Nurses’ Guide to Single Payer Health Care

And the word for today is: synergy

By Sandy Eaton, RN

I was sitting in the State House balcony on May 22 watching the House vote on our patient safety bill when I started thinking about the forces that helped bring us there. Sitting next to me was Sue Kirby from the Massachusetts Senior Action Council, whose members played such an important role in constituent visits with our senators. Then I got the May/June issue of the Massachusetts Nurse Advocate. On the front cover was a picture of the State House steps taken on Nurses Day – it included John McCormack, co-chair of the Coalition to Protect Massachusetts Patients, and Jeff Crosby, president of the North Shore Labor Council, surrounded by front-line nurses and healthcare professionals.

Year by year, our involvement in central labor councils deepens – in Pittsfield and Worcester, in Boston and Lynn – as actions of mutual support breed bonds of respect. Our long-term involvement in such coalitions as Jobs with Justice and Mass-Care has earned broad commitment to our patient and nurse protection agenda. Our key role in the campaigns to pass the omnibus health reform Question 5 on the 2000 Massachusetts ballot and to amend the state constitution to make access to quality, affordable health insurance the right of all residents helped make us central to initiatives to construct a just healthcare system. Groups as diverse as the League of Women Voters and the Coalition for Social Justice stand with us. At contract time and in the Legislature, we can count on active support from our allies, just as they can count on us.

Last October, when we picketed the Massachusetts Mutual Insurance Company in Springfield in defense of our members exploited by Bay State Medical Center, a number of local high school students joined us, crossing Main Street to march with us in solidarity. Perhaps some of them, if able to complete their education, will join our ranks in a few years. Opportunities will continue to arise where we fight the good fight ourselves and extend a hand to those whose goals overlap with our own.

Income tax repeal: A reckless proposal that will endanger our patients

A dangerous proposal will appear as Question 1 on the ballot in November which will:
• Put health care and patients at risk
• Force children into larger classes at school
• Have an unknown impact on our economy

A question on the November ballot will completely repeal the state personal income tax. If it passes, this initiative will cost the state more than $12 billion a year in revenues, equal to 40 percent of the entire state budget!

If passed, this measure will force local communities to further raise property taxes to maintain local services. But even with significant property tax hikes, passage of this question will still lead to drastic cuts to local services, like emergency personnel, teachers, police, nurses and firefighters.

“The thought of this passing really worries me,” said MNA Vice President Donna Kelly-Williams, RN. “Most hospitals receive significant state money. If this question were to pass, it could lead to serious cuts and affect the services we provide. This is a reckless proposal that will endanger our patients.”

Unit 7 President Mike D’Intinosanto, RN added, “With most of our facilities already caring for the most vulnerable in our state with a skeleton crew, I am really concerned about the negative impact this proposal would have on our facilities and our patients who so desperately need us.”

“I can’t even begin to imagine how difficult it will be for our members and our patients if such bad proposal becomes law.”

“It’s hard to say what exactly is going to get cut, but I’m not comfortable playing Russian roulette with the health and well being of patients across this state,” stated MNA President Beth Piknick, RN. “Going around the state talking to RNs in state facilities, public health departments, teaching and community hospitals and in the public schools. I can’t even begin to imagine how difficult it will be for our members and our patients if such bad proposal becomes law. The impact will be truly devastating.”

In response to this threat, concerned citizens, service providers and health care and education organizations have joined together in the Coalition for our Communities to educate people about the harm such an irresponsible proposal would cause. For more information please visit www.massnurses.org and click on the icon for VoteNoQuestion1.com. To become involved in the campaign for our communities, please contact Riley Ohlson at 781.830.5740 or at rohlson@mnarn.org.
Executive Director’s Column

Legislative session ends in stalemate on safe staffing bill

By Julie Pinkham

As the 2007-2008 session came to a close, legislation to finally set safe limits on nurses’ patient assignments failed to pass. The bill became the victim of a stalemate between the House and Senate, which passed dramatically different versions of the measure.

In May, the House once again passed (119-35) the Patient Safety Act, a carefully crafted compromise that was reached after input from all stakeholders. This legislation would have provided much-needed patient protections, as well as initiatives to improve the recruitment and retention of nurses. The measure was supported by 130 leading health care organizations, 80 percent of physicians, 90 percent of nurses and 80 percent of registered voters.

Unfortunately, on July 17 the Massachusetts State Senate voted 23-13 in support of Senate Bill 2816 (S.2816), a drastically amended version of the Patient Safety Act which would give even more power to hospital administrators and bean counters in making nurse staffing decisions, thereby codifying current unsafe staffing conditions in hospitals and continuing to place thousands of patients in jeopardy.

Bedside nurses have long sought regulatory assistance from the state legislature in curbing the dangerous practice of RN understaffing. The bill passed by the Senate would do nothing to curb this dangerous practice of stretching nurses beyond their limits and increasing their patient loads to unsafe levels.

It is hard to believe that language could be fashioned that would actually make the deteriorating situation worse for patients by giving hospital administrators more power over staffing care levels, but indeed the Senate bill does just that. In fact, it would place hospital administrators in charge of setting their own staffing—a practice that has led to a health care crisis in Massachusetts. Currently more than 45,000 Massachusetts patients a year are injured and more than 2,000 patients—six people a day—die from preventable infections and complications they get in the hospital.

Our deregulated, market-driven hospital industry forces nurses to care for patients when they can’t see straight, when they can’t make safe assessments and when they can’t provide safe care. The Senate bill endorses and empowers this status quo.

Undoing the compromise

We called the House bill that passed earlier in the legislative session a compromise because the stakeholders (hospitals and nurses) negotiated with House leaders for a week before forging new language that dealt with the issues of concern—hence, a compromise. The Senate language author(s) is/are unknown, and we were not part of the discussion.

During House negotiations we made 200 concessions to address a myriad of issues raised by the hospital industry. The new Senate bill removed all of these key compromise provisions. The House version called upon the Massachusetts Department of Public Health to create industry-wide staffing standards and patient limits to ensure safe patient care in all Massachusetts hospitals based on research, science and expert testimony. The Senate version hands hospital administrators more power to increase nurses’ patient loads.

Guts collective bargaining provisions

The Senate bill would have circumvented existing collective bargaining rights by creating “nursing care committees” of staff appointed by each individual hospital to develop nurse staffing plans. In other words, the fox would guard the henhouse.

The truth is, 80 percent of Massachusetts hospitals have a unionized RN workforce and, thus far, unionized nurses have been unable to make headway on safe staffing at the negotiating table. This approach certainly would not work with the management-dominated committees—similar to “company unions”—outlined in S.2816.

Continued deterioration in patient care

The Senate bill failed to recognize the overwhelming body of research that links safe patient outcomes directly to the number of patients a nurse is caring for at one time. It also greatly broadens the power of hospital administrators, who can cut corners and dangerously increase a nurse’s patient load.

Under the bill, there would be no uniform standard of care. Instead, the DPH would be required to enforce varying and inadequate standards created by hospital administrators. These are the same administrators who have spent the last two decades cutting corners and dangerously increasing nurses’ patient loads.

Simply put, this legislation is a hazardous step backward and it ensures that current unsafe conditions continue to deteriorate.

MNA strongly opposed Senate bill

When it became clear that the Senate was not going to alter its position, nurses and advocates tried to defeat the Senate bill. We are grateful to the thirteen senators who stood up against a bad bill. Among them, Sen. Michael Morrissey (D-Quincy) insisted on a roll call vote so that at least we could know who supports true patient-care legislation. Other senators worked hard to convince their colleagues to vote against this bill, and we are deeply grateful for their efforts. You can find a copy of the vote on this bill on the MNA’s Web site. If your senator voted no, call and thank her/him. If your senator voted yes, call and express your disappointment. If you don’t know who your senator is, you can find out at www.capwiz/massnurses.

The public trusts bedside nurses. They expect that if we believe a piece of legislation will enhance their safety, then it will do just that. They also trust that we will be honest with them about what is not safe. S.2816 would put more patients in jeopardy.

This year’s legislative session ended on July 31 with no further action. Going forward, we are meeting with various senators to determine what options are available, and we will announce plans for our next steps in the coming months.

Thanks to all who have fought so hard to ensure that hospital patients in the commonwealth are safe and that they receive the quality of nursing care they deserve.

MNA endorses Senator Kerry

Our champion, Sen. John Kerry, is facing an opponent in next month’s Democratic primary.

John Kerry:
• helped the Brockton nurses resolve a bitter strike in 2001
• co-sponsored the Safe Nursing and Patient Care Act of 2007
• co-sponsored the Employee Free Choice Act of 2007

That is why the MNA has endorsed Senator Kerry’s re-election campaign. If you are interested in helping re-elect one of our greatest supporters, please contact Kate Chang at the campaign: 617-359-3521. Let her know you are a nurse for Kerry!

And most importantly, don’t forget to VOTE on Sept. 16!
MNA members’ efforts rewarded—Carney to remain as acute care hospital

As a result of efforts initiated by MNA members that developed into a coalition of residents and elected officials with the sole purpose to save Carney Hospital, new Caritas Christi CEO Ralph de la Torre announced that the hospital will remain open as an acute care facility.

The future of Carney Hospital has been in question for years. Caritas commissioned a consultant, Wellspring Partners, to study the hospital’s future. In the meantime, Attorney General Martha Coakley recommended that it be shut down or turned into a psychiatric hospital. The nurses at Carney Hospital began visiting the community meetings in Dorchester and signed up hundreds of citizens to a Coalition to Save Carney Hospital. After the attorney general’s report was issued, other community groups came together to form the Coalition to Strengthen Carney Hospital. The MNA joined this coalition.

The coalition scheduled a community meeting on May 22, which was intended to be a vehicle for community members – who want their community hospital to remain open – to speak out and make their views heard by Caritas Christi. An estimated 100 people attended the meeting. Dan Driscoll from Harbor Health started it off and then had Rep. Marty Walsh and Boston City Councilor Maureen Feeney speak. Then a surprise guest was announced. It was Ralph de la Torre – the new Caritas CEO. He came to the front of the room and announced that Carney will stay open as an acute care hospital! He received a standing ovation. The crowd, especially the seniors, were thrilled.

The Wellspring consultant’s report was released simultaneously by Caritas and can be found on www.caritaschristi.org. However, de la Torre stated that regardless of the report’s findings he was determined to keep Carney open before he even took the job as CEO. He met with Cardinal Seán O’Malley at the beginning of May and got his agreement to keep the hospital open.

De la Torre said his priority was to get the funds to rebuild the hospital’s infrastructure. He also is focusing on bringing in new doctors, in particular specialists. In addition, he will work to change the compensation structure so that a doctor doing a procedure at Carney (or any Caritas hospital) will get the same reimbursement as he or she would performing the procedure at another facility. He also said Caritas would provide funds to “supplement” the hospital and that they weren’t trying to make a profit from Carney. He said there would be no more layoffs.

All of the legislators are committed to getting at least $4 million dollars from the state this year. According to de la Torre this money would be used to improve infrastructure.

“We are thrilled that all our efforts resulted in the ultimate goal of keeping this vital community hospital open as an acute care facility,” said Penny Connolly, RN, negotiating committee member at Carney Hospital and a member of the Dorchester community. “The nurses at Carney Hospital and the people of Dorchester and surrounding communities can breathe a sigh of relief because of their hard work and commitment.”

Worcester school nurses ratify contract with 8 percent pay increase

It took 17 sessions over a 16-month period, but Worcester School Nurses, represented by the MNA, have completed and ratified a contract that was slated to expire on June 30.

The contract, entered into between the Worcester School Committee and the MNA, provides incremental wage increases of 8 percent over the three-year period and longevity payments beginning after 10 years of service.

“The RNs with the Worcester School Nurses went above and beyond throughout these long and difficult negotiations,” said Andrea Fox, associate director, Labor Action Division at MNA, noting that the majority of the 17 negotiation sessions were with the assistance of the state mediator’s office. “But because of their determination and commitment a contract has finally been ratified.”

The pact includes these key provisions:

- **Salary increases.** Provides an across the board 2.5 percent increase in the first year; a 2.5 percent increase in the second year; and 3 percent in the third year.
- **Longevity payments.** A new provision stipulates longevity payments for nurses who have served more than 10 years in the employment of the Worcester Public Schools.
- **Mitigation monies.** In the amount of $1,350 to offset the costs of agreeing to the new health insurance plan.
- **Improvements to the leaves of absence benefits.** Including a paid day off to attend the nurses’ graduation from college.
- **Triage language.** A new provision that states in the event a nurse is not in the building, he/she will not be required to assess a student by telephone.
- **Quarantine time.** Allows nurses who have been exposed to a contagious illness or disease at work to take the required amount of “quarantine” time off without it being applied against sick time.

“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 children in the Worcester School system,” said Cathy Wattersson, RN, co-chair of nurses’ local bargaining unit. “It was a hard-fought two years but a considerable amount of excellent language is in the contract.”
Annual MNA Clinical Nursing Conference

More than 700 nurses attended the third annual MNA Clinical Nursing Conference May 23 at the DCU Center in Worcester. The day-long conference—the largest educational forum for nurses in the state—focused on a variety of nursing and healthcare topics, including advances in cardiac and diabetes treatment, dealing with new policies and methods for recognizing and responding to preventable medical errors and hospital-acquired infections.

Keynote speaker Diana Mason, RN, PhD, FAAN, addresses audience on “Best Practices in an Era of ‘Pay for Performance.’”

Serious subject matters aside, participants enjoyed a few laughs.

Edward Munn, M.D., FACS: an overview of obesity surgery.

Ann Miller, MS, RN, CS, CDE: early intervention strategies for diabetes.

More than 700 nurses attended the MNA Clinical Nursing Conference in May, the largest educational forum for nurses in Massachusetts.
### Basic Dysrhythmia Interpretation

**Description:** This course is designed for registered nurses in acute, sub-acute and long-term care settings to learn cardiac monitoring and dysrhythmia interpretation. Implications and clinical management of cardiac dysrhythmias will also be discussed. Course will include a test book and require study between sessions one and two.

**Speakers:** Mary Sue Howlett, BSN, RN, CEN

**Dates:** September 10, 2008 – Part One
September 17, 2008 – Part Two

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA members free*; others $195

*Requires $50 deposit which will be returned upon attendance.

**Contact Hours:** 6.7

**MNA Contact:** Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

### Workplace Violence and Domestic Violence

**Description:** This program, *Workplace Violence and Domestic Violence: Similarities and Differences*, is designed to provide nurses and others with information and skill to recognize and address workplace violence in the settings where they work and domestic violence that may occur to their patients, co-workers and others. Recognizing violence, reporting violent incidents, holding perpetrators accountable and assuring that post traumatic care is provided to all survivors of any violence will be addressed. Additionally, this program gives participants an opportunity to learn about prevention strategies and assist survivors of these unfortunate events.

**Speakers:** Jonathan Rosen, MS, CIH, New York State Professional Employees Federation; Ronald Nardi, MSN, ACRNP, Veterans Administration, Newington, Conn; Annie Lewis O’Connor, PhD(c), MPH, APRN; Thomas Kirkman, Assistant District Attorney, Cape & Islands District Attorney’s Office

**Date:** September 11, 2008

**Time:** 8:30 a.m. – 4 p.m.  *(light lunch provided)*

**Place:** Resort and Conference Center at Hyannis, 35 Scudder Ave., Hyannis

**Fee:** MNA members free*; others $50

*Requires $50 deposit which will be returned upon attendance.

**Contact Hours:** Will be provided.

**MNA Contact:** Susan Clish, 781-830-5723 or 800-882-2056, x723

### Differentiating Depression, Dementia and Delirium

**Description:** This program, *Solving the Puzzle: Differentiating Depression, Dementia and Delirium*, will enable the nurse to positively impact care through an understanding of depression, dementia and delirium, including common etiologies, treatments and intervention strategies.

**Speaker:** Susan S. Brill, APRN, BC

**Date:** September 22, 2008

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA members free*; others $95

*Requires $25 deposit which will be returned upon attendance.

**Contact Hours:** 2.1

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

### Diabetes 2008: What Nurses Need to Know

**Description:** This program will discuss the pathophysiology and classification of Diabetes Types 1 and 2. Major areas of discussion will be: nursing implications of blood glucose monitoring and non-pharmacological interventions such as exercise and meal planning; oral pharmacological agents and a comprehensive update on insulin therapy; nursing management of the newly diagnosed diabetic patient, both complicated and not; nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school settings.

**Speaker:** Ann Miller, MS, RN, CS, CDE

**Date:** Oct. 30, 2008

**Time:** Registration: 8 – 8:30 a.m.

Program: 8:30 a.m. – 4 p.m.  *(light lunch provided)*

**Place:** MNA Headquarters, Canton

**Fee:** MNA members free*; others $195

*Requires $50 deposit which will be returned upon attendance.

**Contact Hours:** 6.0

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

### ACLS Certification and Recertification

**Description:** This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two day certification and a one day recertification course. Recertification candidates must present a copy of their current ACLS card at the time of registration. Attendees of this course must be proficient in basic dysrhythmia interpretation. This challenging course requires a high degree of self study and is best suited for nurses who work in both acute and critical care.

**Speaker:** Carol Mallia, MSN, RN, CEN and others

**Dates:** Oct. 8 – 10, 2008 (Certification)
Oct. 15, 2008 (Recertification)

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

**Place:** MNA Headquarters, Canton

**Fee:** Certification: MNA members free*; others $250

Recertification: MNA members free*; others $195

*Requires $75 deposit which will be returned upon attendance.

**Contact Hours:** Will be provided.

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

### Holistic Nursing—The Art and Science of Care

**Description:** Learn how holistic nursing can help you to renew your commitment to nursing and prevent burnout. Various healing arts will be explored. Experiential sessions allow you to experience the art and science of self-care and transpersonal caring. Learn how you can become more present while experiencing increased joy and satisfaction in your nursing role and how to become a part of a healing environment where everyone benefits—you, your patients, your colleagues and your employer. Expand your vision of nursing while increasing self-awareness.

**Speakers:** Amanda Murphy, RN, BA, HNC, CCAP

**Date:** Oct. 17, 2008

**Time:** Registration: 8 – 8:30 a.m.

Program: 8:30 a.m. – 4 p.m.  *(light lunch provided)*

**Place:** MNA Headquarters, Canton

**Fee:** MNA members free*; others $195

*Requires $50 deposit which will be returned upon attendance.

**Contact Hours:** 6.2

**MNA Contact:** Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794
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 administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of Hospice care. (Class size limited to 25 participants.)

Speaker: Marylou Gregory-Lee, MSN, RN, NP, Adult Nurse Practitioner
Date: Nov. 5, 2008
Time: Registration: 8–8:30 a.m.
Program: 8:30 a.m. – 4 p.m. (light lunch provided)
Place: MNA Headquarters, Canton
Fee: MNA members free*; others $195

*Requires $50 deposit which will be returned upon attendance.
Contact Hours: 6.0
MNA Contact: Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Advanced EKG Interpretation

Description: TBA
Speaker: Janet Eagan, RN, MS
Dates: Oct. 20, 2008 – Part 1
Oct. 27, 2008 – Part 2
Time: 5 – 9 p.m. (light supper provided)
Place: MNA Headquarters, Canton
Fee: MNA members free*; others $195

*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Critical and Emerging Infectious Diseases

Description: This program will provide nurses with current information regarding critical infectious diseases—e.g., MRSA, C. Difficile and emerging infectious diseases—e.g., Influenza, Ebola, BSE (Diseases listed as examples are subject to change as current healthcare events dictate.) The morning session will address the epidemiology, signs/symptoms, treatment and prevention of specific diseases. 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; Thomas P. Fuller, ScD, CIH, MSPH, MBA; Kate McPhaul, PhD, MPH, BSN, RN; Maureen Spencer, RN, MED, CIC
Date: Nov. 14, 2008
Time: Registration: 8–8:30 a.m.
Program: 8:30 a.m. – 4 p.m. (light lunch provided)
Place: MNA Headquarters, Canton
Fee: MNA members free*; others $195

*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Safe Patient Handling

Description: This program will address many of the issues and concerns as well as the current possible solutions related to the age old and ongoing problem of safe patient handling in the field of nursing.

Speakers: TBA
Date: Nov. 21, 2008
Time: Registration and continental breakfast: 7–8:45 a.m.
Program: 8:45 a.m. – 4 p.m. (light lunch provided)
Place: Lombardo’s, Randolph, Mass.
Fee: MNA members free*; others $50

*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Mechanical Ventilation

Description: This program will enable the nurse to assess and manage common cardiac and respiratory emergencies.

Speakers: TBA
Date: Nov. 25, 2008
Time: 5 – 9 p.m. (light supper provided)
Place: MNA Headquarters, Canton
Fee: MNA members free*; others $95

*Requires $25 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Liz Chmielinski, 781-830-5719 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: Mary Sue Howlett, BSN, RN, CEN
Date: Dec. 4, 2008
Time: 5 – 9 p.m. (light supper provided)
Place: MNA Headquarters, Canton
Fee: MNA members free*; others $95

*Requires $25 deposit which will be returned upon attendance.
Contact Hours: 3.7
MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Addictions 2008: A Comprehensive Approach for Nurses

Description: This program will provide nurses with a comprehensive overview of Addictive Disorders. Presentations encompass current research on the etiology, pharmacological treatments and lifestyle changes required to effect positive long-term outcomes. Evidence-based interventions will be described. Presenters are advanced practice nurses, family members and leaders in the field of Addictions treatment. This unique educational offering promises to provide tangible contributions to support clinical nursing practice.

Speakers: Donna White, PhD, RN, CS, CADAC; Deidre Houtmeyers, RN, MS, CAS, LADC-I; Colleen LaBelle, RN, ACRN, CARN; Michael Botticelli, Director, Mass. Bureau of Substance Abuse Services
Date: December 3, 2008
Time: Registration: 8–8:30 a.m.
Program: 8:30 a.m. – 4 p.m. (light lunch provided)
Place: MNA Headquarters, Canton
Fee: MNA members free*; others $95

*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

See next page for registration details and other important 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. 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: Contact hours will be awarded by the Massachusetts Nurses Association for all programs except for ACLS Certification and Holistic Nursing. Contact hours for ACLS Certification are awarded by the Rhode Island State Nurses Association. Contact hours for Holistic Nursing are awarded by the American Holistic Nurses Association. 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 program; and (3) complete and submit the program evaluation.

The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

The Rhode Island State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

The American Holistic Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

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.
Three years ago when MNA member Janet Larkin attended a conference and heard Dr. Paul Farmer from Healing Hands for Haiti International Foundation, Inc. speak, she knew her life would never be the same.

“I always wanted to do something where the need was great,” said Larkin, a medical surgical RN at Quincy Medical Center for the past 35 years.

Dedicated to bringing rehabilitation medicine to Haiti, the non-profit, non-governmental organization was founded in 1998 by Dr. Jeff Rondle. Its vision and mission is to provide treatment, physical/occupational rehab and education to the people of Haiti while heightening the public awareness in that country about physical disability issues. Doctors, nurses and additional health care support staff travel to the impoverished country throughout the year – at their own expense and on their own time.

Based in Salt Lake City, Utah, Healing Hands for Haiti International Foundation has recently established a subset branch in Boston known as Boston Healing Hands, Inc., an organization that both Larkin and MNA member Paula Ryan are committed to fostering.

“Boston Healing Hands is associated with Healing Hands for Haiti in Utah, but we do our own fundraising and outreach programs,” explained Larkin, who with Ryan established a pre-op and post-op hydrocephalus program that has proven highly successful.

“Prior to the program, there was a 50% fatality rate for children who had the surgery,” said Larkin. “After the first year of the program, two out of 20 who had surgeries for hydrocephalus died; it was obvious our work made a difference.”

Ryan, a nurse at Quincy Medical Center for 40 years, the past 19 in the Post Anesthesia Care Unit, echoed Larkin’s assessment of the duo's program.

“It's impressive that simple basic education about the disease and the necessity for proper hygiene following surgery made such a difference in the fatality rate,” said Ryan, extending kudos to the Haitian interpreter who assisted the duo with the program.

“Our work with Healing Hands is extremely rewarding,” said Ryan. “People are so happy to have us there helping; they give back to us in so many ways.”

Identifying “the opportunity to make a difference in someone’s life” as the most gratifying element of her work with Boston Healing Hands, Larkin noted that the downside to mission work is “seeing the utter sadness of a country that is riddled by poverty.”

“it’s a roller coaster ride; the experience lifts your soul and then the next minute it brings you down,” said Larkin. “It is spiritually moving and heart-wrenching at the same time.”

Despite the emotional upheaval it can generate, both Ryan and Larkin recommend and encourage other nurses and health care professionals to become involved in Boston Healing Hands and similar missions of mercy.

“The warmth and kindness exhibited by people you help is like nothing else,” said Larkin. “You can’t fully describe it unless you experience it.”

◆ To request additional information about Boston Healing Hands, Inc. contact bostonhealinghands@yahoo.com.
◆ Those interested in volunteering can contact Judy Keith, president of BHH, Inc. at j.keith@comcast.net.
◆ For more information about Healing Hands for Haiti International Foundation visit www.healinghandsforhaiti.org.
‘Final offers’ and the duty to bargain

By Joe Twarog
MNA Associate Director/Division of Labor Action

All too often, management likes to stir the pot in contract negotiations by putting its so-called “final offer” on the table. With this type of proposal, the management team is implying that the bargaining process is at an end. For effect, they may even add that the “final offer” has to be accepted and ratified by the membership by a date specific or it is off the table and forever lost. Also, for emphasis they may add a few adjectives such as “this is our last, best and final offer” in a take-it-or-leave-it tone.

Such a tactic usually occurs towards the later stages of the bargaining process, and is designed to intimidate and threaten the union team into accepting a substandard settlement. Not surprisingly, Management teams view these inflammatory offers with deadlines attached much differently than do the Union committees. They see it as “a useful way to exert pressure on the union to act upon management’s final offer” and a “business-like way of negotiating.” (Negotiating a Labor Contract: A Management Handbook by Charles Loughran). Simply declaring this is their “final offer” does not in any way absolve management from its legal obligation and duty to bargain.

The duty to bargain is set out in the National Labor Relations Act, as well as in the Massachusetts collective bargaining law, Chapter 150 (e). It requires that both parties (the union and the employer) engage in the process of bargaining over mandatory subjects in good faith. This means that there is “…a mutual obligation of the employer and representative of the employees to meet at reasonable times and confer in good faith with respect to wages, hours and other terms and conditions of employment …” (National Labor Relations Act, Sec. 8 (d)) and “The employer and the exclusive representative shall meet at reasonable times, including meetings in advance of the employer’s budget-making process and shall negotiate in good faith with respect to wages, hours, standards or productivity and performance, and any other terms and conditions of employment …” (Mass. Chap. 150 (e)).

Neither party may unilaterally or prematurely terminate that bargaining process by declaring that it is at an end. However, an employer’s “final offer” attempts to do just that.

When a “final offer” is put on the table, the union has no obligation to accept it or to take it to the membership for ratification. Rather, the obligation to continue bargaining remains, despite the employer’s attempt to unilaterally terminate bargaining. The union team may choose to review the “final offer” simply as one more package proposal and continue the process of bargaining. If the employer refuses to continue bargaining once they have put their “final offer” on the table, they may be in violation of their duty to bargain and an unfair labor practice charge could be filed.

The employer may also be signaling their belief that a bargaining impasse exists. However, a bargaining impasse exists only if the negotiation process has been exhausted and continued bargaining at that time would most likely not result in an agreement being reached. The National Labor Relations Board has defined impasse as the point in time of negotiations when the parties are warranted in assuming that further bargaining would be futile. (Pillowtex Corp., 241 NLRB 40, 46 (1979).

Even in the rare instance when a genuine bargaining impasse exists, it does not permanently relieve management from its duty to bargain. The conditions that may have led to impasse are not static and change over time. Therefore, the duty to bargain remains and the union could demand that bargaining resume at a later date.

The use of “final offers” seldom advances the process forward in a positive manner. Rather it is a confrontational and crude scare tactic that often further polarizes the parties. Yet, employers routinely trot this out in a desperate attempt to goad the union committee to cave. Union committees need not take the bait.
Bargaining unit updates

Mercy Hospital

After six months of negotiations, many with the assistance of the federal mediator, the RNs at Mercy Medical Center in Springfield recently reached a tentative agreement with management on a two-year contract. The agreement was the culmination of a concerted effort by the members to inform the public about their situation. In April, the nurses held a successful informational picket at the hospital attended by a large number of members and community and labor supporters. The campaign also included newspaper advertisements and yard signs. Following the picket line, management seemed to become much more serious about finding a solution. The unit obtained extremely important supervisory language, and achieved positive language on floating and advances regarding charge nurse pay, tuition and certification. In addition, increases in the wage scale and a very positive increase in the weekend differential have been agreed upon.

Burbank Hospital

The Burbank Hospital bargaining unit has ratified a three-year contract with the hospital. The committee was able to make gains in some very important areas: supervisory language; health and safety that included language on workplace violence; tighter language for the use of per diems; and buyback and payout for vacation time and sick time. Increases in wages, shifts and weekend differentials, tuition reimbursement, travel reimbursement, charge pay and the addition of two new steps at the top of scale were also achieved.

Cooley Dickinson VNA & Hospice

Following 11 months of negotiations, the 28 RNs of the Cooley Dickinson VNA & Hospice recently reached a settlement. During this long process numerous meetings have been held, members have attended negotiations on a regular basis, and the nurses developed an impressive Power Point presentation about the work and value of visiting and hospice nurses. They also appeared on local cable TV. After many months of frustration over management’s lack of movement the unit held an informational picket in front of the agency. There was great support from community organizations affiliated with both Jobs with Justice and the Hampshire/Franklin Central Labor Council AFL/CIO. The day following the informational picket, a great article appeared in the Hampshire Gazette, radio news interviews were conducted and a few days later full page ads in two Pioneer Valley papers were taken to further draw attention to the issues facing the nurses. In the agreement, nurses gained advancements in wages, steps, scheduling and on-call, vacation days, union representation, and health insurance. The nurses feel this was a strong victory but just the first step in gaining equity with hospital based RNs.

Cooley Dickinson Hospital

Cooley Dickinson Hospital is presently in negotiations. Among the issues on the table are union security language and taking away Veteran’s Day, making it a floating holiday. The committee presented language from other recent MNA contracts that mitigate the problems raised by the Kentucky River decision. Management claimed no plans to remove the Charge Nurses from the union but was adamant against accepting our language. We pointed out that language is needed in the contract to protect our union, and our members from the attacks by the NLRB rulings. On the economic front the hospital has put forward a very small offer – considering they have realized a profit of more than $10 million over the past 15 months.

Baystate VNA & Hospice

The nurses of the Baystate VNA and Hospice are holding firm in their efforts to gain an equitable contract. Baystate brought in the national anti-union law firm of Jackson Lewis and negotiations, which started in January, have not been easy. A federal mediator was called in to facilitate the process. One key issue left to resolve is flexibility in nurse’s schedules. The negotiating committee has forged ahead and feels it is now close to a settlement.

Franklin Medical Center

Franklin Medical Center has been owned by Baystate for the past decade but for the first time Baystate has taken control of negotiations. The facility replaced its long-time attorney with a Jackson Lewis lawyer and has taken every opportunity to control and/or block the process of give-and-take at the table. The nurses have answered by working hard to stay united. They have put up yard signs and billboards around the community, signed a petition which was handed to the new hospital COO and will soon launch a newspaper and radio advertising campaign. One of the members of the committee recorded a radio ad that points out the important issues still at odds. Management continues to demand the right to cancel or send a nurse home whenever they choose. Moreover, Baystate wants to create a situation where a nurse could have to decide between going to work sick or being disciplined.

Whidden Hospital

Whidden Hospital is one of the three Cambridge Health Alliance hospitals. Shortly after beginning negotiations this year management claimed that because of health care reform the facility would lose $35 million this year and therefore would not be able to offer any wage increase. We pointed out that this is very unusual because seldom is there a case where management claims severe economic problems but also puts numerous concessions on the table that would take money out of members pockets. A rational person would think that if management has money problems they would come to the table and offer some language advancements in place of money – but not here at Whidden. In order to better understand, and possibly validate the “drastic economic situation” claimed by management, the three CHA MNA bargaining units (Whidden, Somerville and Cambridge) hired a financial expert to analyze the situation and requested a large amount of fiscal information. Management has refused to provide the information saying we had no right to make the request. We’ll continue to press for the information through the NLRB or the courts. ■
**Track 1: MNA Overview and Structure**

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1:</strong> Overview of the MNA</td>
<td>11/18</td>
<td>9/3</td>
<td>11/19</td>
<td>9/25</td>
<td>9/15</td>
</tr>
<tr>
<td>Divisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By-laws</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How policies, decisions are made</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One member, one vote</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 2:</strong> Legislative and Governmental Affairs</td>
<td>12/2</td>
<td>9/17</td>
<td>12/10</td>
<td>10/16</td>
<td>9/29</td>
</tr>
<tr>
<td>Division: Political Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 3:</strong> Nursing Division/Health and Safety</td>
<td>12/16</td>
<td>10/8</td>
<td>1/7/09</td>
<td>10/30</td>
<td>10/14</td>
</tr>
<tr>
<td><strong>Week 4:</strong> Public Communications</td>
<td>1/6/09</td>
<td>10/22</td>
<td>1/21/09</td>
<td>11/13</td>
<td>10/27</td>
</tr>
<tr>
<td><strong>Week 5:</strong> Organizing Division</td>
<td>1/20/09</td>
<td>11/12</td>
<td>2/4/09</td>
<td>11/20</td>
<td>11/10</td>
</tr>
</tbody>
</table>

**Track 2: Role of the Floor Rep., Grievances and Arbitration**

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1:</strong> Role of the MNA rep</td>
<td>2/3/09</td>
<td>12/3</td>
<td>3/4/09</td>
<td>12/11</td>
<td>11/24</td>
</tr>
<tr>
<td>Identifying grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is grievable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grievances vs. complaints — how to tell the difference, how to work with the member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 2:</strong> Components of the grievance procedure</td>
<td>2/24/09</td>
<td>1/14/09</td>
<td>3/18/09</td>
<td>12/18</td>
<td>12/8</td>
</tr>
<tr>
<td>Time lines and steps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When/how to settle grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discipline vs. contract interpretation grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burden of proof, just cause, due process, seven tests of just cause</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Definition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Difficulty in proving a practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Burden in proving a practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 3:</strong> How to file grievances</td>
<td>3/10/09</td>
<td>1/28/09</td>
<td>4/1/09</td>
<td>1/8/09</td>
<td>1/5/09</td>
</tr>
<tr>
<td>How to write a grievance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigation/identifying sources of information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information requests</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constructing the case</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 4:</strong> Presenting the grievance</td>
<td>3/24/09</td>
<td>2/11/09</td>
<td>4/15/09</td>
<td>1/22/09</td>
<td>1/20/09</td>
</tr>
<tr>
<td>Dealing with management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Settling the grievance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 5:</strong> Arbitration</td>
<td>4/7/09</td>
<td>2/25/09</td>
<td>4/19/09</td>
<td>2/5/09</td>
<td>2/2/09</td>
</tr>
<tr>
<td>Why it’s good for the members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why it’s bad for the members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unfair labor practices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weingarten rights</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizing around grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Track 3: Collective Bargaining**

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1:</strong> Negotiations and the Legal Basis</td>
<td>2/25/09</td>
<td></td>
</tr>
<tr>
<td>Process overview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bargaining ground rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 2:</strong> Preparing for Bargaining</td>
<td>3/4/09</td>
<td></td>
</tr>
<tr>
<td>Importance of internal organizing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract action team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract calendar, planning events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surveys, meetings, other methods of gathering proposals from members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting priorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing a campaign</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 3:</strong> Committee Decision Making</td>
<td>4/8/09</td>
<td></td>
</tr>
<tr>
<td>Conduct at the table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates, location, etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open bargaining. Pros &amp; cons.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening statements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposal exchange</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 4:</strong> Table Tactics/Reading Signals</td>
<td>4/29/09</td>
<td></td>
</tr>
<tr>
<td>Implementing the contract campaign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The contract action team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing contract language</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 5:</strong> Costing the Contract</td>
<td>5/13/09</td>
<td></td>
</tr>
<tr>
<td>Bargaining video</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picketing and strikes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bargaining unit job actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impasse/contract extensions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 6:</strong> Use of the Media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaching agreement, writing final language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee recommendation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ratification process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midterm bargaining</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Track 4: Computer Training**

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1:</strong> Excel 1</td>
<td>8/7</td>
<td></td>
</tr>
<tr>
<td><strong>Week 2:</strong> Excel 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 3:</strong> Excel 3 graphs &amp; application</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 4:</strong> Word 1</td>
<td>8/14</td>
<td></td>
</tr>
<tr>
<td><strong>Week 5:</strong> Word 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 6:</strong> Publisher 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 7:</strong> Publisher 2 &amp; application</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Other dates to be scheduled for all Regions.*
After a very successful first year, the MNA Labor School has been expanded and restructured. It now consists of six separate tracks of classes in each Region running five to seven weeks each, depending on the track. Two new tracks have been added. One focuses on the MNA structure and divisions, and the second track on computer training (Excel, Word and Publisher). Classes are standardized, so if one particular class is missed in one region, it can be picked up in any other region.

At the conclusion of each track, participants receive a certificate of completion. Any MNA member who completes any two tracks will receive an MNA Labor School blue jacket. There are no prerequisites to attend any track—members are free to attend any track they choose and need not follow them in order. Each track is self-contained, focusing on a specific area of interest.

Preregistration through the respective Regional office is necessary. Classes generally run from 5–7:30 p.m., with a light meal included. All courses are free and open to any MNA member.

For further details:
www.massnurses.org
781-830-5757

**Track 5: Building the Unit, Building the Union**

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1: Member Participation/Basic Foundation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose of a union</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bargaining unit structure &amp; officers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By-laws, why they’re important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizing model, internal organizing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2: Organizing the Workplace</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mapping the workplace</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using contract action teams outside of bargaining</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizing around grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 3: Attacking Member Apathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective union meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal communication structure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4: Strategic Planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 5: Workplace Action</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifying Action</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan, preparation and calendar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure tactics/Work to rule</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strikes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Track 6: Labor Law and Special Topics**

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1: Family and Medical Leave Act</td>
<td>9/2</td>
<td>9/9</td>
<td>5/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massachusetts Small Necessities Leave Act</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overtime rules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labor-Management Reporting and Disclosure Act</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Union officer elections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 3: Workers Compensation</td>
<td>10/14</td>
<td>10/7</td>
<td>6/16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Safety and Health Act (OSHA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4: Americans with Disability Act</td>
<td>10/28</td>
<td>10/21</td>
<td>6/30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age Discrimination Act</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker Adjustment &amp; Retraining Notification Act</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Discrimination HIPAA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uniformed Services Employment and Reemployment Rights Act of 1994</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 5: NLRB &amp; the Kentucky River/Oakwood cases</td>
<td>11/10</td>
<td>11/5</td>
<td>6/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse supervisor issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For further details:
www.massnurses.org
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
### I. Proposed Amendments Relating to MNA Associate Member Category

#### I.A. Article VI – Standing Committees

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Impact Statement</th>
</tr>
</thead>
</table>
| Section 2: Composition  
A. A standing committee shall be composed of ten members with representation from each region. Members shall be appointed by the President with the approval of the Board of Directors with the exception of the Nominations and Elections Committee and the Bylaws Committee which shall be elected by the membership. | Section 2: Composition  
A. Insert new second sentence: **In addition, a maximum of two Associate Members who shall have voice but not vote may be appointed, as appropriate, by the Board of Directors.**  
Current second sentence becomes third sentence.  
If adopted, will read:  
A. A standing committee shall be composed of ten members with representation from each region. In addition, a maximum of two Associate Members who shall have voice but not vote may be appointed, as appropriate, by the Board of Directors. Members shall be appointed by the President with the approval of the Board of Directors with the exception of the Nominations and Elections Committee and the Bylaws Committee which shall be elected by the membership. | Neutral.  
Proposed by the MNA Bylaws Committee. |

#### I.B. Article VIII - Congresses

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Impact Statement</th>
</tr>
</thead>
</table>
| Section 3: Composition  
Add new subsection b.  
**b. In addition, a maximum of two Associate Members who shall have voice but not vote may be appointed, as appropriate, by the Board of Directors.** | | Neutral.  
Proposed by the MNA Bylaws Committee. |

#### I.C. Article X – Center for Ethics and Human Rights

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Impact Statement</th>
</tr>
</thead>
</table>
| Section 2: Composition  
The Center for Ethics and Human Rights shall be composed of eight members, four of whom shall be elected and four of whom shall be appointed by the MNA Board of Directors. | Section 2: Composition  
Add sentence: **In addition, a maximum of two Associate Members who shall have voice but not vote may be appointed, as appropriate, by the Board of Directors.**  
If adopted, will read:  
The Center for Ethics and Human Rights shall be composed of eight members, four of whom shall be elected and four of whom shall be appointed by the MNA Board of Directors. In addition, a maximum of two Associate Members who shall have voice but not vote may be appointed, as appropriate, by the Board of Directors. | Neutral.  
Proposed by the MNA Bylaws Committee. |
### II. Proposed Amendment Relating to Regional Councils

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Impact Statement</th>
</tr>
</thead>
</table>
| Section 5: Governance  
c. Each Regional Council’s governing body shall, from among its Council members, appoint its officers, the term of office being specified by the regional council. | Section 5: Governance  
Strike “its officers,” and insert the officers, which shall be Chair, Vice Chair, Secretary and Treasurer, the term of office being specified by the regional council. | Neutral. |

*Proposed by the MNA Board of Directors.*

### III. Proposed Amendment Relating to Addictions Nursing Committee

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Impact Statement</th>
</tr>
</thead>
</table>
| Section 5: Responsibilities  
a. The Addictions Nursing Committee shall:  
(2) Select, screen and orient peer assistants from all geographic areas of Massachusetts who will provide contact to the nurse with impaired practice through support and guidance with the overall goal being to facilitate the recovery process. | Section 5: Responsibilities  
a. (2) Insert telephone before “contact”. Strike “with impaired practice through” and insert requesting.  
If adopted, will read:  
a. (2) Select, screen and orient peer assistants from all geographic areas of Massachusetts who will provide telephone contact to the nurse requesting support and guidance with the overall goal being to facilitate the recovery process. | Reduces risk of potential liability for MNA. |

*Proposed by the MNA Addictions Nursing Committee.*

### IV. Proposed Amendment Relating to Congresses

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Impact Statement</th>
</tr>
</thead>
</table>
| Section 3: Composition  
a. The Congress on Nursing Practice, the Congress on Health Policy and Legislation and the Congress on Health and Safety shall be composed of 12 members. Six members shall be elected each year to each Congress. | Section 3: Composition  
a. Strike “12 members” and insert nine members in first sentence. Strike second sentence and insert: Four members shall be elected in the even years and five members shall be elected in the odd years to each Congress.  
Proviso: This revision will commence in the 2009 election. | The current number of members of a Congress will be reduced by three members. The ability of the Congresses to meet their responsibilities will remain intact. |

*Proposed by MNA’s Congress on Nursing Practice, Congress on Health Policy and Legislation and Congress on Health and Safety.*
V. Proposed Amendment Relating to Dues

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Impact Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 5: Privileges of MNA Member membership shall include full participation in the MNA and a Regional Council and the right to:</td>
<td>Section 5: Privileges of MNA Member membership shall include…</td>
<td>If adopted, every MNA Member in good standing will be afforded the opportunity to vote by secret mail ballot on any proposed change in MNA dues.</td>
</tr>
<tr>
<td></td>
<td>Insert new subsection e.:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Vote by secret mail ballot on any proposal to change dues submitted in accordance with these bylaws.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Re-letter current subsection e. as f. and remaining subsections appropriately.</td>
<td></td>
</tr>
<tr>
<td>Section 7: Dues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The MNA and regional annual dues shall be determined by a majority of the Voting Body at the annual business meeting. The membership must be notified in writing of any proposed change in dues at least 30 days prior to the meeting.</td>
<td>Section 7: Dues</td>
<td>If adopted, the mail ballot process to allow MNA Members to vote on a proposal to change MNA dues will be instituted. All MNA Members in good standing will be mailed a ballot.</td>
</tr>
<tr>
<td></td>
<td>(1) The annual dues for an MNA Member and an MNA Associate Member shall cover a 12-month period from the time of enrollment.</td>
<td>The Association will incur the cost of ballot preparation, mailing and electronic scanning for a membership that currently consists of 23,000 members. If the ballot question on dues is concurrent with the annual election, the additional costs will be minimized. The Association will incur the cost of holding regional hearings on proposed changes.</td>
</tr>
<tr>
<td></td>
<td>(2) Lapse of dues payments by MNA Members and Associate Members shall be cause for immediate cessation of MNA Membership.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) MNA and regional council dues will be paid by the MNA for members who have held membership in the MNA for 40 or more years.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add new subsection b.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Before ballots on a proposed change in dues are mailed to members, MNA will hold at least one hearing in each MNA Region to present the rationale for a change in MNA dues and answer questions from members. Members will be allowed to attend any regional hearing on a proposed change in dues.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add new subsection c.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Ballots defining any proposed change in dues will be mailed to the residential address of every MNA member in good standing at least 30 days in advance of the date on which completed ballots must be postmarked for return to MNA.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If adopted, will read:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. The MNA and regional annual dues shall be determined by a majority of those members voting in a secret mail ballot.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) The annual dues for an MNA Member and an MNA Associate Member shall cover a 12-month period from the time of enrollment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Lapse of dues payments by MNA Members and Associate Members shall be cause for immediate cessation of MNA membership.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) MNA and regional council dues will be paid by the MNA for members who have held membership in the MNA for 40 or more years.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Before ballots on a proposed change in dues are mailed to members, MNA will hold at least one hearing in each MNA Region to present the rationale for a change in MNA dues and answer questions from members. Members will be allowed to attend any regional hearing on a proposed change in dues.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Ballots defining any proposed change in dues will be mailed to the residential address of every MNA member in good standing at least 30 days in advance of the date on which completed ballots must be postmarked for return to MNA.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proposed by MNA Regional Council 4.</td>
<td></td>
</tr>
</tbody>
</table>
Region 4 of the MNA has submitted a proposed change to MNA Bylaws that would change the process by which an increase in dues would be initiated (see “Proposed Amendment Relating to Dues” on Page 8). At its meeting on June 19 the Board cast a vote in opposition to the proposed bylaw. The vote was unanimous by those in attendance.

The MNA Board of Directors strongly opposes the proposed bylaw change to Article II, Section 5, which would replace the current process for membership approval of a dues increase at the annual MNA business meeting with a secret mail ballot. We believe this change threatens members’ ability to make informed and deliberative decisions regarding the future of the organization and could stifle attempts to improve services to members to meet future challenges, particularly at the bargaining unit level.

For more than 100 years the organization has functioned successfully under the current system, where all key decisions concerning the direction and viability of the organization – including the determination of MNA dues – are made by the membership in person, by means of thorough debate and analysis of issues at the annual business meeting.

Setting a dues structure to support the mission and goals of the membership is a serious matter requiring careful consideration. The current structure allows for a full debate and discussion of any proposed change in dues. More importantly, the process allows for members to modify and amend the proposal yet still move forward with implementation to assure the organization can effectively address the needs of the membership. In fact, this is what happened during the last dues proposal. The membership met, engaged in a long debate and discussion following which amendments were proposed and passed by the membership to reduce the dues proposal, and to change the timing of its implementation. The process worked; the MNA has been able to move forward with the resources and a five-year action plan that has resulted in stronger bargaining units, new and improved services for members, and increased power and strength as a profession.

If the current proposal was adopted, there would be no opportunity for deliberation and debate over any proposed increase in dues or the chance to amend or modify the proposal based on informed debate and discussion among those engaged in the vote. Instead, those voting would do so absent of an informed decision regarding the reasons for the proposed dues increase and the subsequent consequences to the organization and all members were it not to pass.

Moving to a secret mail ballot would diminish the organization’s ability to react or seize upon opportunities or address the needs of the membership in an expeditious manner. This action could have a paralyzing effect, preventing the organization from responding to changing needs of the membership, and resulting in cuts in the services and resources members have clearly identified as necessary for their protection and professional development.

The MNA Board of Directors takes great pride in the organization’s work and its open democratic structure. Board members are all frontline staff nurses who live and work in the same world as every other member. We take our role seriously and have based every decision we make on the needs of our membership, at the bargaining unit level.

Following is the vote of MNA Board members in opposition to the Region 4 bylaw proposal for secret mail ballot for dues increases:

**Voting to oppose the bylaws change:**
- Beth Piknick, president
- Donna Kelly-Williams, vice president
- Rosemary O’Brien, secretary
- Nora Watts, treasurer
- Sandy Eaton, Ellen Farley, Helen Gillam
- Nancy Gilman, Beth Gray-Nix
- Karen Higgins, Mary Marengo, Diane Michael
- Barbara Norton, Judith Rose, Tina Russell
- Ginny Ryan, Judy Smith-Goguen, Stephanie Stevens

**Excused from meeting:**
- Karen Coughlin
- Kathie Logan
- Pat Mayo
- Fran O’Connell

**Excused from meeting early:**
- Patricia Healey
- Rick Lambos

**Absent:**
- Sharon McCollum.

In proposing the last dues increase, we engaged in an extended process of surveying and meeting with the membership to determine what was wanted and needed to be successful. We then engaged in a lengthy process of building a concrete five-year business plan for the organization that would accomplish what you said you needed from your union. We then built a dues structure to accomplish the goals set forth in that plan.

We are in the midst of that five-year plan, and by all accounts, it supports the dues structure approved by the membership in 2004, is working—with strong backing from the membership. We have significantly expanded staff support, education and other resources to assist local bargaining units, resulting in stronger local unions and their ability to negotiate better contract settlements more efficiently.

Our union members have gained great power and stronger contracts since the implementation of the five-year plan, regardless of the size or make up of the bargaining unit. We have seen unprecedented pay increases and salaries that top $50 per hour in all corners of the state. A number of units now have retiree health benefits—a major goal of the membership. Moreover, we have addressed one of the primary threats facing our membership and all organized nursing through “Kentucky River” language. When bargaining units enter into contentious battles for their issues, the new print shop allows us the ability to create and produce powerful and compelling flyers, lawn signs, ads and bargaining unit newsletters to mobilize the membership and communities to achieve successful resolution.

Our grassroots community organizers play a role in supporting bargaining units by enlisting the backing of local community organizations and public officials. When the city of Taunton wanted to lay off school nurses, our MNA Region 3 community organizer and MNA’s media specialist worked with the nurses on a campaign to protect their jobs. Not only was the layoff prevented, the process resulted in the Taunton School Committee adding a nursing position.

Thousands of members have benefited from the expanded MNA CE programs, which are now free to members, held throughout all regions of the state, and include programs customized for presentation to local bargaining units. Moreover, our Occupational Health and Safety Division leads the nation in educating members and bargaining units on strategies to protect nurses from injury and harm.

On the political front, the MNA has become a powerful force and is on the verge of passing the long-awaited safe staffing bill. We are also close to winning passage of our legislation to prevent workplace violence and to provide for safe patient handling practices to prevent injuries.

The strength of this MNA is the engagement of the members in the debate and in the decisions that result from that debate. As our members well know from efforts at the bargaining unit level—the proposals that are most valuable and difficult to achieve cannot be accomplished without active engagement in the process. If all you do is check off a box on a pre-negotiation survey and show up to ratify, chances are that little of what was on your survey will end up in the ratified document. The same is true for providing the organization’s resources. Checking off a box “yes” or “no” won’t bring about the goals or the necessary resources to win the issues we confront. It’s your involvement and commitment to the debate, the strategy and the decisions on a real time basis that has and will bring continued success.

We urge you to sustain the very process that has made us one of the most respected and vibrant nurses’ unions in the country.
Profiles of candidates for MNA office

Vice President, Labor

Donna Kelly-Williams, RN, CPN
Arlington, Mass.

Employment: Cambridge Hospital
Present offices: MNA Vice President, MNA Region 5 Vice President, Chair Cambridge Hospital PNU, MNA PAC Board, MNA Finance Committee
Past offices: MNA Board of Directors at-large seat, Congress on Health Policy & Legislation
Candidate statement: I am a direct care staff nurse board certified in pediatrics. I work the night shift 7 p.m.-7 a.m. at the Cambridge Hospital, where I am also the chair of the TCH MNA Professional Nurses Bargaining Unit. Everyday I am awestruck by the dedication of nurses to their patients, and would strive to have the same dedication and respect extended to nurses and to each individual nurses’ specialty within the profession. I will continue to work closely with the MNA president to meet with nurses across the state, and bring the voice of all nurses to guide the direction of the MNA.

Director At-large, General

Fabiano Bueno
South Boston, Mass.

Employment: Boston Medial Center
Education: RN-NP, Regis College, ongoing; ASN, Lawrence Memorial/Regis College, 2000
Present/Past offices: Region 5 Board, PAC Region 5, Labor School

Donna Dudik
Weymouth, Mass.

Employment: Boston Medial Center
Education: Enrolled, Thomas Edison State College; Diploma, St. Peter’s School of Nursing, 1972
Present/Past offices: PAC, Congress on Health Policy & Legislation

Gary Kellenberger, RN-BC
Blackstone, Mass.

Employment: Westboro State Hospital
Education: ASN, Quinsigamond Community College
Present offices: Finance Committee

Barbara S Tiller, BSN
Wrentham, Mass.

Employment: Tufts Medical Center
Education: BSN, Alfred University, 1986

Director, Labor–Regions

Sandra Hottin, RN, MS
Agawam, Mass.

Region: 1
Employment: Mercy Medical Center
Education: MS, University of Mass, 2005; BS, American International College, 1997; Diploma, Baystate School of Nursing, 1973
Present offices: Region 1 Council, Co-chair Region 1 Legislative
Past offices: PAC, Congress on Healthcare Policy & Legislation

Ginny Ryan ,RN
Ocean Bluff, Mass.

Region: 5
Employment: Faulkner Hospital
Education: AD, Mass Bay Community College, 1985
Present offices: MNA BOD Region 5 2006-2008, Convention Committee, Faulkner Hospital Vice-Chair, Region 5 Council
Past offices: Faulkner Hospital Vice-Chair, Region 5 Council

Ellen Smith, RN
Douglas, Mass.

Region: 2
Employment: UMass University Campus
Education: ADN, Cape Cod Community College, 1994

Present: Board of Directors since 2000, Vice President Region 2, Awards Committee, Grievance Co-chair
Past offices: St. Vincent Negotiating Committee, Region 2

Stephanie J Stevens, RN
Sandwich, Mass.

Region: 3
Employment: Jordan Hospital
Education: Diploma, Boston City Hospital School of Nursing, 1971
Present offices: MNA Board of Directors, Region 3 Director, Jordan Hospital Nurses Committee-chairperson, MNF Trustee, Region 3 Council Vice President
Past offices: MNA Board of Directors, Jordan Hospital Nurses Committee-chairperson, MNF member, Region 3 Council treasurer, Region 3 Council vice president

Congress On Health And Safety

Terri Arthur, RN, BS, MS
East Falmouth, Mass.

Employment: Jordan Hospital
Education: MSN, Lesley College, BS, Bob Jones University, RN, Diploma, Greenville General Hospital School of Nursing
Present offices: Congress Health & Safety Committee 2001-present
Past offices: MNA Board of Directors, MNA Cabinet on Labor Relations, MNA Cabinet on Continuing Education, MNA Staff Development & Council

Mary Bellistri, RN, BS
Norwell, Mass.

Employment: Boston Medical Center
Education: BS, Suffolk University, 1981
Diploma, Boston City Hospital School of Nursing, 1973
Present offices: Workplace Violence-Abuse Prevention Task Force 2000 to present, Congress on Health & Safety
Past offices: BMC bargaining unit Negotiating Committee

Mary Anne Dillon
Brookline, Mass.

Employment: Brigham & Women’s Hospital
Education: BSN, UMass Boston; AD, Fort Montgomery Community College, 1977
Present offices: MNA Congress on Health & Safety
Past offices: Brigham & Women’s bargaining unit Negotiating Committee

Patti Duggan, RN, MS
Cambridge, Mass.

Education: MS

Sandy LeBlanc, RN
Waban, Mass.
Employment: Newton-Wellesley Hospital
Education: Diploma
Present offices: MNA By Laws committee, Congress on Health & Safety 2004-present, Newton-Wellesley Local bargaining unit committee

Gail Lenehan, RN,EdD, FAAN, FAEN
Higham, Mass.
Employment: Mass General Hospital
Education: EdD, Harvard University, 1996; MS, Boston University, 1973; BSN, Boston College, 1972; Diploma, St. Francis Hospital, 1968
Present offices: Congress on Health & Safety 2001 to present

Elizabeth O'Connor, RN, BSN
Milton, Mass.
Employment: Brigham & Women's Hospital
Education: BSN, Fitchburg State College
Present offices: Congress on Health & Safety 2001-present, MNA Region 5 Council

Kathleen Sperrazza, RN, MS
Wellesley, Mass.
Employment: Partners Hospice, UMass Lowell
Education: Doctoral Candidate, UMass Lowell, present; MS, University of Rhode Island, 2003; BSN, Northeastern University, 1976
Present offices: Congress on Health & Safety 2001 to present
Past offices: MNA Board of Directors, Board of Directors Secretary, MNA Cabinet on Labor Relations

Susan Lipsett, RN
Walpole, Mass.
Employment: Brigham & Women's Hospital
Education: AD, Quincy College, 1991
Present offices: Congress on Nursing Practice

Marian M. Nudelman, RN, BSN
Holliston, Mass.
Employment: Samuel Nun, MD
Education: BS, Regis College, 2003; AD, Mass Bay Community College, 1996; Diploma, Melrose High School
Present offices: Congress on Nursing Practice

Linda Winslow, RN, BSN, IBCLC
Walpole, Mass.
Employment: Newton-Wellesley Hospital
Education: BSN, UMass Boston, 1988
Present offices: Congress on Nursing Practice Chairperson; Newton-Wellesley Nurses Committee
Past offices: Congress on Nursing Practice, Newton-Wellesley Nurses Committee

At-Large Position in Regional Council
Region 1
Gail S. Bean, RN, BC
Westfield, Mass.
Employment: Western Massachusetts Hospital
Education: BSN, UMassAmherst, 1974
Present/Past Offices: Secretary, Region 1

Sandra Hotlin, RN, MS
Agawam, Mass.
Employment: Mercy Medical Center
Education: MS, UMass, 2005; BS, AIC, 1997; Diploma, Baystate Medical Center
Present/Past Offices: PAC, Health Care Policy & Legislation, BOD, Chair Legislation Committee

Irene Patch, RN
Belchertown, Mass.
Employment: Soldiers Home Holyoke
Present/Past Offices: MNA PAC, Region One BOD, Region One Legislative Committee

Region 2
Ellen Smith, RN
Douglas, Mass.
Employment: UMass University Campus
Education: ADN, Cape Cod Community College, 1994
Present: Region 2 Board of Directors since 2000, Vice President Region 2, Awards Committee, Grievance Co-chair
Past offices: St. Vincent Negotiating Committee, Region 2

Region 3
Peggy Kilroy, RN
Centerville, Mass.

Kathy Metzger, RN
Taunton, Mass.
Employment: Brockton Hospital
Education: BA, UMass Boston, 2003; Diploma, Children's Hospital
Present/Past Offices: Congress on Health Policy; Unit Chair, Brockton Hospital

Ann-Marie Mrozinski, RN, CCRN, BSN
Marston Mills, Mass.
Employment: Cape Cod Hospital
Education: BSN, Curry College, 2007; Diploma, Boston City Hospital, 1970
Present offices: Treasurer, Cape Cod Hospital; Region 3 Board Member

At-Large Position in Regional Council
Region 1
Gail S. Bean, RN, BC
Westfield, Mass.
Employment: Western Massachusetts Hospital
Education: BSN, UMassAmherst, 1974
Present/Past Offices: Secretary, Region 1

Sandra Hotlin, RN, MS
Agawam, Mass.
Employment: Mercy Medical Center
Education: MS, UMass, 2005; BS, AIC, 1997; Diploma, Baystate Medical Center
Present/Past Offices: PAC, Health Care Policy & Legislation, BOD, Chair Legislation Committee

Irene Patch, RN
Belchertown, Mass.
Employment: Soldiers Home Holyoke
Present/Past Offices: MNA PAC, Region One BOD, Region One Legislative Committee

Region 2
Ellen Smith, RN
Douglas, Mass.
Employment: UMass University Campus
Education: ADN, Cape Cod Community College, 1994
Present: Region 2 Board of Directors since 2000, Vice President Region 2, Awards Committee, Grievance Co-chair
Past offices: St. Vincent Negotiating Committee, Region 2

Region 3
Peggy Kilroy, RN
Centerville, Mass.

Kathy Metzger, RN
Taunton, Mass.
Employment: Brockton Hospital
Education: BA, UMass Boston, 2003; Diploma, Children's Hospital
Present/Past Offices: Congress on Health Policy; Unit Chair, Brockton Hospital

Ann-Marie Mrozinski, RN, CCRN, BSN
Marston Mills, Mass.
Employment: Cape Cod Hospital
Education: BSN, Curry College, 2007; Diploma, Boston City Hospital, 1970
Present offices: Treasurer, Cape Cod Hospital; Region 3 Board Member

At-Large Position in Regional Council
Region 1
Gail S. Bean, RN, BC
Westfield, Mass.
Employment: Western Massachusetts Hospital
Education: BSN, UMassAmherst, 1974
Present/Past Offices: Secretary, Region 1

Sandra Hotlin, RN, MS
Agawam, Mass.
Employment: Mercy Medical Center
Education: MS, UMass, 2005; BS, AIC, 1997; Diploma, Baystate Medical Center
Present/Past Offices: PAC, Health Care Policy & Legislation, BOD, Chair Legislation Committee

Irene Patch, RN
Belchertown, Mass.
Employment: Soldiers Home Holyoke
Present/Past Offices: MNA PAC, Region One BOD, Region One Legislative Committee

Region 2
Ellen Smith, RN
Douglas, Mass.
Employment: UMass University Campus
Education: ADN, Cape Cod Community College, 1994
Present: Region 2 Board of Directors since 2000, Vice President Region 2, Awards Committee, Grievance Co-chair
Past offices: St. Vincent Negotiating Committee, Region 2

Region 3
Peggy Kilroy, RN
Centerville, Mass.
From Previous Page

Judith Gross, CMSRN
Gloucester, Mass.
Employment: Addison Gilbert Hospital
Education: BSN, Boston College, 1970; RN, Methodist Hospital, 1967
Present offices: At-Large Member Regional Council
Past offices: Member NHS Bargaining Committee

Mary Wignall, RN
Peabody, Mass.
Employment: NSMC Salem Hospital
Education: BS, St. Joseph’s College, 1994; Diploma, Quincy City Hospital, 1958
Present/Past offices: At-large Region 4 Region

Dan Rec, RN
Bridgewater, Mass.
Employment: Faulkner Hospital
Education: BSN, Northeastern University, 1985
Present/Past offices: Convention Committee ’07, ’08, At-Large Region 5 2006-2008

Ann Marie McDonough, RN, BSN
Canton, Mass.
Employment: Tufts Medical Center
Education: BSN, Northeastern University, 1996
Present/Past offices: Treasurer Region 5, Director At-large

Donna Kelly-Williams, RN, BA, CPN
Arlington, Mass.
Employment: Cambridge Hospital
Education: BA, UMass Boston, 2007; AD, Lasell College, 1978
Present offices: MNA Vice President, MNA Region 5 Vice President, Chair Cambridge Hospital PNU, MNA PAC Board, MNA Finance Committee
Past offices: MNA Board of Directors At-Large Seat, Congress on Health Policy & Legislation

*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 Healthcare Professional who is a member in good standing of the labor program.

OB/GYN lecture: The 3rd Annual Memorial Deb Walsh OB/GYN Lecture Series held June 3 in Bourne was attended by more than 60 members from 11 facilities. The program is sponsored by Region Council 3 in tribute to Walsh, a long-time Falmouth Hospital staff member and MNA bargaining unit officer. Topics were presented by a team of RNs from Women and Infant’s Hospital in Providence.
Notice to members and non-members regarding MNA agency fee status

In private employment under the National Labor Relations Act

This notice contains important information relating to your membership or agency fee status. Please read it carefully.

Section 7 of the National Labor Relations Act gives employees these rights:
• To organize
• To form, join or assist any union
• To bargain collectively through representatives of their choice
• To act together for other mutual aid or protection
• To choose not to engage in any of these protected activities

You have the right under Section 7 to decide for yourself whether to be a member of MNA. If you choose not to be a member, you may still be required to pay an agency fee to cover the cost of MNA’s efforts on your behalf. If you choose to pay an agency fee rather than membership dues, you are not entitled to attend union meetings; you cannot vote on ratification of contracts or other agreements between the employer and the union; you will not have a voice in union elections or other internal affairs of the union and you will not enjoy “members only” benefits.

Section 8(a)(3) of the National Labor Relations Act provides, in pertinent part:
It shall be an unfair labor practice for an employer –
(3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other statute of the United States, shall preclude an employer from making an agreement with a labor organization … to require as a condition of employment membership therein on or after the thirtieth day following the beginning of such employment or the effective date of such agreement, whichever is the later.

If such labor organization is the representative of the employees as provided in Section 9(a), in the appropriate collective bargaining unit covered by such agreement when made…

Under Section 8(a)(3), payment of membership dues or an agency fee can lawfully be made a condition of your employment under a “union security” clause. If you fail to make such payment, MNA may lawfully require your employer to terminate you.

This year, the agency fee payable by non-members is 95 percent of the regular MNA membership dues for chargeable expenditures. Non-members are not charged for expenses, if any, which are paid from dues which support or contribute to political organizations or candidates; voter registration or get-out-the-vote campaigns; support for ideological causes not germane to the collective bargaining work of the union; and certain lobbying efforts. MNA has established the following procedure for non-members who wish to exercise their right to object to the accounting of chargeable expenditures:

1. When to object

Employees covered by an MNA union security clause will receive this notice of their rights annually in the Mass Nurse. If an employee wishes to object to MNA’s designation of chargeable expenses, he or she must do so within thirty days of receipt of this notice. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee’s address as shown in MNA’s records.

Employees who newly become subject to a contractual union security clause after September 1, or who otherwise do not receive this notice, must file any objection within thirty days after receipt of notice of their rights.

MNA members are responsible for full membership dues and may not object under this procedure. MNA members who resign their membership after September 1 must object, if at all, within 30 days of the postmark or receipt by MNA of their individual resignation, whichever is earlier.

Objections must be renewed each year by filing an objection during the appropriate period. The same procedure applies to initial objections and to renewed objections.

2. How to object

Objections must be received at the following address within the thirty-day period set forth above:
Massachusetts Nurses Association Fee Objections
340 Turnpike Street
Canton, MA 02021

Objections not sent or delivered to the above address are void.

To be valid, objections must contain the following information:
• The objector’s name
• The objector’s address
• The name of the objector’s employer
• The non-member’s employee identification number
• Objections must also be signed by the objector

Objections will be processed as they are received. All non-members who file a valid objection shall receive a detailed report containing an accounting and explanation of the agency fee. Depending on available information, the accounting and explanation may use the previous year’s information.

3. How to challenge MNA’s accounting

If a non-member is not satisfied that the agency fee is solely for chargeable activities, he or she may file a challenge to MNA’s accounting. Such a challenge must be filed within 30 days of receipt of MNA’s accounting. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee’s address as shown in MNA’s records.

Challenges must be specific, and must be made in writing. Challenges must be received by MNA at the same address listed above in section 2 within the 30-day period to be valid. Challenges not sent or delivered to that address are void.

Valid challenges, if any, will be submitted jointly to an impartial arbitrator appointed by the American Arbitration Association. MNA will bear the cost of such a consolidated arbitration; challengers are responsible for their other costs, such as their travel expenses, lost time, and legal expenses, if any. Specifically challenged portions of the agency fee may be placed in escrow during the resolution of a challenge. MNA may, at its option, waive an objector’s agency fee rather than provide an accounting or process a challenge.

MNA membership dues deductibility for 2007

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>
After a very successful first year, the MNA Labor School has been expanded and restructured. It now consists of 6 separate tracks of classes in each Region running 5 to 7 weeks each, depending on the track. Two new tracks have been added. One focuses on the MNA structure and divisions, and the second track on computer training (Excel, Word and Publisher).

The new schedule of classes begins in September (depending on the region). Classes are standardized, so if one particular class is missed in one region, it can be picked up in any other region. Please consult the calendar for dates in your region.

At the conclusion of each track, participants receive a certificate of completion. Any MNA member who completes any two tracks will receive an MNA Labor School blue jacket. There are no prerequisites to attend any track—members are free to attend any track they choose and need not follow them in order. Each track is self-contained, focusing on a specific area of interest, such as grievances, collective bargaining, computer skills, etc.

Preregistration through the respective Regional office is necessary. Classes generally run from 5:00 PM to 7:30 PM, with a light meal included. All courses are free and open to any MNA member.

Just for being an MNA member, you and all household members are entitled to savings on your automobile policies, this includes newly licensed drivers!

Call Colonial Insurance Services TODAY for a no-obligation cost comparison at 1-800-571-7773 or www.colonialinsuranceservices.com.

Automobile Savings
Discounts of 5%. Convenient fee free EFT available.

Homeowners Policy
20% discount when we write your home and automobile policy.
3% renewal credit after one year the policy has been in effect.

The MNA Board of Directors invites you to attend an Open House at the MNA Headquarters at 340 Turnpike Street, Canton, MA on Thursday, September 18th from 9 a.m. to 1 p.m. to learn more about becoming a Board member. The MNA Board of Directors invites you to attend an Open House at the MNA Headquarters at 340 Turnpike Street, Canton, MA on Thursday, September 18th from 9 a.m. to 1 p.m. to learn more about becoming a Board member.

Would you like to...

- Establish major policies governing the Massachusetts Nurses Association
- Assess the needs of the membership
- Conduct the business of the Association between annual meetings
- Monitor and evaluate the goals and objectives of the Association
- Take a tour of the MNA building
- Attend the morning session of the Board’s monthly meeting
- Enjoy lunch with the Board of Directors
- Mileage will be reimbursed

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

Come and join us on September 18th to learn more about becoming a member of the MNA Board of Directors and see how the association works first hand.

RSVP to Robin Gannon by September 10th at 781-821-4625 x724 or rgannon@mnarn.org.

For directions visit the MNA website at www.massnurses.org and click on “Contact Us.”
Discount Mortgage Program

Purchasing or Refinancing a Home? 1-877-662-663

Take advantage of low mortgage rates and discounts on points and closing costs provided by the MNA Discount Mortgage Program.

Program Discounts:
- $275 Discount Off Closing Costs
- 1/8% Discount Off Points Incurred
- 10% Discount On Owner’s Title Insurance
- 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.

Before you purchase or refinance a home, please call for a free consultation.

Low Rates • Discounts • Quick Approvals

Call the MNA Mortgage Line for rates and details.

1-877-662-6623

MA Lic. MC1775; NH Lic. # 8503-MBB; CT Lic. 10182; RI Lic. #20011277LB; ME Lic. #SML5764. Not every applicant will qualify for these programs.
Schedule

**Tuesday, September 30**
- 5:00 - 9:00 PM: Region 4 Hospitality Event
- 9:00 - 9:30 AM: Registration
- 9:30 AM - 12 PM: General Labor Program
- 12 PM - 1 PM: Lunch
- 1:00 - 3:30 PM: Labor Program
- 6:00 - 7:00 PM: Awards Dinner Registration
- 7:00 - 10:00 PM: Awards Dinner at Café Escadrille

**Wednesday, October 1**
- 9:00 - 9:30 AM: Registration
- 9:30 AM - 3:30 PM: General Labor Program
- 12:00 - 2:00 PM: Awards Dinner Registration
- 1:00 - 2:00 PM: Awards Dinner at Café Escadrille

**Thursday, October 2**
- 7:00 - 8:30 AM: Registration, Exhibits, Continental Breakfast
- 8:30 - 10:00 AM: Keynote: Claire Aspensullivan & Jolianne Driscoll, A Personal Story, “Living With A Transplant”
- 10:45 - 11:45 AM: Plenary: Edie Brous, RN, Esq., “Why Nurses Need Malpractice Insurance: Myths and Reality”
- 12:00 - 2:00 PM: Unit 7 Annual Meeting & Luncheon
- 1:00 - 2:00 PM: Region 5 Annual Meeting

**Thursday cont.**
- 1:00 - 2:00 PM: Parliamentary Update
- 2:00 PM: MNA Business Meeting
- 6:30 - 8:30 PM: MNA Hosted Reception

**Friday, October 3**
- 7:00 - 8:00 AM: Registration
- 8:00 - 9:00 AM: MNA PAC Breakfast
- 9:30 - 11:00 AM: Keynote: Joseph Blansfield, RN, MS, NP “A Year in Iraq”
- 11:15 AM - 12:30 PM: Closing Plenary: Donna White, RN, Ph.D., CS, CADAC, “The Spirit of Nursing”

Registration Form

Name: __________________________

Address: __________________________ City: __________ State: ______ Zip: __________

Telephone, Day: __________________ City: __________________ Telephone, Night: __________

I am a(n):  □ MNA Member  □ *Full-time student/Unemployed/Retired  □ Non-member

* includes full-time students (minimum 12 credits), unemployed, retired and student nurse association members

- Check here if you require vegetarian.
- Check here if you require gluten-free.

Three Convenient Packages:

**Thursday-Only Package:** Includes ALL events on Thursday: keynote, plenary session, all meals, exhibits, silent auction & reception
- □ MNA Members $45
- □ All Others $60
- □ Reduced Members* $35

**Friday-Only Package:** Includes ALL events on Friday: keynote, plenary session, breakfast & silent auction
- □ MNA Members $35
- □ All Others $50
- □ Reduced Members* $30

**Thursday & Friday:** Includes ALL events on Thursday and Friday
- □ MNA Members $75
- □ All Others $100
- □ Reduced Members* $70

Optional Events:

- Region 4 Reception • Tuesday, 5:00 PM - 9:00 PM n/c
- General Labor Program • Wednesday, 9:30 AM - 3:30 PM n/c
- Awards Dinner at Café Escadrille • Wednesday, 7:00 PM - 10:00 PM $50
- Region 5 Business Meeting • Thursday, 1:00 - 2:00 PM n/c
- Unit 7 Business Meeting/Lunch • Thursday, 12:00 - 2:00 PM n/c
- MNA Hosted Reception • Thursday, 6:30 - 8:30 PM n/c

Total Convention Fees: $ __________

Payment

Please mail this completed form with check made payable to MNA at:
Massachusetts Nurses Association • 340 Turnpike Street • Canton, MA 02021 Telephone: 800-882-2056 x727.
Registration forms postmarked prior to Sept. 15, 2008 will be entered in a drawing to win a free convention registration.
Payment may also be made by:  □ VISA  □ MasterCard  □ American Express
Account #: __________________________ Expiration Date: __________________________

For Credit Card registrations you may fax this form to: 781-821-4445; please call to verify receipt.

For office use only: Chg code: ________ Amt: ________ Date: ________ Ck#: ________ Ck.Date: ________ Init: ________