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For the latest news:
www.massnurses.org
Nurses’ Guide to Single Payer Health Care

Our stake in rebuilding the health care system

Those who attended a showing of Michael Moore’s health care exposé “SICKO” saw some moving and amusing scenes from Canada which gave an interesting snapshot of that country’s universal, tax-supported health care system. Absent from the movie was any sense of history or of the intense struggle Canadians undertook to fashion such a system. Just as mouthpieces of the commercial insurance industry demonize Canada’s single-payer system, so too do many health reform activists here idealize it. Right on time, the Canadian Federation of Nurses Unions (CFNU) has just issued a 96-page book, Conversations with Champions of Medicare.

“Champions” is a readable collection of interviews with leading veterans of the battle for health care rights in Canada. The dynamics of social change are revealed in human terms, the elation of wins and the discouragement of losses. This little book holds many lessons for us as we strive to build a just health care system here. Most fascinating to us is the conversation with Kathleen Connors, who retired in 2003 after 20 years as president of CFNU. Connors continues to serve as chair of the Canadian Health Coalition, a broad-based national movement founded in 1979 to protect and improve Medicare. What follows are a few of Connors’ key observations:

“I grew up 17 miles from the North Dakota border, and you were aware that people from North Dakota did come across. The women came to have their babies because it was cheaper in Canada.”

“I worked maternity, so for the women having their babies it didn’t matter if you were an Aboriginal woman from South Indian Lake or a young Inco executive’s wife who had been transferred to Thompson from Toronto ... there was a recognition that both of them got the same kind of care.”

“Quality [care] and safety—you kind of take those things for granted. And never once did we have to ask, ’Who are you and let’s see your bank balance’ before we provided care.”

“I was a little anxious about [testifying for the first time before a Parliamentary committee], thinking what can we offer that these people don’t know? And then suddenly this realization: We know a heck of a lot more about health care than these guys ever will. We represent nurses who are there 24/7.”

“There was the huge capitulation on the part of the Mulroney government [extending patent protection to pharmaceuticals] and then absolutely no change in pace when the Liberals were elected. And as a country we are bearing the direct results of those decisions. Today the federal government is missing in action on a national pharmaceutical strategy.”

Canada’s Medicare: 5 principles

1. Public administration: Accountable to the provincial government.
2. Comprehensiveness: All medically necessary services covered.
3. Universality: Coverage for all on uniform terms and conditions.
4. Portability: Coverage provided in all provinces.
5. Accessibility: Access must be reasonable, uniform and free of barriers.

“During the period of the National Forum on Health ... they articulated that we have to move beyond what we have got, and it can only be better for the people—pharmaceuticals, information technology and home care. There was a sense of momentum in this country that we were going to move these agendas along, and it was because of the strategic coming together of groups that maybe hadn’t worked together before.”

“You look at the time and effort that you, or the organization you work with, put into addressing an issue and you think, ’Oh my god we are standing still!’ That can be discouraging, or you can come to the realization that we’ve kept the system without it being eroded, and ultimately that is a victory in itself, so you have to take solace in that.”

“[T]he public assumes [the health care system] will always be there. The public assumes that governments will make the decisions that are based on the best interests of the citizens, when we know that they will respond to who creates the biggest political heat for them.”

“[W]e need a national health resource strategy. It isn’t enough for provinces or territories to develop their human resource strategies because all that is going to do is we are going to poach from each other, and we are going to poach from developing countries robbing them of one of their most important resources.”

“Medicare isn’t perfect, but I have sat at international meetings where health ministers have said, ‘Why are you coming to our country to study our health care system? Yours is the model that we should be emulating.’”

Visit www.nursesunions.ca or call 613-526-4661 for more information.

Kathleen Connors
Trip to California finds safe staffing law working just fine

By Beth Piknick
MNA President

When the state of California first announced that it was going to be establishing a limit on the number of patients a nurse could be required to care for at one time, the hospital industry there had all kinds of dire predictions about what would happen. They claimed that California hospitals would not be able to find nurses to meet safe-staffing standards in the time frame required, and that those same hospitals would collapse and close under the financial burden of implementing the new standards.

Last month I had the opportunity to visit California for a convention with more than 500 staff nurses from across the state. I took the opportunity to grill these nurses—nurses from every type of unit and hospital—about the law, including how it was working and what they thought about it.

What I heard back was a resounding endorsement from frontline nurses.

There is no doubt in their minds that practicing with ratios is a different world from the one before a ratios law was implemented in 2004 and that is because the law works.

Nurses have more time to spend with patients, the quality of care they are delivering has dramatically improved and their patients are more satisfied with their care. This is true of emergency department nurses as well as all other nurses (see related article on page 6).

In fact, none of the dire predictions made by the hospital industry in California, and none of the lies being told to you by hospital administrators here, are true.

Here is what actually occurred:

• Not one hospital in California has closed because of the new law.
• According to the California Health and Human Services Agency there has been “no negative impact on the health care system. Our data shows that hospitals have been able to meet the lower ratios. Hospitals had to follow the new rules and discovered they were not as burdensome as they had feared” (Los Angeles Times, 2005).
• The number of actively licensed RNs in California increased by more than 60,000 following enactment of the safe-staffing law, and hospitals were able to easily meet the new standards in time. In fact, the increase in the number of actively licensed RNs in California was almost seven times more than the total number state health officials said would be needed for medical/surgical units (California Board of Registered Nursing Data).
• No hospital has been fined for non-compliance with the law.
• There has been a 60 percent increase in applications for California RN licenses in the years following the enactment of the law (California Board of Registered Nursing Data).
• Nurses also report that there have not been reductions in ancillary staff in the wake of RN staffing limits.

As we head into the very important hearing this month on our safe staffing bill, we have a strong case to make that Massachusetts—when it comes to safe staffing—should be California dreamin’.

2007 MNA general election results

The following MNA members have been elected to the 2007–2009 Board of Directors in the 2007 election:

President, General
Beth Piknick, RN

Director, Labor
Region 2
Kathlyn Logan, RN
Region 3
Judith E. Rose, RN, MS
Region 4
Francine O’Connell, RN
Region 5
Barbara Norton, RN

Director At-Large, General
Sandy Eaton, RN
Tina Russell, RN

Director At-Large, Labor
Karen Coughlin, RN
Karen Higgins, RN
Richard Lambos, RN
Kathlyn Logan, RN

Labor Program Member who is a non-RN Health Care Professional
Beth Gray-Nix, OTR

Congress on Health Policy
Melissa Croad, RN, BSN
Donna Dudik, RN
Ann Eldridge Malone, RN, MSN

Kathy Metzger, RN
Nancy Pitrowiski, RN
Julia Rodriguez, RN

Regional Council, Director At-large election
Region 2
Kathlyn Logan, RN
Susan Mulcahy, RN
Lynne Starbard, RN
Region 4
Marji Foxon, RN
Noreen Wall-Hogan, APRN, PC, BC
Region 5
Sandy Eaton, RN

Massachusetts Nurse Advocate October 2007
The MNA’s Regional Council 2 was selected by the Central Massachusetts AFL-CIO to receive the Kenneth J. Mangan Award at this year’s Labor Day Breakfast on Monday, September 3 at the Crowne Plaza Hotel in Worcester. The award was given in recognition of outstanding community services as a representative of organized labor.

Region 2 was chosen because of the incredible contributions it made this past year to the local Holiday Toy Drive, the Central Mass. AFL-CIO’s food pantry, the Letter Carrier’s Food Drive and the MNA’s local scholarship programs. Specifically, the award recognized the efforts of the nurses at St. Vincent Hospital and UMass Medical Center, who utilized well-attended job actions and labor celebrations to collect much-needed donations for families living in the Greater Worcester region.

Accepting on behalf of Region 2 were Carolyn Moore, RN, of St. Vincent Hospital, Kathie Logan, RN, of UMass University Campus, and Sue Mulcahy, RN, of UMass Memorial Campus. “It is a duty and privilege to give back to this community,” said Logan, “and we feel fortunate that we are able to do so.”

In addition to the MNA receiving this award, Timothy Campbell, son of MNA member Sue Campbell, received the Murray Wagner Loughlin Scholarship in the amount of $1,000 at the breakfast.

Proudly accepting the Kenneth J. Mangan Community Services Award: From left, Carolyn Moore, RN, of St. Vincent Hospital, Kathie Logan, RN, UMass University Campus, and Sue Mulcahy, RN, UMass Memorial Campus.

Scholarship winner: Tim Campbell, recipient of the $1,000 Murray Wagner Loughlin Scholarship, with his mother Sue.

H.2059, the common sense solution: Members from various labor unions who attended the Worcester Labor Day Breakfast took a moment to sign postcards addressed to their state legislators in support of H.2059, the Patient Safety Act. Region 2 members didn’t have to push too hard to get folks to sign the cards, because limiting the number of patients that a nurse must care for at once just makes sense! Thanks to all of our allies and community members—in Worcester and elsewhere—who have helped us in working toward passing this important legislation.
Have you been meaning to write to your state representative or state senator about the importance of the MNA’s proposed legislation to improve nurse staffing, safe patient handling, workplace violence prevention or to increase funding for Unit 7 facilities, but you can’t seem to find the time?

Do you wish there was a quick and easy way to get updates about legislative initiatives affecting your practice or what’s going on in bargaining units around the state?

Well there is—www.capwiz.com/massnurses was created at the request of members to provide a quick and easy way to e-mail legislators about important issues.

Capwiz features

Capwiz can help you:

- Identify your elected officials by simply typing in your zip code and address.
- Learn about MNA issues.
- Tell your legislators via e-mail and fax about issues that are important to you.
- Sign up for the “Action E-List” to receive messages alerting you when your legislators are deliberating bills relevant to nursing practice or when bargaining units need your support in their negotiations.

It’s as easy as “1-2-3”

1. Go to www.capwiz.com/massnurses and select the issue(s) about which you want to write to your legislator.
2. Once you’ve selected your issue(s), you will find a pre-drafted e-mail message that can be edited and personalized. Edit and personalize your letter, fill in your mailing and e-mail addresses, and click the box to be added to the Action E-List. Then click “send” and your legislator(s) will receive an e-mail message from you on the topic you selected.
3. Forward along the Capwiz link to friends and family. The more often legislators hear from constituents about what is important to nurses and patients, the more they will realize how critical these issues are.

Last year, Capwiz was used to successfully lobby legislators on safe staffing; workplace violence; defending the scope of practice for school nurses; restoring funding that was nearly cut to Department of Mental Retardation, Department of Mental Health and Department of Public Health facilities; and to drum up support for RNs at UMass Memorial Medical Center, Brigham and Women’s Hospital, St. Vincent Hospital, Berkshire Medical Center, North Adams Regional Hospital, Brockton Hospital, Boston Medical Center, New England Medical Center, the American Red Cross and Baystate VNA. Capwiz can also be used to systematically send letters to editors at any newspaper in the commonwealth.

Help us expand on our successes. Join the Action E-List and write to your legislators today by visiting www.capwiz.com/massnurses.

You may also access Capwiz through the MNA’s main Web site (www.massnurses.org) and by clicking on the box “Write to your legislators,” or through the coalition’s Web site at www.protectmasspatients.org (again, click “Write to your legislators”).

Protect your practice online!

Capwiz makes contacting your legislator as easy as “1-2-3”
The goal H.0259, the Patient Safety Act, is to resolve the nursing staffing crisis in the commonwealth’s hospitals, not to simply move the problem from one area of the hospital to another.

Accordingly, all major units in a hospital are included in the bill. To meet the requirements a hospital will not be able to reduce patient loads on med/surg floors by boarding more patients in the ED. There must be enough nurses in all of the major units of the hospital, thereby improving the working environment for all nurses in the hospital—including ED nurses.

Different limits required for the ED, emergency critical care and emergency trauma units

This means that the hospital will have to anticipate and staff appropriately for a rapid influx of patients without resorting to internal disaster status and diverting patients to another already overburdened ED. For example, in California—where safe staffing is the law—an ED nurse can only be assigned four patients at a time. For critical patients however, a nurse can only be assigned two patients, and a nurse can only be assigned one trauma patient at a time. The Massachusetts law will be implemented similarly, with different limits required depending on the acuity of the patient.

In addition, the triage, radio or charge nurse cannot be included/counted when meeting the staffing levels, and the bill will prohibit both mandatory overtime and the “floating” of nurses without adequate orientation.

Hospitals will be required to make RN staffing plans public

Hospitals will no longer be able to keep their staffing plans secret, or worse, non-existent.

Over 85 percent of acute care hospital nurses in Mass. support H.2059

“In the emergency department it is fast paced and inadequate staffing is the leading cause of medication errors, patient falls and staff injuries. The ED is a chaotic environment and our job is stressful enough with having to make life saving decisions every minute of our shift while simultaneously dealing with the crisis of inadequate staffing. Passage of H.2059, beyond any reasonable doubt, is in the best interest of patient safety and it will create a safe environment for both patients and nurses!”

— Traci Mather, RN, BSN and an ED nurse
Northeast Hospital

“I work in the ED at Brockton Hospital and I support H.2059, The Patient Safety Act, because it will help improve patient care. H.2059 is an all-encompassing bill—it attacks the problem of staffing at every unit in the hospital, including the ED.”

— Doug Dell, RN

“Right now, when management tries to understaff the ED there is very little we can do. We have tried just about every form of protest at my facility with some improvement in staffing, but still no coverage for our pediatric, psych and ICU boarders. There is no guarantee of adequate staffing for our boarders in the future. If H.2059 were law, we would be able to report violations to DPH confidentially, and they would have to investigate and impose penalties if the hospital refused to comply. That is a much more powerful option than anything we have at our disposal now.”

— Barbara Broussard, RN, NEMC
This means that if the hospital has nurses on call you will know about it and be able to insist that they call those nurses in when necessary.

**How does H.2059 provide for enforcement of the limits?**

- **Confidential Reporting:** If a hospital exceeds the staffing limits, you can report it to the DPH as can a patient, a family member, a reporter or anybody else. Reporting is confidential, so you don’t have to fear reprisal.
- **Mandatory investigation:** The DPH will be required to investigate the complaint.
- **Penalties:** Where facilities routinely violate the limits, DPH can impose a range of penalties, including fines and even pulling a facility's license.

In California, despite the predictions of disaster when their safe staffing bill passed, hospital administrators now understand that it’s just easier to comply with the law … so they comply. Hospitals in Massachusetts will too.

**Ancillary services are protected**

The bill requires the DPH to incorporate the availability of support services into setting patient limits. This means that hospitals cannot meet the requirements by simply eliminating support services. Adequate numbers of RNs and support staff are essential in order to keep patients safe, and H.2059 requires DPH to account for this.

**Limits throughout the hospital will improve patient care everywhere**

Because the bill requires better staffing throughout the hospital—including the ICU, med/surg, and other floors—inadequate staffing on the floors cannot prevent admitted patients from being moved to other units. There will be more RNs throughout the hospital, thereby improving patient flow and efficiency throughout the facility.

**What’s the bottom line?**

Right now, you are powerless to improve staffing in the ED or anywhere else. With H.2059, you will have a tool with some teeth in it that you can use to enforce safe staffing limits. H.2059 will not solve all the problems in the emergency department. The challenges faced by ED nurses are complex and require multi-pronged solutions, but with this legislation you will have many more protections and tools at your disposal than you have now.

To look at the language in H.2059 for yourself, go to http://www.mass.gov/legis/bills/house/185/ht02pdf/ht02059.pdf

If you have any questions, call the MNA at 781-821-4625.

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This is not an experiment—safe staffing already works in California

Four years ago, California implemented a law similar to H.2059, and that law is improving patient care and nurses’ working conditions in hospitals throughout the Golden State. But don’t take our word for it.

“I used to take care of six to eight patients a day, with 30 patients in the waiting room before the ratios. It was hectic and stressful, and as a result, I went part time and stopped doing charge. Now we have no more than four patients and even fewer if there is an intensive care level patient. I can provide care in a more timely manner, do ongoing assessments as needed and provide patient teaching. We hired more ED techs, we no longer have hall beds and we actually see more patients.”

— Pam Gilbert, an ED RN for 13 years  
Good Samaritan Medical Center, San Jose, Calif.

“Staffing limits in California provided improved retention and recruitment for nurses and safer and more effective care for patients.”

— Michael Jackson, RN  
University of California San Diego Medical Center
Advocates for patient safety rally on the South Coast

Urge lawmakers to pass bill that will improve patient care, set safe RN-to-patient ratios

Advocates for patient safety from across the South Coast region launched a local campaign on Sept. 18 to urge lawmakers to pass legislation that will improve the quality of patient care and set limits on the number of patients a hospital nurse can care for at one time.

Standing outside Saint Anne’s Hospital in Fall River, advocates from the Coalition to Protect Massachusetts Patients spoke out about the dangers of understaffing at area hospitals, and called on elected leaders to pass The Patient Safety Act: House Bill 2059. The bill calls on the state’s DPH to set a safe limit on the number of patients a nurse is assigned to care for at once. It also bans the dangerous practice of mandatory overtime and includes initiatives to increase nursing faculty and nurse recruitment.

“No father should have to experience the pain of losing a child, as I have,” said John McCormack, co-chair of the Coalition and author of ‘Taylor’s Law,’ named after his 13-month-old daughter who died as a result of a preventable medical error. “Every single day in the commonwealth, six people die needlessly of hospital-acquired infections. Safe staffing will save lives, provide better patient care and prevent medical errors. I urge the Legislature to pass the Patient Safety Act.”

The hospital industry is trying to derail The Patient Safety Act, putting thousands of patients’ lives at risk. Understaffing leads to higher incidences of hospital-acquired infections, resulting in 2,000 deaths a year, an increased rate of medical errors and increased readmissions.

Joan Pingley of the Bristol County Chapter of the Massachusetts Senior Action Council also spoke out in favor of the measure, saying, “Senior citizens spend more time in the hospital than any other group, so we experience the devastating effects that overworked nurses can have on the quality of care we receive on a regular basis. It’s not just seniors who are endangered. Everyone is at risk for hospital-acquired infections—a deadly but preventable outcome of understaffing. Senior citizens of Bristol County urge the Legislature to pass The Patient Safety Act and save lives today.”

Angela DeLima, a member of the Coalition for Social Justice and the family member of a patient who suffered substandard care at a local hospital, shared her experience, stating, “We watched day after day as my aunt’s nurses struggled to provide the care she needed and deserved. We watched mistakes being made, not because these nurses did not care—but because they were running themselves ragged, caring for far too many patients. On one occasion, my aunt, who was in the hospital with severe respiratory disease, went without her oxygen because the nurse had not been to the room in hours to change the tank. In essence, my aunt was left to suffocate for lack of nursing attention.”

“Every day that goes by without passing The Patient Safety Act is another day that patients suffer, contract infections and fail to receive the quality of care they need and deserve,” said Karen Higgins, a registered nurse from the Boston Medical Center and co-chair of the Coalition. “Bedside nurses are overworked trying to tend to the needs of too many patients. We know that implementing safe staffing will improve patient safety.”

Melinda Cabral, a local educator who administers a preschool program, commented on the need for safe staffing limits to protect children in hospitals. “For preschoolers in daycare, there are strict teacher-to-pupil ratios to ensure quality education and child safety. But I was blown away to learn that if one of our preschoolers suffers an injury or illness and needs to be hospitalized, when that child gets to the hospital there is no law to protect him or her—no limit on the number of sick children his or her nurse can care for,” Cabral said.

“Where is our concern for quality health care and safety for our kids, and for all of us, in hospitals when we are at our most vulnerable? It makes me ask, where are our priorities?”

In May 2006 the Massachusetts House of Representatives passed similar legislation by a margin of 133-20, but the bill was not taken up by the Senate. The Patient Safety Act: H.2059 is co-sponsored by state Sen. Marc Pacheco (D-Taunton) and state Rep. Christine Canavan (D-Brockton).

To date, 124 of the state’s leading health care and patient advocacy groups have endorsed H.2059 and have joined forces to push for passage in both the House and Senate. Recent voter surveys indicate that more than 80 percent of the public supports establishing safe staffing limits.

Advocacy groups in the South Coast region participating in the campaign include the Massachusetts Senior Action Council, Bristol County Chapter; the Coalition for Social Justice; and the Coalition Against Poverty. As part of the effort, advocates will mobilize local residents to send postcards to legislators, and to e-mail local legislators in support of the bill. They also intend to mobilize residents to attend a public hearing on the bill, which is scheduled for Oct. 24 at the State House.
Coalition to Protect Massachusetts Patients

- AIDS Action Committee of Mass.
- AIDS Care Project
- Alliance to Defend Health Care
- Alzheimer's Association, Mass. Chapter
- American Diabetes Association of Greater Boston
- American Heart Association
- American Lung Association of Greater Norfolk County
- American Lung Association of Mass.
- American Medical Student Association
- American Psychiatric Nurses Association, New England Chapter
- Amyotrophic Lateral Sclerosis Association
- Arise for Social Justice
- Boilermakers Local Union 29
- Boston Carmen's Union Local 589, ATU
- Boston ElderINFO
- Boston Health Care for the Homeless Program
- Boston Newspaper Printing Pressman's Union #3
- Boston Police Patrolman's Association
- Boston Women's Commission
- Brotherhood of Utility Workers Council
- Cambridge Women's Commission
- Cape Organization for Rights of the Disabled
- Chesterfield Democratic Town Committee
- Central Massachusetts AFL-CIO
- Coalition Against Poverty
- Coalition for Social Justice
- Committee of Interns & Residents of Massachusetts
- Communication Workers of America Local 1365
- Communication Workers of America Local 1171
- Community Church of Boston
- Family Economic Initiative
- Favorite Nurses Favorite Temps
- Fenway Community Health Center
- Gay and Lesbian Advocates and Defenders
- Greater Boston Diabetes Society
- Hampshire Franklin Central Labor Council
- Health Care for All
- Hudson Democratic Town Committee
- IBEW Local 2222
- Independent Living Center of North Shore and Cape Ann, Inc.
- Institute for Health and Recovery
- Ironworkers Local 7
- Ironworkers Local 57
- Jobs with Justice
- Jon Weissman (President, NALC 46)
- Jonathan M. Cole Mental Health Consumer Resource Center
- Judy Norsigian (Co-author of “Our Bodies, Ourselves”)
- Labor Guild Archdiocese of Boston
- Laborers International Union Local 429
- Latin American Health Institute
- League of Women Voters of Mass.
- Lynn Health Task Force
- Mass. Asian AIDS Prevention Project
- Mass. Association of Councils on Aging
- Mass. Association of Nurse Anesthetists
- Mass. Association of Older Americans
- Mass. Association of Public Health Nurses
- Mass. Brain Injury Association
- Mass. Federation of Teachers
- Mass. Human Services Coalition
- Mass. Immigrant and Refugee Advocacy Coalition
- Massachusetts Nurses Association
- Mass. School Nurse Organization
- Mass. Senior Action Council
- Mass. Coalition of Nurse Practitioners
- Mass. Breast Cancer Coalition
- Mass. Society of Eye Physicians and Surgeons
- Sister Rosellen Gallogly of Market Ministries
- Mass. NOW (National Organization for Women)
- Massachusetts Spina Bifida Association
- Massachusetts Organization of State Engineers and Scientists
- MASSPIRG
- Mass. State UAW CAP Council
- Merrimack Valley Central Labor Council
- Mental Health Association, Inc.
- MetroWest AIDS Program
- MetroWest Latin American Center
- National Alliance for the Mentally Ill of North Central Massachusetts
- National Association of Socially Responsible Organizations
- National Emergency Medical Services Association
- National Kidney Foundation of Mass., RI, NH, Vermont
- Neighbor-to-Neighbor
- New England Coalition for Cancer Survivornship
- New England Nurses Association
- New England Patients Rights Group
- New York Professional Nurses Union

Speaking out: Joan Pingley, Bristol County Chapter, Mass. Senior Action Council.

- North Shore Central Labor Council
- Pile Drivers Local Union #56
- Pioneer Valley AFL-CIO
- Pipefitters Local 537
- Retired State, County and Municipal Employees Association of Mass.
- Ron Patenaude, President, UAW Local 2322
- Search For A Cure
- SEIU Local 263
- Sheet Metal Workers Local 17
- South Shore Coalition for Human Rights
- Sprinkler Fitters Local Union 669
- The Abortion Access Project
- The Association of periOperative Registered Nurses
- The Brighton/Allston Improvement Association
- The Carroll Center for the Blind
- The Consortium for Psychotherapy
- The Episcopal Diocese of Western Mass.
- The Massachusetts Coalition of Families and Advocates for the Retarded
- UAW Local 2322
- United American Nurses
- United Food & Commercial Workers Local 1445
- United Food & Commercial Workers Local 1459
- United Nurses & Allied Professionals
- United Steel Workers of America
- Utility Workers Union of America Local 369
- Victory Programs, Boston
- Vineyard Health Care Access Program
- Women's Health Institute
Michael Moore’s “SiCKO” has broad reach, powerful impact

If the potential impact of Michael Moore’s documentary “SiCKO” were dependent solely on those who have actually seen the film, the result might be a passionate but narrow conversation among the 4 percent of adults who said they watched it in a new Kaiser Family Foundation poll.

But, with a big free media bounce reaching beyond the movie reviews to the news and talk shows, the new poll finds that almost half (46 percent) had seen the movie or heard or read something about it a little over a month after its national release. This is not much less than the share of adults (61 percent) who were aware of “An Inconvenient Truth,” the documentary on climate change featuring former Vice President Al Gore released in May 2006.

Among those familiar with “SiCKO,” 45 percent said they had a discussion with friends, co-workers or family about the U.S. health system as a result of the movie; 43 percent said they were more likely to think there is a need to reform the health system; 37 percent were more likely to think other countries have a better approach to health care; and 27 percent said they were paying more attention to the positions of presidential candidates on health care. About equal numbers of those aware of the movie thought it accurately represents problems in the U.S. health system (36 percent) versus overstating them (33 percent), and positive impressions of “SiCKO” outweighed negative ones 48 percent to 33 percent.

“Our poll shows how the combination of good timing, a controversial director, and lots of free media attention can generate real impact for a film that very few people have actually seen,” said Kaiser President and CEO Drew E. Altman, Ph.D., in an August press release. “‘SiCKO’ is not a commercial juggernaut like ‘Transformers’ or ‘Harry Potter,’ and we’re not likely to find Michael Moore action figures at fast food restaurants any time soon. But we are starting to see how films about social issues that capitalize on free media rather than traditional marketing can become social phenomena too.”

The movie has been much more likely to resonate with those already inclined to support its point of view. For example, 43 percent of self-identified liberals who are familiar with the film had a very positive impression of it, compared to 9 percent of conservatives.

But its impact is not entirely predictable. While 56 percent of liberals familiar with the documentary report said that they are more likely to believe there is a need for reform of the U.S. health care system as a result, a smaller but still substantial share of conservatives aware of “SiCKO” (29 percent) also said so, as did 23 percent of Republicans. And, 37 percent of conservatives said they had a discussion with friends, co-workers, or family about the health system following the movie, while 18 percent said they were paying more attention to what the presidential candidates are saying about health care. Results were similar by party identification.

Still, “SiCKO” has not altered what have long been the fundamental factors shaping the public’s views on health care. When asked what has had the biggest impact on their opinions about the issue of health care recently, just 2 percent of the group aware of “SiCKO” cited the film; 62 percent pointed to their personal health care experiences, and 9 percent said it’s what they’ve heard or read about proposals from presidential candidates.

The film’s main targets—health insurers and HMOs—were viewed unfavorably by about half the public overall (51 percent and 46 percent, respectively), which is similar to perceptions of drug companies (52 percent unfavorable) and a larger share than viewed defense contractors unfavorably (41 percent). By contrast, hospitals and doctors were viewed largely favorably by the public.
AISI the art of QSO is becoming extinct. More and more PPL are using short hand to communicate. AAMOF UR probably thinking this is just one big typo, (unless you have children). TMOT, this is no mistake. :-D

Confused? Well you are not alone. Here is what the above paragraph actually says: As I see it, the art of conversation is becoming extinct. More and more people are using short hand to communicate. As a matter of fact, you are probably thinking this is just one big typo, (unless you have children). Trust me on this, this is no mistake (laughter).

For you parents out there, I am sure you can relate to this. Often, I will see my son “texting” someone on his phone. Come to find out, he is texting his older brother who is upstairs. Instead of conversing, or even yelling at each other, they now communicate without speaking. I realize that there are different ways of communicating, but it used to be either 1) verbal or 2) nonverbal.

Now there is “texting,” the vast majority of which is done using symbols.

• :-) (Scream)
• ;-) (Winking smile)
• ;-) (This means you have put your foot in your mouth)
• IF YOU COMMUNICATE IN ALL CAPITAL LETTERS YOU ARE YELLING!

With all of this texting, my fear is that my children, or their children, are going to lose the art of expressive communication. But I’m also afraid for my colleagues and fellow union members. This new style of communication is bound to have a powerful impact on how we do our jobs and how we work with each other. In fact, many days I wonder if “texting” means we will stop talking to each other all together.

How do you tell if someone is being sarcastic in an e-mail message? How can you tell if someone is lying in an e-mail message? How do you know that you are being understood when you send an e-mail message? And what will this mean for your union solidarity?

Communication is changing. Many workplaces now only communicate via e-mail. It doesn’t matter if you are in the next room or on the next continent, e-mail communication is instant but, as a result, we are working in isolated environments.

For many RNs, the central nurse’s station is a thing of the past. We now have individual work stations where you can chart, plan your patients’ care and communicate with MDs and families without talking to your colleagues. How many of you take your lunch (if you get one) alone in a small conference room on the floor in front of a computer? How well do you even know your co-workers these days?

I think it is important that we adjust to the technological changes that we will inevitably face in our lives and careers, because not all technology is bad. Imagine how much shorter this article would be if I used text messaging abbreviations? How many trees could I have saved?

Anyways, this is .02 (my two cents worth). I know there may be some of you out there who are doing this ‘:-) (one eyebrow raised) or ZZZZZ (bored), but hopefully some of you are LQTY (laughing quietly to yourself). In any event, this is just something to think about.

(*In My Humble Opinion)
MNA activism doesn’t take a vacation!

Even during the dog days of summer MNA nurses from across the state were active in their bargaining units, in their communities and with their legislators fighting for improved conditions for both RNs and patients. From legislative briefings and fund-raising events to parades and picket lines, RNs were making their voices heard.

MNA supports NEMSA.

The National Emergency Medical Services Association (NEMSA), a member of the Coalition to Protect Massachusetts Patients and the representative organization for critical first responders in the health care system, recently ran into tough negotiations. MNA RNs from the Brockton area are shown here supporting their union brothers and sisters.

LGH organizes for success.

Nurses from Lawrence General Hospital took a strike authorization vote over the summer during the height of their contract struggles with management. The RNs also met with their local legislators to explain their positions and ask for their support. The nurses’ efforts paid off and their contract was ratified on June 25.

Rep. Rogers and the MNA.

Nurses from the MNA showed up in force to march with House Majority Leader John Rogers in a local Fourth of July parade. Rogers is a strong supporter of RNs and was a catalyst for the successful House vote on safe RN staffing last spring.

Ending violence against health care workers.

Officer Steven Cecchini and Detective David Richardson joined MNA nurses at the State House in June to give testimony in support of the organization’s workplace violence prevention bill.

Picketing in Pittsfield.

Friends and family members supported BMC nurses during their Aug. 13 picket.
MNA activism doesn't take a vacation! Even during the dog days of summer MNA nurses from across the state were active in their bargaining units, in their communities and with their legislators fighting for improved conditions for both RNs and patients. From legislative briefings and fund-raising events to parades and picket lines, RNs were making their voices heard.

Parading it with Senator Walsh. Betty Sparks, an RN from Norwood, joined up with Sen. Marian Walsh, a champion of safe RN staffing and of nurses in the Senate, at another July 4th parade.

UMass Medical School holds a legislative briefing, June 22. Sue Campbell, RN, Robin DiDonato, RN, Karen Lyons, RN, and Sen. Harriette Chandler.

RNs give back to their communities. Region 4 nurses, from left, Donna Gauthier, Laura Daly and Charlene Richardson at a summer fund-raising event.

Protesting at NEMC. RNs at New England Medical Center demonstrated outside of the hospital on June 27 to protest the hospital’s failure to respond to their repeated requests for additional staff and equipment—requests that would go a long way in keeping patients safe.

Union solidarity at BWH. Nurses from Brigham and Women’s Hospital walked the line in support of the facility’s picketing engineers.
The MNA has now scheduled dates in all five MNA Regions for the first two tracks of its new Labor School. The school aims to educate members—soup to nuts—on a wide variety of union issues. The courses are organized into “tracks” with a specific overall focus. Five or six classes make up each track, and each class is two to three hours long. A certificate of completion is awarded to members at the end of each track. In addition, members who complete any two tracks will be given an MNA Labor School jacket. Members may choose which tracks and at what location they would like to participate. There is no commitment to attend all tracks. Classes run from 5–7:30 p.m.

For more information, contact your local Regional office or the MNA division of labor education at 781-830-5757.

**Labor School Locations**

**Region 1, Western Mass.**
241 King Street
Northampton
413.584.4607

**Region 2, Central Mass.**
365 Shrewsbury St.
Worcester
508.756.5800

**Region 3, South Shore/Cape & Islands**
60 Route 6A
Sandwich
508.888.5774

**Region 4, North Shore**
10 First Avenue, Suite 20
Peabody
978.977.9200

**Region 5, Greater Boston**
MNA Headquarters
340 Turnpike Street, Canton
781.821.8255

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### Track 1: The Role of the Floor Representative & Grievances

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Region</th>
<th>Dates</th>
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</thead>
</table>
| Week 1 | 1 | Welcome and Introduction  
Overview of the MNA  
Role of the Floor Representative  
Recognizing a Grievance  
Defining and Identifying Grievances |

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Region</th>
<th>Dates</th>
</tr>
</thead>
</table>
| Week 2 | 1 | Investigating Grievances  
Union’s Right to Information  
Interviewing and Information Gathering  
Duty of Fair Representation |

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Region</th>
<th>Dates</th>
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</thead>
</table>
| Week 3 | 1 | Grievance Procedure, Steps and Time Lines  
Writing the Grievance  
Arbitration  
Organizing around Grievances |

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Region</th>
<th>Dates</th>
</tr>
</thead>
</table>
| Week 4 | 1 | Presenting the Grievance  
Dealing with Management  
Settling the Grievance |

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Region</th>
<th>Dates</th>
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</thead>
</table>
| Week 5 | 1 | Discipline and Just Cause  
Weingarten Rights  
Past Practice Grievances  
Unfair Labor Practices and the NLRB |

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### Track 2: Collective Bargaining

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Region</th>
<th>Dates</th>
</tr>
</thead>
</table>
| Week 1 | 1 | Welcome and Introduction  
Negotiations and the Legal Basis  
Process Overview  
Bargaining Team and Internal Ground Rules |

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Region</th>
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</table>
| Week 2 | 1 | Contract Surveys  
Formulating Proposals  
Priorities, Goals and Themes  
Researching the Employer and the Union |

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Region</th>
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</table>
| Week 3 | 1 | Committee Decision Making  
At the Bargaining Table  
Getting Dates, Sites, etc.  
Roles and Conduct at the table  
Proposal and Counter-Proposal Exchange |

<table>
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<tr>
<th>Weeks</th>
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</table>
| Week 4 | 1 | Table Tactics and Reading Signals  
Contract Campaigns  
Developing a Contract Action Team  
Writing Proposals |

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<thead>
<tr>
<th>Weeks</th>
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<th>Dates</th>
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</thead>
</table>
| Week 5 | 1 | Contract Costing  
Picketing, Workplace Actions and Strikes  
Impasse and Contract Extensions  
MNA Collective Bargaining Video |

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Region</th>
<th>Dates</th>
</tr>
</thead>
</table>
| Week 6 | 1 | Media and Public Relations  
Reaching Agreement  
Committee Recommendation & Ratification  
The Contract Document  
Mid Term Bargaining |
### Track 1: The Role of the Floor Representative & Grievances

<table>
<thead>
<tr>
<th>Track</th>
<th>Week 1</th>
<th>Week 2</th>
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<td>Welcome and Introduction</td>
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<td>Grievance Procedure, Steps and Time Lines</td>
<td>Presenting the Grievance</td>
<td>Discipline and Just Cause</td>
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<td>3</td>
<td>Overview of the MNA</td>
<td>Union’s Right to Information</td>
<td>Writing the Grievance</td>
<td>Dealing with Management</td>
<td>Weingarten Rights</td>
</tr>
<tr>
<td>4</td>
<td>Role of the Floor Representative</td>
<td>Interviewing and Information Gathering</td>
<td>Arbitration</td>
<td>Settling the Grievance</td>
<td>Past Practice Grievances</td>
</tr>
<tr>
<td>5</td>
<td>Recognizing a Grievance</td>
<td>Duty of Fair Representation</td>
<td>Organizing around Grievances</td>
<td></td>
<td>Unfair Labor Practices and the NLRB</td>
</tr>
</tbody>
</table>

**Dates:**
- 9/6 Thursday
- 9/17 Monday
- 9/20 Thursday
- 10/1 Monday
- 10/15 Monday
- 10/17 Wednesday
- 11/1 Thursday
- 11/12 Monday
- 11/14 Wednesday
- 11/15 Thursday
- 11/29 Monday
- 1/21 Monday
- 1/31/08 Thursday
- 2/4 Monday
- 2/25 Monday
- 2/26/08 Tuesday
- 3/13/08 Tuesday
- 1/10/08 Thursday
- 1/24/08 Thursday
- 2/14/08 Thursday
- 2/28/08 Thursday
- 3/13/08 Thursday
- 9/13 Thursday
- 9/27 Thursday
- 10/11 Thursday
- 10/18 Thursday
- 11/8 Thursday
- 1/10/08 Thursday
- 1/24/08 Thursday
- 2/14/08 Thursday
- 2/28/08 Thursday
- 3/13/08 Thursday

**For further details:**
www.massnurses.org  
781-830-5757
Saturday, Oct. 20
8 a.m. – 2:45 p.m.
Westborough Doubletree Hotel

**Morning Programs**
- Your Collective Bargaining Rights Under Section 150E
- Building Your Political Voice
- Contract Campaigns

**Afternoon Program**
- Internet Crimes Against Our Youth*

*Contact hours will be provided for this session only.

Continental breakfast and lunch provided

To register or for more information call Dolores Neves at 781-830-5722

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Workplace Violence in the Healthcare Environment

Save the Date!

November 8, 2007
8:30 A.M.—4:00 P.M.
X & O Restaurant
217 Washington Street
Stoughton, MA

*The program is limited to the first 200 registrants

Contact Susan Clish in the Division of Health & Safety at 781-821-4625, ext. 723 or 800-882-2056, ext. 723.
**MNA Continuing Education Courses**

### Fall 2007 Courses

#### Mentoring: A Guide to Professional Development

**Description:** This program is designed to enable RNs with five years experience to identify the dimensions of the mentor role for implementation in guiding other nurses. The mentorship program was developed with three areas of concentration: Labor: Provides entry involvement into union-based activities in the workplace; Career: Provides information on avenues for professional growth and advancement, including specialty areas, advanced education and certification; Organizing/legislative initiatives: Provides entry into legislative activities, organizing and/or statewide initiatives.

**Speaker:** Dorothy Upson McCabe, RN, MS, M.Ed.

**Date:** Oct. 29

**Time:** 5:30-7:30 p.m.

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members: free; Others: $45

*Requires $20 deposit which will be returned upon attendance.

**Contact Hours:** Will be provided

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

#### Critical and Emerging Infectious Diseases

**Description:** This program is designed to provide nurses with current information regarding critical infectious diseases, e.g. HIV/AIDS, tuberculosis, hepatitis, MRSA and emerging infectious diseases, e.g. Avian flu, Marburg virus, SARS, EBOLA, BSE and other diseases. The morning session will address specific diseases, their epidemiology, signs/symptoms, treatment and prevention. The afternoon session will address protecting nurses and others from disease exposure through the use of environmental and work-practice controls, as well as personal protective equipment.

**Speakers:** Alfred DeMaria, MD; Maureen Spencer, RN, MEd, CIC; Thomas P. Fuller, ScD, CIH, MSPH, MBA; Evelyn Bain, MEd, RN, COHN-S-

**Date:** Nov. 2, 2007

**Time:** 8 a.m. – 4 p.m. (light lunch provided)

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members: Free; Others: $195

*Requires $20 deposit which will be returned upon attendance.

**Contact Hours:** 6.0

**MNA Contact:** Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x719

#### Interpreting Laboratory Values

**Description:** This program will enhance the nurse’s ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.

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

**Date:** Nov. 27, 2007

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members: Free; Others: $95

**Contact Hours:** Will be provided

**MNA Contact:** Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x719

#### Cardiac and Pulmonary Pharmacology

**Description:** This program will provide nurses, from all clinical practice settings, with a better understanding of how cardiac and pulmonary medications work. Actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.

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

**Date:** Dec. 4, 2007

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members: Free; Others: $95

**Contact Hours:** Will be provided

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

#### Oncology for Nurses

**Description:** This program will increase knowledge in oncology nursing. The content will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Chemotherapy physiology and staging, relevant laboratory testing and treatment of toxicities and adverse effects of treatments and oncological administration, classification of chemotherapeutic agents, management strategies and safe handling of neoplastic agents. Chemotherapy protective equipment.

**Speaker:** Marylou Gregory-Lee, MSN, RN, NP, Adult Nurse Practitioner

**Date:** Nov. 7, 2007

**Time:** 8 a.m. – 4 p.m. (light lunch provided)

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members: Free; Others: $195

*Requires $20 deposit which will be returned upon attendance.

**Contact Hours:** 6.0

**MNA Contact:** Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x719

#### Continuing Ed Course Information

**Registration:** Registration will be processed on a space available basis. Enrollment is limited for all courses.

**Payment:** Payment may be made with MasterCard, Visa or Amex by calling the MNA contact person for the program or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021.

**Refunds:** Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program’s first session or for subsequent sessions of a multi-day program.

**Program Cancellation:** MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. In case of inclement weather, please call the MNA at 781-821-4625 or 800-882-2056 to determine whether a program will run as originally scheduled. Registration fees will be reimbursed for all cancelled programs.

**Contact Hours:** Continuing education contact hours for all programs except “Advanced Cardiac Life Support” are provided by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Contact hours for “Advanced Cardiac Life Support” are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

To successfully complete a program and receive contact hours or a certificate of attendance, you must: 1) Sign in; 2) Be present for the entire time period of the session; and 3) Complete and submit the evaluation

**Chemical Sensitivity:** Scents may trigger responses in those with chemical sensitivities. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

**Note:** All CE programs run entirely by the MNA are free of charge to all MNA members. Pre-registration is required for all programs.
Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

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

**Boston Metropolitan Area**
- Bournewood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeeffe Building, Room 116. LeRoy Kelly, 508-881-3192. Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Terri O’Brien, 781-964-9546. Wednesdays, 5:15 p.m. & coed at 6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-559-8897. Fridays, 6:30–7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Jacqueline Sitte, 781-341-2100. Thursdays, 7–8:30 p.m.

**Central Massachusetts**
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Emory, 508-429-9433. Saturdays, 11 a.m.—noon.
- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Teri Gouin, 978-352-2131, x115. Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Jay O’Neil, 781-979-0262. Sundays 6:30–7:30 p.m.

**Western Massachusetts**
- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.

**Other Areas**
- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- PRN Group, Pembroke Hospital, 199 Oak St., Staff Dining Room, Pembroke. Sharon Day, 508-375-6227. Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, St. Luke’s Hospital, New Bedford, 88 Faunce Corner Road. Michelle, 508-947-5351. Thursdays, 7–8:30 p.m.

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

**Maguire Road Group**
- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Sharon Goldstein, 800-445-1195. Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, Room E10, Manchester, N.H. Contacts: Janet, 978-975-5711, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m.

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**Call the MNA Peer Assistance Program**

All information is confidential

781-821-4625, ext. 755 or 800-882-2056 (in Mass. only)

www.peerassistance.com
Wish List for MNA Medical Mission Trips

Wish List – Give a gift to those most in need

The MNA Diversity Committee is hosting its fourth annual Medical Missions trip to Honduras, Jan. 23-30, 2008. Supplies and monetary donations are needed now for the trip. Donations can be dropped off to the MNA Headquarters Office at 340 Turnpike Street Canton, Mass. Checks can be made out directly to Mercy Ships and note MNA Medical Missions 2008 on the check.

Supplies needed:

If you have any questions about the Medical Missions trips or donations, please contact Carol Mallia at cmallia@mnarn.org.

Medical Supplies:
Vitamins:
• both adult and child (all types)
Medicine cups
Saline eye drops
Stethoscopes
Tylenol (adult and children’s chewable)
Tape
Antifungal creams
Band-Aids
Topical antibiotic creams
Non-sterile gloves
Vaginal yeast infection medications
Sterile gloves
Lice medications
Gauze wraps and sponges

Scabies medications
Bio-hazard bags
Urinalysis reagent strips
Bio-hazard needle boxes
Pregnancy tests
Small zip lock bags
Accu-Check devices and strips
Tape measures
Lancets
Hydrocortisone cream
Oral antibiotics (contact MNA for complete list of first generation medications)
Folic acid
Benadryl
Ferrous sulfate
Cough lozenges

Personal items:
Flip-flop shoes, all sizes
“Crocs-like” plastic shoes, all sizes
Socks
Toothbrushes
Underwear
Pens and paper
Empty medication bottles
Kids arts & craft supplies:
• Coloring books
• Construction paper
• Glue sticks
• Colored pencils
• Crayons
MNA Member Discounts
Save You Money

Personal & Financial Services

**Professional Liability Insurance**
Nurses Service Organization ........................................... 800-247-1500

**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 ................................................................. 800-7TAXMAN
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 free mortgage pre-appraisals.

**Life & Estate Planning**
Law Office of Dagmar M. Pollex .................................. 781-535-6490
10-20% discount on personalized life & estate planning.

**Blue Cross Blue Shield**
Health insurance plan details are available by calling 800-422-3545, ext. 65414

Products & Services

**Auto/Homeowners Insurance**
Colonial Insurance Services, Inc ......................... 800-571-7773

**Cellular Telephone Service**
AT&T Wireless ............................................................... 800-882-2056, ext. 726
MNA members can now go to any AT&T Wireless company store for all transactions. 8% discounts on rate plans, 20% on accessories.

T-Mobile ................................................................. 866-464-8662
Get a free phone, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee for members.

Verizon Wireless ......................................................... 401-633-4509
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. www.nextel.com/massnurses.

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

**Jiffy Lube Discount**
Obtain an MNA discount card to receive 15% discount on automobile products & services.

**Consumer Referral Service**
Mass Buying Power ....................................................... 866-271-2196
Before you make your next purchase visit www.massbuy.com for any new products and services. (Sign-in name: MBP, password, MBP)

**Discount Products by Member Advantage**
Member Advantage .............................................. 781-828-4555 or 800-232-0872
Discount prices on a broad range of products. Register at mna/discountproducts.com (Company code: MNA2006).

**Oil Buying Network Discount**
Oil Buying Network ..................................................... 800-660-4328
Lower home oil heating costs by 10–25 cents/gallon or $150 per year.

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

**Sight Care Vision Savings Plan**
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World.

**Health Care Apparel**
Work ‘n Gear Discount ................................................. 800-WORKNGEAR
Receive 15% discount off all regularly priced merchandise. Visit www.massnurses.org for a printable coupon to present at time of purchase.

**Brooks Brothers Discount**

**Travel & Leisure**

**Car Rental**
Avis Car Rental .................................................. 1-800-331-1212
Discounts can be used for both personal and business travel. Avis Worldwide Discount (AWD) number Q282414.

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

**Discount Movie Passes**
Showcase Cinemas/National Amusements, $7. AMC Theatres, $6. Regal Cinemas (not valid first 12 days of new release), $6.

**Disney Discount**
Discounted tickets to Walt Disney World and Disneyland along with other Florida attractions. Call 800-331-6483.

**Anheuser-Busch Adventure Parks Discount**
Obtain Adventure Card to receive discounts to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

**Universal Studios Fan Club**
Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices.

**Working Advantage**
Discounts for movies, theme parks, ski tickets, Broadway shows. www.workingadvantage.com (Member ID available from MNA, 781-830-5726).

**Boston Celtics**
For information on MNA Boston Celtics discount nights, email massnurses@celtics.com or call 617-854-8068.
Discounts Corner

Boston Celtics discounts
Avoid fees and taxes while getting discounts to games during November and December. E-mail massnurses@celtics.com or call 617-854-8064.

Boston Bruins and TD Banknorth Garden events
For more information on discount tickets call 617-624-1829 or send an e-mail to cspano@dncboston.com. Tickets now available for Ringling Bros. and Barnum & Bailey Circus, Disney’s Finding Nemo on Ice and Disney’s High School Musical the Ice Tour.

Worcester Sharks at the DCU
Deeply discounted tickets available to MNA members and friends. Call 508-929-0554 or send an e-mail to kkohutanycz@sharksahl.com for details.

These discounts are available only to MNA members. For more information call the MNA, 800-882-2056, x726.

Massachusetts Nurse advocate
October 2007
1

United States Postal Service
Statement of Ownership, Management and Circulation

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   Editor: Jennifer Johnson, Mass. Nurses Assn., 340 Turnpike St., Canton, MA 02021
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13. Publication Title: Massachusetts Nurse
15. Extent and nature of circulation

<table>
<thead>
<tr>
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<th>Average No. Copies Each Issue During Preceding 12 Months</th>
<th>Actual No. Copies Single Issue Published Nearest to Filing Date</th>
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<tr>
<td>a. Total number of copies (net press run)</td>
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<td>20,644</td>
</tr>
<tr>
<td>b. Paid and/or requested circulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Paid outside-county mail subscriptions</td>
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<td>20,244</td>
</tr>
<tr>
<td>(2) Paid in-county subscriptions</td>
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<td>0</td>
</tr>
<tr>
<td>(3) Sales through dealers, vendors</td>
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<td>0</td>
</tr>
<tr>
<td>(4) Other classes mailed through USPS</td>
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<td>0</td>
</tr>
<tr>
<td>c. Total paid and/or requested circulation</td>
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<td>f. Total free distribution</td>
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<td>g. Total distribution</td>
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<tr>
<td>i. Total</td>
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<tr>
<td>j. Percent paid and/or requested circulation</td>
<td>98.0%</td>
<td>98.0%</td>
</tr>
</tbody>
</table>

17. Signature and Title. Date: 10/1/07

I certify that all the information on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties.)
Web Site Coordinator

Produce, design, maintain, update and upgrade all elements of the MNA Web site and other Web-based communications tools in concert with MNA mission goals and objectives. Develop and implement Web strategies/solutions. Qualifications: BA degree with two plus years experience in Web site production, design, and maintenance. Experience with HTML, Dreamweaver and Photoshop a must. Design skills and working knowledge of Adobe InDesign, PageMaker, and Illustrator preferred. Movie/video editing, Flash experience and PowerPoint desired. This position requires strong written and communication skills, excellent time management as well as experience and ability to work collaboratively.

The Massachusetts Nurses Association (MNA) represents over 23,000 registered nurses & health care professionals. Salary commensurate with experience, Excellent benefits, position available immediately. To apply send resume to Shirley Thompson, Massachusetts Nurses Association, www.massnurses.org 340 Turnpike St, Canton, MA 02021 Tel: 781-821-4625 x711, Fax: 781-821-4445 or e-mail Sthompson@mnarn.org. MNA is an AA/EEO.

The MNA Seeks an Associate Director, Division of Nursing

Proven educator with extensive current clinical practice in acute care. Requirements for the position include knowledge of clinical practice and the regulatory issues related to nursing practice. Documented experience in planning, presenting, implementing and evaluating nursing education programs. Experience in researching and writing articles for publication related to nursing practice. Collaborative skills in working with nursing and other health related groups. Documented collaborative skills. Experience in working with direct care nurses. Accountable for carrying out activities related to the labor goals of the Association. Master’s degree in nursing required.

The Massachusetts Nurses Association (MNA) represents over 23,000 registered nurses & health care professionals. Salary commensurate with experience. Excellent benefits, position available immediately. To apply send resume to Shirley Thompson, Massachusetts Nurses Association, 340 Turnpike St., Canton, MA 02021 Tel: 781-821-4625 x711, Fax: 781-821-4445 or e-mail Sthompson@mnarn.org. MNA is an AA/EEO.

TRAVEL TO
E U R O P E
WITH MNA IN 2008

Paris and the French Countryside
April 16 – 23 • $2,099
This trip is back by popular demand. A wonderful 7-night tour of France that takes in all the highlights of Paris, Normandy, Brittany, wine country and chateau country.

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April 23 – May 1 • $2,059
Join us on a tour of one of southern Italy’s premier vacation resorts. This all-inclusive 9-day/7-night trip will feature Sorrento, Naples, Pompeii, the Isle of Capri and the Amalfi Drive. During this tour we will visit Positano, the Cathedral of St Andrew, Museum of Correale, orange, lemon and olive groves, vineyards and the Castel dell’Ovo in Naples. This all-inclusive trip package is a great value.

British Panorama
October 17 – 25 • $1,859

Grand Tour of Sicily
October 30 – November 7 • $1,769
Tour the highlights of Sicily on this 7-night grand tour. The featured tours will include Palermo, Segesta, Marsala, Sciaccca, Agrigento, Valley of the Temples, Piazza Armerina, Taormina, Catania, Mount Etna and Siracusa.

Prices include air, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast, reserve early.

* Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes, fuel tax and travel insurance are not included in the listed prices. Credit card purchase price is $30 higher than listed price. For more information on these great vacations and to be placed in a database to receive yearly flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing address.
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- 10% Discount On Homestead Act
- Free Pre-approvals and Credit Analysis
- Free Review of Purchase & Sales Agreement
- Program Available to Direct Family Members

About the MNA Discount Mortgage Program
The Massachusetts Nurses Association has partnered with Reliant Mortgage Company to create a discounted home loan program for MNA members and their direct families. As the only MNA-endorsed mortgage lender, we provide low rates, group discounts, straight-forward advice, and quick results for MNA members and their families.

Programs are available for single-family homes, condos, multi family, second homes, and investment properties.

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1-877-MNA-MNA3

MA Lic. MC1775; NH Lic. # 8503-MBB; CT Lic. 10182; RI Lic. #20011277LB; ME Lic. #SLM5764. Not every applicant will qualify for these programs.

Ask about our:
- No points/No closing cost programs
- No money down purchases
- Second Mortgages and Equity Loans Available!
Let Your Voice BE HEARD

Oct. 24, 2007, 10 a.m.
State House Hearing on H.2059, The Patient Safety Act

H.2059, The Patient Safety Act, will require the Department of Public Health to set a limit on the number of patients a nurse has to care for at one time. This is a common sense solution to the nurse staffing crisis. On Wednesday, Oct. 24 at 10 a.m., the Legislature’s Public Health Committee will conduct a hearing on this important legislation.

We need YOU at the public hearing on Oct. 24 to pass this common sense legislation! Please plan on coming to the State House. Contact Riley Ohlson at 781-830-5740 or via e-mail at rohlson@mnarn.org for more information.