. The Connector announced to great fanfare that they were able to get premiums down to $175 per month. But that was for 37 year olds, and doesn’t include what could be significant deductibles and copayments, though not necessarily as bad as has been reported. As mentioned above, a 57-year-old would pay $4,000-$6,000 a year plus deductibles and co-payments.

The Connector has several other problems to contend with. Under the old Free Care Pool system, the average cost of care per free care pool recipient was $1,691 per year. The shift to an insurance system is clearly going to cost a lot more. And there is very little new money to balance the books. The Federal money in the mix is actually the same money that previously floated the Free Care Pool, and it is slated to run out in July 2008, unless it is renewed. The state put in an additional $125 million. The business mandate has holes throughout and won’t produce much money for the new system. And so, nearly all the new money needed to make this system work comes from the requirement that uninsured individuals buy health insurance.

GBIO (the faith group that has been a major advocate for Chapter 58) wants to stop the individual mandate and waive the penalty, as they have determined that the cost is unaffordable. If the state doesn’t waive the penalty, will it force the uninsured to pay? Will the uninsured comply, will they just not pay, or will they just move out of state? Will the state protect the safety net system that has provided care to these 500,000 uninsured residents so that the providers of care can stay afloat?

So back to the question: Is Chapter 58 successful? The first 100,000 enrolled clearly was, but the jury will be out for several more months on the next 400,000. Meanwhile, those of us in the safety net are hoping that the cure for the problem of uninsurance isn’t worse than the disease.

Bill Walczak is the CEO of Codman Square Health Center in Dorchester. This article was posted on the WBUR blog “CommonHealth,” March 14, 2007.
April 2007 Massachusetts Nurse Page 3

President’s Column

As National Nurses Week approaches, we celebrate nurses & nurse activism

By Beth Piknick, RN

MNA President

As we approach National Nurses Week, the MNA is proud to salute and acknowledge the tremendous contributions that all nurses make in protecting the health, safety and well being of Massachusetts citizens—whether those citizens are in a hospital, a long term care facility, a community-based locale or at home.

Nurses are the linchpin of the entire health care system. We know more, see more, provide more clinical care, and have more contact with patients and families than any other provider in the system. Yet we are not always provided with the resources, support and recognition that we deserve for the job that we do.

For the past 100 years, the Massachusetts Nurses Association has been dedicated to ensuring that nurses have the recognition, the support and the resources they need to provide the highest quality care possible. The MNA is responsible for the creation of the RN designation; for the development of the first uniform curriculum for nurse education in the commonwealth; and for the creation of the first code of ethics for nurses in the state. Over the years, the MNA has been the primary or rivaling force behind virtually every law and regulation governing the practice of nursing.

Today, our efforts continue. In the past year alone, the MNA’s department of nursing has provided continuing education to more than 6,000 nurses in the state while continuing to expand its online CE course—including some dedicated to dealing with health and safety issues for nurses.

On May 18, the MNA will hold an all-day clinical conference for more than 1,000 nurses. And on June 7 and 8, we will hold a similarly sized conference on health and safety issues for nurses. For more information on this conference or to register, turn to the back page of this month’s newsletter.

The MNA also sets the standard for pay and benefits for nurses through the negotiations of its local bargaining units. The nurses at Dana Farber Cancer Center just completed a negotiation that make a top pay of $60 per hour, making them among the highest paid nurses in the nation. Nurses at St. Vincent Hospital waged a contract fight that won important staffing improvements. And the UMass Memorial nurses put themselves on the line in a five-hour strike to win protection of their defined benefit pension plan—something few employers have been able to do in this so called “ownership” society.

On the legislative front, the MNA is fighting for the protection of all patients and all nurses in hospitals through its promotion of the Patient Safety Act (H.2059), legislation to set a safe limit on the number of patients assigned to a nurse at one time. This landmark legislation almost passed last year and is destined to become law this year if and only if all nurses join in a pal, a lockout for its passage. This issue of the Massachusetts Nurse includes an invaluable “RN Toolkit” on the bill, which provides nurses with all the facts, information, research and arguments they need in order to advocate for H.2059. The tool kit also includes specific instructions on what you can do to take action in support of the Patient Safety Act.

In addition to the Patient Safety Act, the MNA is proposing a trio of bills that could dramatically improve the health and safety of nurses:

• An Act Providing for Safe Patient Handling (H.2052) would set acceptable standards for the lifting and handling of patients to curb the high rate of injuries incurred by RNs who perform such activities.

• An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence (Senate Document 243) would require health care employers to annually perform a risk assessment and, based on those findings, develop and implement programs to minimize the danger of workplace violence to employees.

Huge win in fight to save Fernald Center

Taken in part from the COFAR Voice, April 2007

On March 7—almost four years after the fight to save the Fernald Developmental Center began—advocates for the mentally retarded received some long overdue news: that a court appointed U.S. Attorney had led to a ruling that said any residents who were not the facility should be closed, has also reversed the course the Department of Mental Retardation (DMR) would take, Sullivan maintained in his report that it may be possible to “condense” the Fernald campus by grouping the homes and work sites of the current facility residents together. The Commonwealth could then sell the land for residential development. DMR could also build new residential homes on the land and keep support services for those residents at Fernald, Sullivan said.

In recommending that Fernald remain open, Sullivan maintained in his report that while the level of care there might be able to be duplicated elsewhere, the loss of familiar surroundings and people “could have devastating effects on the residents” that unravel years of positive, non-abusive behavior.

Sullivan determined that DMR, through its Fernald facility director, did certify that services for the 49 individuals transferred previously would be equal or better than at Fernald. However, he told Tauro that he found Tauro to have found two areas of “significantly better care” in community-based care. One involved the delivery of medical services in the community, and the second involved the potentially higher risk of abuse and neglect in community-based residences than in the facilities and other state-operated residences. Also, obtaining medical care in the community system takes much longer than the process at Fernald and is more difficult to coordinate, Sullivan’s report stated. In addition, staff turnover in some community residences visited approached 100 percent every year and a half.

While he has reserved judgment on Sullivan’s report until the end of May, Tauro appeared during a March 7 hearing to place the case, maintaining that improve-ments in care and conditions at the facilities had made them “second to none anywhere in the world.”

In 2004, the Fernald plaintiffs in the case urged Tauro to step back in and reopen the litigation, arguing that the Romney administration’s facility closure plans coupled with budget cuts in community-based line were unlikely that equal or better care would be provided to the transferred residents.

Sullivan backs ‘postage stamp’ plan

In an apparent endorsement of the “postage-stamp” proposal that has been put forth by COFAR and The Fernald League, Sullivan maintained in his report that it may be possible to “condense” the Fernald campus by grouping the homes and work sites of the current facility residents together. The Commonwealth could then sell the land for residential development. DMR could also build new residential homes on the land and keep support services for those residents at Fernald, Sullivan said.

In recommending that Fernald remain open, Sullivan maintained in his report that while the level of care there might be able to be duplicated elsewhere, the loss of familiar surroundings and people “could have devastating effects on the residents” that unravel years of positive, non-abusive behavior.

Sullivan determined that DMR, through its Fernald facility director, did certify that services for the 49 individuals transferred previously would be equal or better than at Fernald. However, he told Tauro that he found Tauro to have found two areas of “significantly better care” in community-based care. One involved the delivery of medical services in the community, and the second involved the potentially higher risk of abuse and neglect in community-based residences than in the facilities and other state-operated residences. Also, obtaining medical care in the community system takes much longer than the process at Fernald and is more difficult to coordinate, Sullivan’s report stated. In addition, staff turnover in some community residences visited approached 100 percent every year and a half.

While he has reserved judgment on Sullivan’s report until the end of May, Tauro appeared during a March 7 hearing to place the case, maintaining that improve-ments in care and conditions at the facilities had made them “second to none anywhere in the world.”

In 2004, the Fernald plaintiffs in the case urged Tauro to step back in and reopen the litigation, arguing that the Romney administration’s facility closure plans coupled with budget cuts in community-based line were unlikely that equal or better care would be provided to the transferred residents.

Sullivan backs ‘postage stamp’ plan

In an apparent endorsement of the “postage-stamp” proposal that has been put forth by COFAR and The Fernald League, Sullivan maintained in his report that it may be possible to “condense” the Fernald campus by grouping the homes and work sites of the current facility residents together. The Commonwealth could then sell the land for residential development. DMR could also build new residential homes on the land and keep support services for those residents at Fernald, Sullivan said.

In recommending that Fernald remain open, Sullivan maintained in his report that while the level of care there might be able to be duplicated elsewhere, the loss of familiar surroundings and people “could have devastating effects on the residents” that unravel years of positive, non-abusive behavior.

Sullivan determined that DMR, through its Fernald facility director, did certify that services for the 49 individuals transferred previously would be equal or better than at Fernald. However, he told Tauro that he found Tauro to have found two areas of “significantly better care” in community-based care. One involved the delivery of medical services in the community, and the second involved the potentially higher risk of abuse and neglect in community-based residences than in the facilities and other state-operated residences. Also, obtaining medical care in the community system takes much longer than the process at Fernald and is more difficult to coordinate, Sullivan’s report stated. In addition, staff turnover in some community residences visited approached 100 percent every year and a half.

While he has reserved judgment on Sullivan’s report until the end of May, Tauro appeared during a March 7 hearing to place the case, maintaining that improve-ments in care and conditions at the facilities had made them “second to none anywhere in the world.”

In 2004, the Fernald plaintiffs in the case urged Tauro to step back in and reopen the litigation, arguing that the Romney administration’s facility closure plans coupled with budget cuts in community-based line were unlikely that equal or better care would be provided to the transferred residents.

Sullivan backs ‘postage stamp’ plan

In an apparent endorsement of the “postage-stamp” proposal that has been put forth by COFAR and The Fernald League, Sullivan maintained in his report that it may be possible to “condense” the Fernald campus by grouping the homes and work sites of the current facility residents together. The Commonwealth could then sell the land for residential development. DMR could also build new residential homes on the land and keep support services for those residents at Fernald, Sullivan said.

In recommending that Fernald remain open, Sullivan maintained in his report that while the level of care there might be able to
MNA statement regarding the treatment of immigrant families during ICE raid

On March 29, the MNA issued the following public statement expressing its outrage over the inhumane treatment of 361 immigrant workers and their families as a result of the raid by the U.S. Immigration and Customs Enforcement agency at the Michael Bianco Inc. leather factory in New Bedford.

We decry this action and its aftermath as an unseemly violation of basic human rights that is unacceptable in any society that deems itself enlightened and civilized.

As an organization of health professionals who work every day to provide compassionate care to all who need it in our state, regardless of their alleged immigration status, we are appalled by the actions of any officials, whether federal, state or local, who would allow families to be so callously ripped apart and for vulnerable children to be subjected to emotional turmoil, injury and illness as was the case in this misguided endeavor.

As a union that fights every day to guarantee fair pay and benefits, along with safe working conditions for all workers, we are sickened that our system—and all those agencies and officials who are responsible for regulating it—would allow the these workers (and the millions of others like them) to the conditions and ill treatment they were forced to endure. They are U.S. workers. Their immigration status, or the question thereof, does not sanction unjust and unsafe working conditions.

We, as a society, cannot continue to turn a blind eye and remain silent while employers continue to erode the rights of workers, particularly those in low wage jobs.

Regardless of one’s views on the issue of immigration, no person or family deserves to be treated as these families have been treated. We can and must do better as a society.

MNA statement regarding the health care for our service personnel and veterans

On April 5 the MNA, on behalf of its 23,000 members, issued a public statement regarding recent reports of outrageous conditions, bureaucratic barriers and inadequate services provided for our returning service personnel and veterans. The statement, in its entirety, follows:

While investigations into the causes and extent of these practices are ongoing, we call on all elected and appointed officials at the federal, state and local levels to do all in their power to pursue the following goals:

1. Put an end to the privatization and outsourcing of necessary medical and support services within both the armed services and Veteran’s Administration. These practices have led to substandard care, higher costs and allegations of widespread fraud and abuse. We cannot allow our troops and our veterans to continue to suffer at the hands of private corporate interests who, the evidence shows, are placing a focus on profits ahead of the interests of our service personnel.

2. Streamline access to the full range of medical, mental health and rehabilitative benefits in the transition from military to civilian life. If someone is found to be injured or disabled while in the service, there should be no delay in the delivery of all necessary services while entering the ranks of veterans.

3. Restore the practice of full access for all veterans to the VA system for all necessary care. While the MNA advocates for comprehensive, quality care for all in our society, veterans cannot wait for that worthy social goal to be achieved. Those who sacrifice so much to protect the well being of all in our society, deserve an immediate guarantee of all appropriate care to restore their health and well being to the fullest extent possible.

MNA member receives top award from N.E. Regional Black Nurses Assn.

Cambridge Health Alliance (CHA) recently announced that MNA member Louise Yvette Charles, RN, was the recipient of the 2007 Excellence in Nursing Award from the New England Regional Black Nurses Association (NERBNA).

The award, bestowed upon members by their peers, recognizes individuals for their contributions and meritorious efforts in the field of nursing. Charles was honored at a ceremony at the Boston Marriott Copley Place celebrating both NERBNA’s 35th anniversary and National Black Nurses Day.

Charles, a native of Haiti, graduated from nursing school in Port-au-Prince in 1977, emigrated to the United States in 1989, and earned her bachelor of science degree at Emmanuel College in 2004. She started her employment with CHA in 1997 at the Zingber Clinic—a multidisciplinary AIDS center at The Cambridge Hospital campus.

Charles is currently a public health nurse with the Cambridge Public Health Department, which is part of the CHA network. She has dedicated her career to patients who are fighting against HIV, AIDS and tuberculosis.

NERBNA is a chapter of the National Black Nurses Association and is part of a national effort to unify, educate and recruit African-American nurses into the profession. The organization provides health services to the community and offers mentorship, scholarship and educational opportunities to African-American nurses and nursing students throughout New England.
The following multiple choice questions are primarily taken from information that appeared in the labor education column from that were published in previous editions of the Massachusetts Nurse. Please try your hand at answering them correctly.

The reader(s) who submits the most correct answers will be randomly drawn from among the correct submissions. He/she will win a 30GB iPod. All responses must be received by the MNA no later than May 25, 2007. Please use the form below to mail in your answers. The winner and the correct answers will be published in an upcoming Massachusetts Nurse. 

1. The country that provides the most generous paid family leave benefits is:
   (a) United States
   (b) Australia
   (c) Japan
   (d) Guatemala

2. The Massachusetts Small Necessities Leave Act (SNLA) provides for:
   (a) 24 hours of unpaid leave annually for specific family obligations
   (b) 24 hours of paid leave annually for specific family obligations
   (c) 12 weeks of unpaid leave for family or medical reasons
   (d) 12 weeks of paid leave for family or medical reasons

3. The current president of the AFL-CIO is:
   (a) Andy Stern
   (b) John Sweeney
   (c) Jimmy Hoffa
   (d) Lane Kirkland

4. In the 2005 hospital financial records, John O’Brien, the chief executive of UMass Memorial Medical Center was receiving the following annual compensation:
   (a) $107,000
   (b) $707,000
   (c) $907,000
   (d) $1.27 million

5. The U. S. President that fired 11,350 professional air traffic controllers in 1981, after promising to address their issues (staffing levels, modern equipment, public safety) as a presidential candidate was:
   (a) Jimmy Carter
   (b) Ronald Reagan
   (c) Gerald Ford
   (d) Richard Nixon

6. The individual who single handedly blocked a vote in the state Senate on the NMA’s safe staffing legislation in 2006 was:
   (a) Mitt Romney
   (b) Sal DiMasi
   (c) Robert Travaglini
   (d) Ron Hollander

7. The union nurse wage differential (advantage) for the 67 largest metropolitan statistical areas (MSAs) in the United States is:
   (a) 28%
   (b) 12%
   (c) 7%
   (d) 21%

8. The percent of employers that hire union-busting “consultants” to help defeat union organizing drives, (according to a survey by Peter D. Hart Research Associates):
   (a) 28%
   (b) 50%
   (c) 65%
   (d) 75%

9. Which of the following is not a mandatory subject for collective bargaining:
   (a) shift differentials
   (b) work schedules
   (c) pensions
   (d) floor representative elections

10. The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) is a federal law that protects the employment rights of individuals who:
   (a) Voluntarily or involuntarily leave employment to undertake military service or certain types of service in the National Disaster Medical System
   (b) Voluntarily or involuntarily leave employment to undertake police work
   (c) Only involuntarily leave employment to undertake military service
   (d) Only voluntarily leave employment to undertake service in the National Disaster Medical System

11. With the passage of the Patriot Act in 2001 and the Homeland Security Act of 2002, employers or the internet service provider (ISP) may be required to comply with governmental search warrants of:
   (a) Employee’s e-mail
   (b) Employee’s voice mail
   (c) The contents of all electronic communications and be required to disclose information to law enforcement
   (d) All of the above

12. In private sector health care facilities, a written 10 day notice to the employer and federal mediation is required for which of the following activities:
   (a) Informational picketing
   (b) Informational leafletting
   (c) A strike
   (d) Rally and march in front of the facility

13. Chapter 150(e) of the Massachusetts General Laws covers the collective bargaining rights of which of the following facilities:
   (a) Cape Cod Hospital
   (b) New England Medical Center
   (c) Mercy Hospital
   (d) Massachusetts Unit 7

14. Which of the following hospitals is not a Magnet hospital:
   (a) Winchester Hospital
   (b) Tobey Hospital
   (c) Jordan Hospital
   (d) Massachusetts General Hospital

15. The Health Insurance Portability and Accountability Act (HIPAA) provides for:
   (select all that apply)
   (a) The improved portability and continuity in health insurance coverage
   (b) Efficiency in healthcare delivery by standardizing electronic data interchange
   (c) To protect the confidentiality and security of health care data by setting and enforcing of standards
   (d) The restriction of employers from supplying information of employment records to a union upon request

16. The federal minimum wage is currently set at $5.15 per hour or $10,712/year for a full-time worker. The 2006 federal poverty guidelines established the annual income poverty level for a household of two at:
   (a) $9,000
   (b) $10,712
   (c) $12,000
   (d) $13,200

17. The director of the Region 1 office of the National Labor Relations Board is:
   (a) Robert Battista
   (b) Rosemary Pye
   (c) Ronald Meisburg
   (d) Wilma Leibman

18. Both the National Labor Relations Act and Chapter 150(e), provide the following:
   (a) Paid release time by the employer for the union negotiating team members
   (b) The union to receive information as requested from the employer for investigating grievances and bargaining
   (c) Union leaves of absences
   (d) Time to orient new employees to the union

19. Which of the following elements are needed to establish a past practice in the workplace: (Select all that apply.)
   (a) The practice has a patterned occurrence over a considerable length of time
   (b) The practice or benefit is clear and consistent
   (c) Knowledge and acceptance of the practice by the employer and union
   (d) Contract language

20. A contract provision that requires, as a condition of employment, that all bargaining unit employees join the union is called:
   (a) An agency fee shop
   (b) An union shop
   (c) An open shop
   (d) A closed shop

______  ______  ______  ______  ______  ______  ______  ______  ______  ______

Name ______________________________________ Phone ____________________________

Address __________________________ City __________________________

Employed at: __________________________

Quiz Answers:
   1.   2.   3.   4.   5.   6.   7.   8.   9.   10.   11.   12.   13.   14.   15.   16.   17.   18.   19.   20.

Please mail the completed form to:
Massachusetts Nurses Association
Attention: Joe Twarog
340 Turnpike St., Canton, MA 02021
Dana-Farber nurses highest paid in N.E. after ratification

The registered nurses represented by the MNA at the Dana-Farber Cancer Institute voted to ratify a new three-year contract that provides wage increases of 9 to 23 percent, which will make them the highest paid nurses in New England, if not the nation. It also includes new contract language designed to protect nurses’ union rights.

“We are pleased to have reached an agreement that recognizes the value of registered nurses and the vital role we play in delivering first-rate care to the patients at Dana-Farber,” said Kathleen McDermott, RN, a staff nurse at the hospital and chair of the nurses’ local bargaining unit.

The three-year agreement runs from April 17, 2007 to April 17, 2010. The pact includes the following key provisions:

- **Salary increases:** Provides an 8.5 percent salary increase across the board (2 percent for 2007; 3 percent in 2008 and 3 percent in 2009). It also provides a new top step to the nurses’ salary scale, which means nurses’ pay will increase between 9 and 23 percent over the life of the agreement depending on years of service. The starting hourly wage at the end of the contract will be $25.57 up with a top wage step of $40.76 up from $59.64.

- **Protection of union rights:** The nurses won contract language that protects union rights for nurses at the facility and their ability to advocate for patients. The language—the first of its kind for hospitals on the South Shore—prevents the hospital from exploiting a recent controversial ruling by the National Labor Relations Board, which found that charge nurses (nurses who oversee the flow of patients on a floor) or nurses who perform charge duties may be classified as supervisors and are thereby ineligible for union membership. The new language clearly recognizes the union rights of all nurses in the union.

The Dana-Farber nurses began negotiations on the new contract on Feb. 21, with a tentative agreement reached on April 4. There were just five negotiating sessions needed to reach an agreement.

Quincy Medical Center nurses ratify new contract

The registered nurses represented by the MNA at Quincy Medical Center (QMC) voted on April 3 to ratify a new two-year contract that provides wage increases of 12 to 16 percent, while calling for additional nursing positions to improve the quality of patient care wage language that protects nurses’ union rights.

“We are pleased to have reached an agreement that will provide a competitive pay scale with other area hospitals, while also recognizing the need to add nursing staff to ensure our patients get the care they deserve,” said Paula Ryan, RN, a staff nurse at the hospital and chair of the nurses’ local bargaining unit. “The nurses at this hospital have been working extremely hard under strenuous conditions to provide the best quality of care during times of financial difficulty. This agreement strikes a reasonable balance, providing the hospital with the resources it needs while also recognizing the fact that recruiting and retaining qualified nurses is the key to the hospital’s future success.”

Spanish for Healthcare Providers

Sept. 12, 19 & 26 and Oct. 10, 17 & 24
5:30-8:45 p.m.
MNA headquarters, Canton

- This six-week program is designed to help nurses and other healthcare providers communicate more effectively with Spanish-speaking patients and families.
- Learn/Refine your Spanish
- A practical technique in learning and practicing will be utilized.
- Call 781-830-5794 to register

Fee for MNA members: A deposit of $55 is required, but will be refunded upon completion of the program.
Fee for all others: $255

Important notes: Participants will be required to order one textbook that costs $40. The textbook is non-refundable. Participants are expected to attend all sessions. The deposit will be returned in full to MNA members who attend all six sessions. There will be no refund for those who attend only part of the program. This program does not award continuing nursing education hours.

Enrollment limited to 15 participants

Bargaining unit updates

VNA & Hospice of Cooley Dickinson, Inc. continues to hold dinner meetings in order to prepare for contract negotiations.

The Worcester School Nurses have started negotiations for a successor agreement. They are also paying close attention to a move by the community clinics to obtain more state funding despite the fact that they see fewer students and cannot administer over-the-counter medications. The MNA’s department of legislation is actively involved with this situation.

The MNA nurses at Mercy Hospital recently held elections for new officers. A nurse who had her termination overturned by an arbitrator has returned to work this month after much maneuvering by the hospital to prevent her return. After recent reports of problems in the med/surg units, the MNA and the hospital jointly sponsored a seminar focused on preventing violence in the workplace. The seminar was open to all employees at Mercy and it was well attended.

The committee at Providence Hospital continues to meet regularly and also attends monthly labor/management meetings.

...West Springfield

From Page 1

this agreement provides an important step towards that goal, and we hope to achieve full parity in our negotiations.

The three-year agreement runs from Sept. 1, 2005 to Aug. 31, 2008. The pact includes the following key provisions:

- **Salary increase:** To start off, the entire salary scale increased by $1,000, effective Aug. 31, 2005. The contract also provides across the board increases of 2.25 percent in 2005; 3.5 percent in 2006 and 3.5 percent in 2008. In addition, the nurses have negotiated new language that will ensure the best quality of care during times of financial difficulty. This agreement strikes a reasonable balance, providing the hospital with the resources it needs while also recognizing the fact that recruiting and retaining qualified nurses is the key to the hospital’s future success.

- **Health and safety protections:** The contract also includes important provisions to protect the health and safety of nurses from hazards in the workplace, including specific language to protect nurses from exposure to blood-borne pathogens, including the provision of Hepatitis B vaccines for nurses upon request. The pact also includes important language to prevent and respond to incidents of such language requiring the prompt reporting of such incidents and the right of nurses to seek immediate police assistance by calling 911.

- **New job sharing opportunity:** For nurses seeking greater flexibility in their work life, the contract allows for nurses to approach the school administration to allow job sharing to provide school nursing coverage.

The nurses, who opted for representa-
MNA celebrates the successes of its first labor school grads

The MNA’s new labor school, which was piloted in Region 4 (Essex County) in January, recently certified its first graduates of “Track I: Responsibilities of the Floor Representative and Grievance Handling.” Most of those students are continuing on now with “Track II: Collective Bargaining,” which started in late March. Students who are taking second-track classes will be finishing up their studies in early June.

All participants to date have responded with overwhelming enthusiasm to the school’s curriculum, referring to it as “tremendously relevant and helpful.”

While the concept of such a program had long been discussed at the MNA, it was Peggy O’Malley—MNA member, RN and the office manager for Region 4—and region’s education committee who were instrumental in getting the pilot program off the ground. Based on this initial success, other MNA regions are in the process of establishing labor schools in their respective areas.

The MNA’s labor educator, Joe Twarog, was on hand to teach each of the Region 4-based classes. O’Malley said that the students benefited greatly from the exchange of ideas that evolved from Twarog’s relaxed teaching style. “We had NNA union leaders from all over the North Shore at this program and—across the board—they recognized the value and importance of not only the school, but of Joe’s expertise.”

For information on MNA labor school programs in your area, contact Joe Twarog at 781-830-5757 or via e-mail at jjtwarog@mnamr.org.

...Fear

From Page 1

problems that cause them to be apprehensive and fearful. Through experience and with the support of mentors, nurses can alter their fears and anxiety that comes with the process. They learned early on that in order to be successful at obtaining a legally protected voice for their nursing practice and working conditions they would have to stand together to face down the employer’s anti-union campaign. They did not let fear and intimidation stop them from doing what they felt was right in order to protect their patients and their nursing practice.

“Fear defeats more people than any other thing in the world.”—Ralph Waldo Emerson

Nurses who have formed a union in their workplace know the initial fear, apprehension and anxiety that comes with the process. They learned early on that in order to be successful at obtaining a legally protected voice for their nursing practice and working conditions they would have to stand together to face down the employer’s anti-union campaign. They did not let fear and intimidation stop them from doing what they felt was right in order to protect their patients and their nursing practice.

“‘Fear defeats more people than any other thing in the world.”—Ralph Waldo Emerson

In non-unionized facilities both the nurses and the employer are fearful of any attempt to organize a union at their facility, but for very different reasons. The employer’s fear is very simple: The employer does not want nurses to have a seat at the table or an equal say in their working conditions. The employer wants to maintain the power of unilateral decision making. The employer does not want to lose the power they have to change policies and benefits at a moments notice. That is why employers will spend millions of dollars on anti-union consultants and campaigns.

Nurses’ fears are different. Nurses are fearful of losing their jobs in their attempt at organizing a union in their workplace. Nurses are faced with an employer’s attempt to intimidate them through captive audience meetings and aggressive middle management coercion. Managers will be required to conduct one-on-one union meetings telling nurses they will lose their flexibility in scheduling, that nurses will be unable to have a say in staffing and patient care, and that they will have no power in negotiating their own contract. All of which are untrue.

“If you want to conquer fear, don’t sit at home and think about it. Go out and get busy.” —Andrew Carnegie

Nurses who work under conditions that are detrimental to the safe care of their patients and their practice really only have a few choices:

• They can decide to stay and continue to work under the present conditions, placing their patients and licenses at risk and letting management make all of the decisions.
• They can leave and go work somewhere else.
• They can stay and help build a union.

Nurses who have organized a union will tell you that, yes, it is hard work. But by building unity and working together they were able to face the fears and apprehensions of management’s intimidation schemes. If you are tired of struggling to give your patients the safe care they deserve, if you are tired of unfair working conditions, or if you are tired of putting your license on the line then you need to go out and get busy. Unity and strength can only be gained by talking to each other and forming a strong, unified front.

Your rights to organize

The National Labor Relations Act (NLRA) is a comprehensive law that protects the rights of employees to form, join or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in concerted activities for the purpose of collective bargaining or other mutual aid or protection. Congress amended the NLRA in 1974 with special provisions covering all private, nonprofit health care institutions.

Rights of employees

The law says YOU MAY:

• Help to organize a union.
• Distribute MNA materials in nonpatient-care areas during nonworking hours.
• Discuss the benefits of unionizing in nonpatient-care areas during nonworking hours.
• Protest, picket, strike, or engage in other concerted activity with co-workers.
• Act with co-workers to improve working or safety conditions.

Employer unfair labor practices

The NLRA prohibits employers from interfering, restraining, or coercing employees in the exercise of their rights to organize. They may not discriminate against employees in order to discourage membership in a union. Employers must bargain in good faith with the employees’ representative.

Your employer MAY NOT:

• Fire, demote, reprimand, threaten, or otherwise discipline you.
• Conduct widespread anti-union interrogations.
• Threaten the loss of benefits should you unionize.
• Promise benefits to employees for anti-union activities.
• Interfere with employee communications through unduly restrictive rules.
• Spy on union meetings.
• Grant wage or benefit increases timed to defeat union organizing.
• Engage in bad faith bargaining once the union represents you.

The National Labor Relations Board (NLRB) regional office is located at 10 Causeway St., Room 601, Boston. The NLRB is responsible for enforcing your rights to organize.

If you would like to learn more about organizing a union in your workplace, call Eileen Norton at 781-830-5777 or email ENorton@mnamr.org.

“‘We should not let our fears hold us back from pursuing our hopes.”—John Fitzgerald Kennedy

If your hope is to have a legally protected voice in your facility, then you have to commit to forming a union. Yes, it takes work. But with a unified front you will make it known that you are serious about the effort to unionize. More importantly, the more upfront and unified you are the easier it will be to send a message to management that you are taking a stand to protect your patients and your practice.

If your hope is to have a say in how you care for your patients, then you need to work with your colleagues to build unity and strength. If your hope is to have a say in how you practice your profession, then you need to face those apprehensions and anxieties and form a union. 23,000 other registered nurses and health care professionals have taken that step. Why not join them?”

Congratulations to the MNA’s Labor School Grads. Standing, from left: Paul Corkum and Frank Bruno, Chelsea Soldiers Home; Holly Rakip, North Shore Medical Center; Sandy Murray and Marie Freeman, Northeast Health Systems; John Trainor, North Shore Medical Center, Joe Twarog, MNA Labor Educator. Seated, from left: Rose Ann DiCato, Chelsea Soldiers Home; Phyllis Berg, North Shore Medical Center; Patty Comeau, Methuen School Nurses; Diane Barnett, Merrimack Valley Hospital; and Brian Zahn, Lawrence Public Health Department. Not pictured: Mary Sue Howlett, MNA; Kim Paskalis and Julia Rodriguez, North Shore Medical Center.
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 ........................................ 888-474-1959
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.

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

**Discount Tax Preparation Service**
Taxman Inc. ...................................................................................... 800-777-7777
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.

**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 Legal
Health insurance plan details are available by calling 800-422-3545, ext. 6541

**Products & Services**

**Auto/Homeowners Insurance**
Colonial Insurance Services, Inc. ....................................................... 800-571-7773 or 508-339-3647
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 ............................................................................. 800-882-2056, EXT. 726
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 ................................................................................ 401-634-1459
Receive an 8 percent discount on plans priced $34.99 and above! Receive a free Motorola G3400 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 services.

**Massachusetts Nurse April 2007**

**For more information, contact the representative listed or call member discounts at the MNA, 800-882-2056, x726. All discounts are subject to change.**
The MNA Speaker’s Bureau provides experts to assist nursing school faculty in their efforts to bring important and topical information to students. Below is a listing of topics and speakers available free of charge to speak to your class.

- **Safe Staffing Saves Lives—The Case for RN-to-Patient Ratio Legislation**
  An analysis of the causes and impact of the current staffing crisis in Massachusetts on nurses and patients, review of research to support legislation, detailed explanation of the current safe staffing bill with a discussion of its benefits to the profession and patient care.
  Presented by And Mullin, MNA Director of Legislation and Governmental Affairs
  Contact: amullin@mnarn.org; 781-830-5716

- **The Role of Political Action in Protecting Nursing Practice**
  A review of the impact of politics and government regulation on nursing practice and health care with an emphasis on how nurses can and should use the political process to protect their profession and improve care for their patients.
  Contact: amullin@mnarn.org; 781-830-5716

- **No Time for Silence—Using Public Opinion to Protect Nursing Practice**
  A discussion on sexual assault and the prevalence of assault across the lifespan, options for first position in the field, including job search, resume preparation and interviewing tips.
  Contact: dmccabe@mnarn.org; 781-830-5714

- **Medication Errors: Focus on Prevention**
  This program describes the complexity of the medication system in acute care facilities. It is designed to assess and review medication administration systems to improve their safety.
  Contact: Dorothy McCabe, MNA Director of Nursing
  Contact: dmccabe@mnarn.org; 781-830-5714

- **A Primer on Accepting, Rejecting and Delegating a Patient Assignment**
  A program promoting the need for nurses to be more visible and vocal in the media, in their communities and other forums to help shape public opinion to protect issues important to the profession. Includes a rationale for action, specific communications strategies and case histories.
  Presented by David Schildmeier, MNA Director of Public Communications
  Contact: dschildmeier@mnarn.org; 781-830-5717

- **Obtaining Your First Position: A Primer**
  A program promoting the need for nurses to be more visible and vocal in the media, in their communities and other forums to help shape public opinion to protect issues important to the profession. Includes a rationale for action, specific communications strategies and case histories.
  Contact: dschildmeier@mnarn.org; 781-830-5717

- **Forensic Nursing and Care of the Sexual Assault Patient**
  A discussion on sexual assault and the prevalence of assault across the lifespan, options for first position in the field, including job search, resume preparation and interviewing tips.
  Contact: dmccabe@mnarn.org; 781-830-5714

- **Unions and Nursing—The Power of Collective Bargaining**
  This program covers the history of unionization in nursing, what unions do, the benefits of union representation, as well as information on the process for forming a union.
  Contact: enorton@mnarn.org; 781-830-5777

- **History of Nursing in Mass.—100 Years of Caring for the Commonwealth**
  This program traces the history of professional nursing and the MNA in the Commonwealth, from its birth in 1903 through establishment of the RN role under law, its growth and development up to today.
  Contact: dschildmeier@mnarn.org; 781-830-5717

- **Managing Conflict: The Verbal Solution**
  This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies, including situational analysis and effective listening and communication skills will be addressed. The program will conclude with an interactive discussion of case scenarios related to conflict management.
  Contact: jfjergus@mnarn.org; 781-830-5714

- **Recognizing and Supporting Colleagues with Substance Abuse Problems**
  The disease of addiction, affects 10-15 percent of the nursing profession. This program will discuss the risk factors for nurses as well as the occupational signs and symptoms.
  Contact: cmalilia@mnarn.org; 781-830-5755

- **Menu of Occupational Health and Safety Programs**
  - Bloodborne Pathogens—Your Legal Rights: Addresses OSHA regulations related to the Bloodborne Pathogens Standards.
  - Ergonomics—No More Aching Backs: Addresses the myths around musculo-skeletal injuries, the regulatory guidelines to reduce such injuries and an overview of the types of patient lifting and moving equipment that are available in the marketplace today.
  - Fragrance-Free—Creating a Safe Health Care Environment: Addresses the scientific evidence of the toxicity of chemical components of fragrances and the adverse health effects these products are known to cause in patients and workers.
  - How Safe is Your Hospital? Recognizing Hazards in Your Work Environment: Provides an introduction to the types of hazards that are present in hospitals and other health care settings and methods to reduce and eliminate those hazards.
  - Latex Allergy: Addresses the extent of the problem, the signs and symptoms of latex allergy and methods to eliminate exposure to natural rubber latex in health care settings.
  - Smallpox - A Brief Introduction: Utilizes materials from the CDC and Massachusetts Department of Public Health to provide nurses with tools to recognize the signs and symptoms of smallpox and to become familiar with the plan to be implemented in the event of an outbreak.
  - The Adverse Health Effects of Environmental Cleaning Chemicals: Addresses the scientific evidence of the toxicity of chemical components of many environmental cleaning chemicals and the adverse health effects these products cause in patients and workers.
  - Workplace Violence - Recognition, Intervention and Prevention: Addresses the frequency and risk factors associated with workplace violence in health care settings. The program also identifies strategies to reduce risk factors and provide effective interventions for nurses and other health care workers physically injured and psychologically affected by violence at work. There is an emphasis on the importance of reporting such violence and reporting tools are supplied to participants.
  Contact Evie Bain, EvieBain@mnarn.org; 781-830-5776 or Chris Pontus, cpontus@mnarn.org
Keeping nurses safe on the job: News from the Congress on Health and Safety

Newton Wellesley RNs address hazards of environmental cleaning chemicals

By Nora Watts, RN

So the floor on the unit is being stripped, and suddenly you can’t quite catch your breath...

Been there? Done that? You are not alone. Last fall bargaining unit members from Usen 4 contacted their MNA representative to report headaches and wheezing during floor stripping and waxing procedures. Both patients and nurses were experiencing symptoms during the procedure. The nurses had made several attempts to get help from the supervisor and nurse manager prior to contacting the MNA, and on one particular evening the cleaning procedure was halted.

After the contact was settled, I met with occupational health and members of management to discuss the nurses’ concerns. At that meeting the hospital agreed to require HEPA filter fans to absorb fumes during stripping and waxing procedures. They did not agree to provide time off to nurses affected by the restripping process, and they also did not agree to change any of the products that were used.

It was stated that the stripper used the same ingredients as contained in recommended “green products.” It was also stated that other “green products” that had been tried by the hospital were less effective, required more manpower and needed to be repeated more often. Management added that a number of cleaning products in use at NWH have been reduced in an effort to reduce hazardous exposure.

Occupational asthma is listed as a high priority concern by the National Institute of Occupational Safety and Health (NIOSH). It is implicated in about 15 percent of all disabling cases of asthma according to the government agency. Health care workers are listed as one of the major groups affected by occupational asthma. Latex has been implicated as a causative agent in reactive airway disease, particularly in the health care setting. As a result, legislation to limit latex use has been pursued.

Environmental concerns within our bargaining unit are not new. Since hearing from Usen 4, nurses from the ED, OB, Tanger 4 West, Pain Service and the Infusion Center have come forward to report longstanding concerns.

What should you do if you experience a problem? First, if you have an acute episode at work, immediately notify the charge nurse and supervisor. Obviously, if you can’t breathe get out of the area. Even in instances where you do not go to employee health or the ED, notify employee health and your union rep. The only way to get the hospital to address the problem is to report, report, report! Fill out incident reports and send them to the occupational health department. Report to anyone who will listen (and, actually, you should also report to those who WON’T listen)! Be sure to note any ill affects from these exposures that you identify in patients or that your patients and visitors may have mentioned to you.

The collective bargaining committee has regularly placed environmental issues on its meeting agendas, and the nurses at Newton Wellesley recommend that other bargaining units do the same. Contact from members and documentation are essential in the efforts to protect the health and safety of our colleagues and patients.

An excellent resource for more information on hazardous environmental cleaning agents—as well as how they can be replaced with safer alternatives—is the publication Risks to Asthma Posed by Indoor Health Care Environments: A Guide to Identifying and Reducing Problematic Exposures. It is available at www.noharm.org.

Honor your peers with a nomination for 2007 MNA awards

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

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

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

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

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

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

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

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

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

MNA Research Award: Recognizes a member or group of members who have effectively conducted or utilized research in their practice.

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

For detailed information on selection criteria and to receive a nomination packet, call Liz Chmielinski, MNA division of nursing, 781-830-5719 or toll free, 800-882-2056, x719. The nomination deadline is June 15, 2007.

Scholarship funding available through the Massachusetts Nurses Foundation

Deadline: June 1, 2007

Printable applications with instructions and eligibility requirements are available at www.massnurses.org.

You can request that an application be mailed to you by calling the MNF at 781-830-5745.
By Thomas P. Fuller, Sc D, CIH

The results of a survey on hazardous drugs sent to over 3,000 MNA nurses have been analyzed, resulting in some very interesting findings.

In 2004 the National Institute of Occupational Safety and Health (NIOSH) issued an ALERT to increase awareness of health care workers and their employers about the risks of working with hazardous drugs. However, since that time there is little indication that hospitals have expanded their hazardous drug safety programs.

A study was undertaken in 2006 to evaluate to what extent a sample of 3,000 MNA nurses were aware of their hospitals’ hazardous safety programs and controls. Close to 400 surveys were returned and the results are as follows:

- Despite a major NIOSH recommendation for hospitals to develop written hazardous drug programs and procedures, only 54 percent of MNA nurses were aware of such programs at their hospitals (as shown on Figure 1). Beyond that, only 30 percent of the nurses who responded to the survey had read their programs.

- Although 87 percent of nurses stated that they handled or administered hazardous drugs, only 12 percent had ever had hands-on training on safe handling techniques. 56 percent of the nurses indicated that no special engineering controls were ever taken when they worked with hazardous drugs (as shown by Figure 2).

- None of the nurses surveyed indicated that they were aware of any NIOSH recommended exposure assessment strategies such as evaluation of equipment; workplace monitoring; analysis of volumes and frequency of drug use; decontamination techniques; waste handling; and equipment used to minimize exposures.

Other findings showed that proper engineering controls such as ventilation and special drug handling equipment had not been implemented in most locations. Nurses who had attended hazardous drug safety training were significantly more likely to wear personal protective equipment (PPE) but it was still alarming that 36 percent of all nurses responding used no special controls or PPE when working with patients receiving hazardous drugs. In addition, fewer than 35 percent indicated that hazardous drug spill kits were available to them, and fewer than 22 percent considered warning patients’ identities or other workers in the treatment areas about the presence of hazardous drugs.

Due to weaknesses in this study, such as low survey response rates and lack of detailed data about the study population set, it was not possible to make correlations about exposures and health effects here. However, the health effects from exposure to hazardous drugs are well documented in other studies. There are hundreds of hazardous drugs used throughout the hospital and new ones being developed continuously. Millions of health care workers are exposed every day. Based on this information the subsequent health effects can be expected to continue despite government warnings.

While formal institutional hazardous drug programs are being developed, nurses and other workers are encouraged to learn as much as possible about the hazards and the appropriate controls for the drugs they administer to patients. Material Safety Data Sheets (MSDS), which are supposed to be provided by the employer, should be consulted. However, since pharmaceutical company MSDS are often lacking information and direction, additional sources of information should be sought and precautionary practices utilized to minimize exposures wherever possible. These practices would include the use of appropriate protective gloves, face shields and gowns, the availability of spill kits, and contamination control techniques particularly where drugs are mixed or prepared.

To learn more about hazardous drugs that you may be exposed to at work, go to the NIOSH ALERT, available at www.cdc.gov/NIOSH.

The MNA Congress on Health and Safety is working to prevent nurses’ exposures to hazardous drugs in several ways. Periodically articles appear in the Massachusetts Nurse to increase the recognition of hazardous drugs and the methods that nurses should utilize in order to prevent exposure.

In addition, at an upcoming conference in June (Workplace Hazards to Nurses and other Healthcare Workers: Promising Practices for Prevention) a breakout session entitled, “Preventing Exposure to Hazardous Drugs” will be presented by Kathleen Sperrazza, RN, MS on June 8. (See Page 20 for details.)

Selected references:
1. Nomination process and notification of nominees

Revised policy
A. All candidates for office, submitting papers to the Nominations & Elections Committee, shall be notified in writing upon receipt of materials by the MNA staff person assigned to the Nominations & Elections committee. The letter of acknowledgement will identify the office sought. All notifications will be sent by MNA no later than June 15 of each year. If no acknowledgement has been received within 7 days of sending the consent to serve form, it is the nominee’s responsibility to contact MNA regarding the status of their nomination.

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

C. A statement from each candidate, if provided, will be printed in the Massachusetts Nurse. Such statements should be limited to no more than 250 words.

2. Publication of ballot

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

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

All candidates will receive a draft copy of the Final Ballot prior to the Election Mailing for verification purposes. Confirmation/request for corrections to the ballot should be made in writing to the Nominations and Elections Committee or their designee postmarked within seven days of receipt of the draft ballot.

For uncontested positions the Nominations & Elections Committee may solicit candidates, accept late applications, and add to the ballot after the final ballot deadline with approval of the majority of members of the Nominations & Elections Committee present and voting.

C. Ballot Information: All inquiries related to deadlines, status, policies, eligibility to vote and receipt of ballots are to be addressed to the staff person to the Nominations & Elections Committee or a designee.

3. Publication of policies/procedures/campaign practice

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

4. Campaign practices

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

1. Request for labels/lists/rosters* must be in writing and signed by the candidates. All requests will be honored provided they comply with the MNA information/label request policies.

2. Requests from the candidate for time on structural unit or bargaining unit agendas must be in writing and directed to the appropriate chair. The staff person for the group must also notify the Nominations & Elections Committee by the deadline date established by the committee and communicated in the Massachusetts Nurse. The order names are listed on the ballot is determined by random selection.

3. Structural units and bargaining units may invite candidates to speak at a meeting. All requests must be in writing with a cc to staff. All candidates for a specific office must be provided with equal access and time.

4. All costs for labels/space in the Massachusetts Nurse and mailing shall be the responsibility of the candidates. Labels will be provided at cost. Ad space in the Massachusetts Nurse will be at a specific advertising rate.

5. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.

6. All campaign mailings utilizing MNA membership labels or rosters may be sent through a mailing house designated by the MNA. Mailing utilizing rosters may be done directly by the candidates.

7. The membership list shall be available for review/inspection, by appointment with the Membership Department. Lists or records must remain on the premises.

8. All candidates must follow acceptable practices in the acceptance of goods, services and contributions. This includes:

1. Employers shall not provide money, supplies, refreshments or publication of and “endorsement” on behalf of a candidate.

2. Candidates may not use MNA, Region or employer stationary to promote their candidacy.

3. Candidates may not use postage paid for by MNA, Region or an employer to mail literature to promote their candidacy.

4. Neither MNA its structural units or bargaining units may use dues money for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all candidates for a particular office are invited and no candidate is shown preference over another.

5. Individual members may make voluntary contributions of money, goods or services to a candidate.

6. The amount that a candidate may expend in campaigning is not limited by MNA.

7. MNA elected and appointed officials may endorse candidates. In the event that the endorsement is to appear in the Massachusetts Nurse, then and only then, the endorsements must be verified on the official MNA Campaign Endorsement Form and must accompany ad copy. However, no endorsements may carry identification as to the MNA office held by the endorser (see attachment A).

8. MNA staff shall not wear promotional materials of any candidate or in any manner promote the candidacy of any individual.

9. Candidates shall not use the MNA corporate logo on campaign materials.

10. Campaigning or campaign materials are not allowed on MNA premises with the following exceptions:

- When invited to a MNA structural unit or bargaining unit meeting,
- Meeting attendees may wear promotional material.

5. Ballot/voting instructions

A. Ballot will be mailed at least 15 days prior to the date which it must be mailed or received by candidates.

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

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

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

E. Enclose the correct and completed vote in a ballot envelope (marked Ballot Return Envelope), which does not identify the voter in anyway, in order to assure secret ballot voting. ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE.

All mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed, to assure that a ballot can in no way be identified with an individual voter. (At the discretion of the Nominations & Elections Committee, mailing envelopes containing the voter’s name and address may be checked off on a master membership list. This process may be of the total membership list, or randomly selected envelopes.)

If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to:

MNA Secretary, c/o Contracted Election Administrator (address)

6. Observation

A. Each candidate or their designee who is a current MNA and/or Labor Relations Program member is to be permitted to be present on the day(s) of the opening and counting of the ballots. Notification of intent to have an observer present must be received in writing or electronic message from the candidate 5 working days prior to the ballot counting date.

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

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

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

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

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

7. Candidate notification

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

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

C. Results will include the following:

- Number of total ballots cast for the office in question
- Number of ballots cast for the candidate
- The election status of the candidate (elected/not elected)
- The number of votes that each candidate received

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

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

8. Storage of election materials

A. Pre Election: All nomination forms and all correspondence related to nominations shall be stored in a locked cabinet at MNA headquarters. The Nominations & Elections Committee and the committee shall have sole access to the cabinet and its contents.

- See Election policies, Next Page
...Election policies

From Previous Page

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

9. Post-election press release

The Department of Public Communications shall check the information on file/CV data for accuracy/currency with the elected candidate prior to issuing a press release.

*Member List—a computer listing of the total MNA membership eligible to vote, including name, address, billing information, etc.

*Membership Labels—computer-generated labels of the total MNA membership eligible to vote, provided in keeping with MNA Label Sales Policies.

*Rosters—computer-generated list of the Board of Directors of MNA and all MNA structural units. List includes names and addresses.

Approved by Board of Directors: 5/16/02, 8/21/03, 3/17/05

Regional Council election

Pursuant to the MNA Bylaws: Article III, Regional Councils, Section 5: Governance

The governing body within each region will consist of:

a. (1) A Chairperson, or designee, for each MNA bargaining unit.

(2) One Unit 7 representative on each regional council, to be designated by the Unit 7 President.

(3) Seven at-large elected positions. General members, labor members, and labor program members are eligible to run for these at-large positions. At-large members serve a two year term or until their successors are elected.

b. At-large members shall be elected by the Regional Council’s membership in MNA’s general election. Four at-large members shall be elected in the even years for a two year term and three at-large members shall be elected in the odd years for a two year term.

Consent to Serve for the MNA Regional Council 2007

I am interested in active participation in MNA Regional Council

☐ At-Large Position in Regional Council

☐ Region 1 ☐ Region 2 ☐ Region 3 ☐ Region 4 ☐ Region 5

General members, labor members and labor program members are eligible to run. General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Members means a non-RN Healthcare Professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

Name & credentials

(as you wish them to appear in candidate biography)

Work Title ___________________________ Employer ___________________________

MNA Membership Number ___________________ MNA Region __________

Address ____________________________________________ Cty ______________________ State ___________ Zip ____________

Home Phone ____________________________ Work Phone __________________________

Eduational Preparation

<table>
<thead>
<tr>
<th>School</th>
<th>Degree</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Present Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.)

<table>
<thead>
<tr>
<th>MNA Offices</th>
<th>Regional Council Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>MNA Offices</th>
<th>Regional Council Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Postmarked Deadline: Preliminary Ballot: March 31, 2007

Final Ballot: June 15, 2007

Return completed forms to:

MNA Nominations & Elections Committee
340 Turnpike Street
Canton, MA 02021

Massachusetts Nurse accepts unsolicited articles, photography and press releases for consideration as editorial material. While we do not guarantee publication, all items will be carefully evaluated. All submissions and ideas should be sent to:

Editor, Massachusetts Nurse
340 Turnpike Street
Canton, MA 02021
781-830-5718 or 800-882-2056, x718
email: jjohnson@mnarn.org
# Consent to Serve for the MNA 2007 Election

I am interested in active participation in the Massachusetts Nurses Association

## MNA General Election

- President, General*, 1 for 2 years
- Secretary, General*, 1 for 2 years
- Director, Labor* (5 for two years) [1 per Region]
- Director At-Large, General (3 for 2 years)
- Director At-Large, Labor (4 for 2 years)
- Labor Program Member who is a non-RN health-care professional (1 for 2 years)

*General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN health care professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

### Name & credentials

<table>
<thead>
<tr>
<th>Name &amp; credentials</th>
<th>(as you wish them to appear in candidate biography)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Title</td>
<td>Employer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MNA Membership Number</th>
<th>MNA Region</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

### Educational Preparation

<table>
<thead>
<tr>
<th>School</th>
<th>Degree</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Present Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.)

<table>
<thead>
<tr>
<th>MNA Offices</th>
<th>Regional Council Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>MNA Offices</th>
<th>Regional Council Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Signature of Member</th>
<th>Signature of Nominator (leave blank if self-nomination)</th>
</tr>
</thead>
</table>

### Postmarked Deadline:

- **Preliminary Ballot:** March 31, 2007
- **Final Ballot:** June 15, 2007

Return to: Nominations and Elections Committee

Massachusetts Nurses Association

340 Tumpke Street, Canton, MA 02021

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org

## MNA 2007 Election

### Preliminary Ballot

**President, General*, 1 for 2 years**

- Beth Piknick

**Secretary, General*, 1 for 2 years**

- No Candidate

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

- Region 1
  - No Candidate
- Region 2
  - No Candidate
- Region 3
  - No Candidate
- Region 4
  - No Candidate
- Region 5
  - No Candidate

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

- No Candidate

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

- No Candidate

**Labor Program Member who is a non-RN Health Care Professional (1 for 2 years)**

- Beth Gray-Nix

<table>
<thead>
<tr>
<th>Nominations Committee, 5 for 2 years (one per Region)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
</tr>
<tr>
<td>No Candidate</td>
</tr>
<tr>
<td>Region 2</td>
</tr>
<tr>
<td>No Candidate</td>
</tr>
<tr>
<td>Region 3</td>
</tr>
<tr>
<td>No Candidate</td>
</tr>
<tr>
<td>Region 4</td>
</tr>
<tr>
<td>No Candidate</td>
</tr>
<tr>
<td>Region 5</td>
</tr>
<tr>
<td>No Candidate</td>
</tr>
</tbody>
</table>

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

- Region 1
  - No Candidate
- Region 2
  - No Candidate
- Region 3
  - No Candidate
- Region 4
  - No Candidate
- Region 5
  - No Candidate

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

- No Candidate

**Congress on Health Policy (6 for 2 years)**

- Donna Dudik, RN
  - Kathy Metzger, RN
  - Julia Rodriguez, RN

**Congress on Health and Safety (6 for 2 years)**

- No Candidate

**Center for Nursing Ethics & Human Rights (2 for 2 years)**

- No Candidate

**At-Large Position in Regional Council**

- Region 1
  - Patricia Mayo
  - Susan Mulcahy
  - Lynne Starbard
- Region 2
  - No Candidate
- Region 3
  - No Candidate
- Region 4
  - No Candidate

*General means an MNA member in good standing & does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the labor program. ■
2007 scholarships available for MNA members

Kate Maker Scholarship
This scholarship was established to honor the memory of Kate Maker, RN, a long time leader and powerful activist. Kate’s primary focus as an activist was with the MNA. Kate was a long-time member of the MNA Board of Directors, and she served two terms as the chairperson of her bargaining unit at UMass Memorial Health Care’s University Campus in Worcester. Kate participated in pickets and strikes for nurses at several Worcester-area hospitals and was particularly effective when it came to explaining the connections between safe-RN-staffing ratios and their immediate impact on patient safety.

The scholarship will be awarded to a student (entry level or practicing RN) pursuing an associate’s or bachelor’s degree in nursing. Preference will be given to students living in or working in the Worcester area first, and then to other towns in MNA’s Region 2. If the applicant is a practicing RN pursuing a degree, she/he must be an MNA member.

Regional Council 3 Scholarship
(Fund a member under the age of 25 who is in a nursing program)

Regional Council 5 Scholarship
(Child of member under the age of 25 in a higher education program)

Regional Council 7 Scholarship
(Spouse/domestic partner in a nursing program; second preference will be given to those pursuing degrees in public health policy, health care professional tract or labor relations)

Regional Council 1 Scholarship
(Funded by Regional Council 1, this scholarship is awarded to active Region 1 member in good standing to assist with his/her studies in an accredited bachelor’s, master’s or doctoral degree in nursing. The scholarships will be awarded to an active Region 1 member in good standing to assist with his/her studies in nursing.

Regional Council 2 Scholarship
(Funded by Regional Council 2, scholarships are awarded to active Region 2 member in good standing to assist with his/her studies in an accredited bachelor’s, master’s or doctoral degree in nursing.

Regional Council 3 Scholarship
(Funded by Regional Council 3, scholarships are being offered to an MNA member in good standing and active in Region 3 to assist with his/her studies for an accredited associate or baccalaureate nursing program.

Regional Council 4 Scholarship
(Funded by Regional Council 4, five $1,000 scholarships will be awarded to active Region 4 MNA members to assist with their studies for an accredited bachelor’s, master’s or doctoral degree in nursing.

Regional Council 5 Scholarship
(Funded by Regional Council 5, these scholarships will be awarded to a spouse/domestic partner of an MNA member in good standing from Region 5 and enrolled in an accredited program in any course of study.

Regional Council 6 Scholarship
(Child of member under the age of 25 who is in a nursing program)

Regional Council 8 Scholarship
(Child of member under the age of 25 in a higher education program)

Regional Council 9 Scholarship
(Spouse/domestic partner in a nursing program; second preference will be given to those pursuing degrees in public health policy, health care professional tract or labor relations)

The Congress on Nursing Practice develops strategies to effectively deal with the health and safety issues impacting the nursing community, which need to be addressed through education, policy, legislation or position statements.

MNA New England Nurses Scholarship
One scholarship is being offered to a member of MNA in good standing. Applicants must be enrolled in an accredited degree program in nursing, labor relations or related field.

Faulkner Hospital School of Nursing Alumnae Memorial Scholarship
Funded by a sustaining scholarship established by the Faulkner Hospital School of Nursing Alumnae Association, this scholarship is offered by the Massachusetts Nurses Foundation. The primary purpose is to promote and encourage individuals to enter the professional nursing field, and annually funds the educational pursuits of student attending an entry level nursing program or an RN pursuing a BSN or MSN. First preference will be given to applicants who are lineal descendants of alumnae of the Faulkner Hospital School of Nursing. (Include name of Faulkner ancestor, year of graduation, address if known and relationship to applicant.) Second preference will be given to all others.

Position descriptions for MNA elected offices

Running for and winning election to MNA offices is one of the most important ways for you to have an impact on your profession.

An orientation is given to each elected member prior to assuming positions. An MNA staff person is assigned to each group to assist members in their work. Travel reimbursement to the MNA headquarters for elected members is provided as stated in the MNA bylaws, except when excused in advance by the chairperson, from more than two meetings within each period of twelve months from the date of assuming an elected or appointed position of the Board of Directors or a structural unit of the MNA shall result in forfeiture of the right to continue to serve and shall create a vacancy to be filled.

Board of Directors
The specific responsibilities and functions of the Board of Directors are to:

1) Conduct the business of the Association between annual meetings;
2) Establish major administrative policies governing the affairs of the MNA and devise and promote the measures for its progress;
3) Elect and evaluate the executive director;
4) The Board of Directors shall have full authority and responsibility for the Labor Program;
5) Adopt and monitor the association’s operating budget, financial development plan, and monthly financial reports;
6) Assess the needs of the membership;
7) Develop financial strategies for achieving goals;
8) Monitor and evaluate the achievement of goals and standards for the implementation of a program of governmental affairs appropriate to the MNA’s involvement in legislative and regulatory matters influencing nursing practice, health and safety, and health care in the commonwealth. Meets eight to 10 times per year at MNA or MNA’s District 2 office in West Boylston for two to three hours.

Congress on Health and Safety
The Congress on Health and Safety identifies issues and develops strategies to effectively deal with the health and safety issues of the nurses and health care professionals. Meets eight to 10 times per year at MNA for two to three hours.

Congress on Health Policy and Legislation
The Congress on Health Policy and Legislation develops policies for the implementation of a program of governmental

Consent-to-Serve Form, Page 14

Consent-to-Serve Form, Page 14

mack makes recommendations to the Board of Directors; serves as a resource in ethics to MNA members, districts and the larger nursing community; works with MNA groups to prepare position papers, policies and documents as needed; and establishes a communication structure for nurses within Massachusetts and with other state and national organizations. Meets eight to 10 times per year at MNA for two to three hours.

Congress on Nursing Practice
The Congress on Nursing Practice identifies practice and safety issues impacting the nursing community, which need to be addressed through education, policy, legislation or position statements. Meets eight to 10 times per year at MNA for two to three hours.

Bylaws Committee
The Bylaws Committee receives or initiates proposed amendments to the bylaws and reports its recommendations to the Board of Directors and the voting body at the annual business meeting; reviews all new, revised, or amended bylaws of constituent districts for approval of conformity; reviews all MNA policies for congruency with existing bylaws; interprets these bylaws. Meets eight to 10 times per year at MNA for two to three hours.

Nominations and Elections Committee
The Nominations and Elections Committee establishes and publicizes the deadline for submission of nominations and consent-to-serve form; actively solicits and receives nominations from all constituent regions, Congresses, Standing Committees and individual members; prepares a slate that shall be geographically representative of the state with one or more candidates for each office; implements policies and procedures for elections established by the Board of Directors. Meets two to three times during the year at the headquarters. Limited conference call options are available. All updates and correspondence from the committee are conducted by email whenever possible.  

Donations Needed for MNF Auctions!

The Massachusetts Nurses Foundation is preparing for the Golf Tournament on July 16 and its annual voice and silent auction to be held at the MNA 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 & research.

Simply donate your tax-deductible item, product or service and we will include it in the annual auction. Some ideas for auction donations include:

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

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

Our mission is only accomplished through donations. Your donation provides the meaningful difference in what the foundation can do! Your support is appreciated.

Jeannine Williams  
MNF President

Tina Russell  
MNF Treasurer

About the Massachusetts Nurses Foundation

The Massachusetts Nurses Foundation is a non-profit organization, established in 1981, which supports scholarship and research in the nursing and health care professions. The primary goal of the MNF is to advance the profession of nursing and health care by supporting the education of nurses. The foundation provides:

- Scholarships and grants to nurses, nursing students and health care professionals
- Support of research, which is significant to the nursing profession and the public
- Administration of scholarship funds for alumni associations, schools of nursing, organizations, foundations and individuals.

The MNF raises funds and dispenses scholarships and grants to qualified candidates who have applied for assistance to further their careers or study clinical issues that are essential to the improvement of health care.

### Travel to Europe with MNA in 2007!

**Sorrento, Italy**  
**May 26-June 3, $1,899***

Join us on a tour of one of southern Italy's premier vacation resorts. This nine-day, seven-night trip includes transfers to and from Boston, a nine-night stay in the beautiful Spa town of Montecatini. From there, day trips to Florence, Venice, Siena and San Gimignano will be arranged. The time in Rome will include a full-day sightseeing tour of the Coliseum, the Parthenon, 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.

**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, Venice, Siena and San Gimignano will be arranged. The time in Rome will include a full-day sightseeing tour of the Coliseum, the Parthenon, 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.

For more information and a flyer on these great vacations, contact Carol Mallia at cmallia@mnarn.org with 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.
Learn how nurses make a difference in developing nations: short term medical missions trips

Members of the MNA Diversity Committee’s Medical Missions team will talk about their experiences during a recent Mercy Ships trip to Honduras. Learn how this team of nurses and health care professionals provided medical care to impoverished communities. The team will describe the challenges of working in this environment and how they were able to make a positive change in the community.

To learn more and discover how you can be involved in a future mission trip, attend an upcoming informative program at the MNA:

May 8, 2007
6:00-8:00 p.m.
MNA headquarters, Canton, MA

This program is free and a light supper will be provided. Please contact Theresa Yannetty at 781-830-5727 or tyannetty@mnarn.org to register.
**Discounts Corner**

**Enjoy Six Flags at huge savings**

Discount tickets to Six Flags New England in Agawam are now available to MNA members at a discounted price. The MNA price for a one-day pass is $25 (half the regular price of a one-day pass). Season passes are now available for $64.99, which is a $10 savings. Prices are subject to change and good only while supplies last. Please call the MNA at 800-882-2056, x726 to order your passes.

---

**Nursing Skills, Legal Skills—A Winning Career Combination**

You have always thought about it... now do it!

When you combine your nursing degree with a legal education, you’re opening new doors to opportunity—in hospital administration or in the practice of law where your medical knowledge can help people in new and different ways.

**Massachusetts School of Law at Andover**

500 Federal Street, Andover, MA 01810

Tel: (978) 681-0800

Call or email us now for a school catalog.

e-mail: mslaw@mslaw.edu

Visit our website at:

www.mslaw.edu

---

**MNA membership dues deductibility for 2006**

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>
</tr>
</thead>
<tbody>
<tr>
<td>All Regions</td>
<td>$35.55</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

---

**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.

Mentors will need to attend a three-hour workshop focused on specific aspects of mentorship. Break-out sessions for the three categories of mentorship also will be featured.

For questions, call the Division of Nursing at 781-830-5714.

---

**Tewksbury — Andover**

**Nursing & Allied Health Career Fair!**

Meet the Merrimack Valley Region’s leading healthcare employers and see all of their great new career opportunities at once!

**Who should attend?**

- All professional nurses
- Recent graduates of nursing
- All related healthcare professionals in fields such as: respiratory care, laboratory science, radiology, occupational therapy, diet & nutrition, etc.

**Have you ever asked yourself...**

- Do I really fit in at my current workplace?
- Can I specialize in another area of healthcare?
- What specialties might be right for me?
- Can I get a better offer closer to home?
- Should I change facilities?

...then this Career Fair is for YOU!!

- Free gourmet coffee
- Free tea & snacks
- Free “History of Boston” book to first 100 attendees

**Come in with or without a resume.**

Go to: www.healthcareworkfair.com for directions or to email your resume.

In case of snow emergency check website.
Introducing The New
MNA Home Mortgage Program
A new MNA family benefit

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

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

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

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

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

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

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

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

Call The MNA Answer Line for Program Rates and Details:

1.877.662.6623
1.877.MNA.MNA3

Note: Very applicant will qualify for these programs.
Preventing Latex Allergy
Protecting Staff through Preventing Injuries to Nurses in Preventing Workplace Asthma: Preventing Workplace Violence
Preventing Infectious Disease

REGISTRATION FORM: WORKPLACE HAZARDS IN HEALTHCARE CONFERENCE • JUNE 7 & 8, 2007

Name ___________________________ RN _____ APN _____ Other (specify) ___________________________

Address ____________________________________________________ City ______________ State _____ Zip ________

Telephone: ____________ Daytime ____________ Evening ____________ Place of employment ____________

Fees: ☐ MNA/ UML (free) ☐ Full Conference $150 ☐ Day One $95 ☐ Day Two $95
☐ Thursday Evening Buffet $35 each ☐ Make checks payable to MNA

Please indicate your “1st,” “2nd,” and “3rd” choice for the following Thursday, June 7 breakouts sessions:

☐ Latex Allergy ☐ Workplace Asthma ☐ Home Care Injuries ☐ Needlestick/Sharps Injuries

Please indicate your “1st,” “2nd,” and “3rd” choice for the following Friday, June 8 breakouts sessions:

☐ Pandemic Flu ☐ Hazardous Drugs ☐ Infectious Disease ☐ Workplace Violence

Breakout Sessions limited to 50. Every effort will be made to accommodate your selections.

OFFICE USE ONLY

CHG CODE: ______ AMT. ______
V/ MC/ AMX ________________
CK# ______ CK DATE: __________
INT. _______ DATE: __________

REGISTRATION FORM: WORKPLACE HAZARDS IN HEALTHCARE CONFERENCE • JUNE 7 & 8, 2007

Important Information

Chemical Sensitivity
Attendees are requested to avoid wearing scented personal products when attending this conference. Scents may trigger responses in those with chemical sensitivity.

Hotel Information
Overnight accommodations are available at the Best Western Hotel and Trade Center in Marlboro at the rate of $92 plus tax, per night. For hotel accommodations, call 508-460-0700 and ask for the Massachusetts Nurses Association Room rate for June 7 and 8, 2007. To be sure of this rate, you must call before June 1, 2007. There is no charge for parking at this facility.

Fees
Free to MNA members and staff and students of UMass Lowell; all others $150 for two-day registration, $95 for one-day registration. Registrations limited to 225. There will be a $35 charge to everyone wishing to attend the Thursday evening buffet.

Registration & Questions
Contact Susan Clish in the MNA Division of Health and Safety at 1-800-882-2056, ext. 723 or fax registration form to 781-821-4445. Include check off for breakout sessions; please indicate first, second, and third choices for breakout sessions. Breakouts are limited to 50 participants each. If registering with a credit card, please call Susan Clish at 1-800-882-2056, ext. 723.

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

To successfully complete a program and receive contact hours you must: 1) sign in, 2) be present for the entire time period of the sessions, and 3) complete and submit the evaluation.

Program Cancellation:
MNA reserves the right to change speakers or cancel programs for extenuating circumstances.