Patient Safety Act takes an important step towards passage  
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USW’s Lynn Williams on Single Payer

Lynn Williams is a past International President of the United Steelworkers (USW) and current president of SOAR, the Steelworkers’ retiree organization. This is what he wrote about Canada’s single payer healthcare in a recent article entitled “Rebuilding the Labor Movement” (1/31/08). www.huffingtonpost.com/lynn-r-williams/rebuilding-the-labor-move_b_84295.html

“… Certainly the right to health care would be part of any civilized definition of freedom from want or economic security.

“My own experience with the evolution and provision of health care may prove instructive, as I was in Canada during the time the national program developed there.

“It works marvelously well from the experience of my family. My mother lived in a nursing home for the last 10 years of her life, and it cost only the difference between a double room and her single. Three of my four children and their families live under it, and it has been just fine (the fourth lives out of the country). I have been living under it again since returning to Canada after my retirement as president of the Steelworkers and have yet to pay a cent for a covered service, which is virtually everything.

“It is truly universal. It is paid for out of tax revenue. As a percentage of Gross Domestic Product (GDP), it is much less expensive than the world’s highest percentage of GDP spent on health care in the United States. The US spends $6,102 per person as compared to Canada’s $3,165. Yet, the results are measurably better in Canada, where there is greater longevity and lower infant mortality.

“Every advanced country in the world, with the exception only of the U.S., has some version of a public health insurance plan. None is perfect, but what system is? Virtually all have better statistics than the U.S., are less costly, and provide care to everyone.

HR.676 would institute a single payer health care system in the U.S. by expanding a greatly improved Medicare system to every resident. HR.676 would cover every person in the U.S. for all necessary medical care including hospital, surgery, outpatient services, primary and preventive care, emergency services, dental, mental health, home health, physical therapy, rehabilitation (including for substance abuse), vision care, chiropractic and long term care. HR.676 ends deductibles and copayments. HR.676 would save billions annually by eliminating the high overhead and profits of the private health insurance industry and HMOs. HR.676 currently has 88 co-sponsors in addition to Conyers. Co-sponsors and bill text are here: http://thomas.loc.gov/cgi-bin/bdquery/z?d110:h.r.00676:

HR.676 has been endorsed by 367 union organizations in 48 states including 95 Central Labor Councils and Area Labor Federations and 32 state AFL-CIOs (KY, PA, CT, OH, DE, ND, WA, SC, WY, VT, FL, WI, WV, SD, NC, MO, MN, ME, AR, MD-DC, TX, IA, AZ, TN, OR, GA, OK, KS, CO, IN, AL & CA).

For further information, a list of union endorsers, or a sample endorsement resolution, contact:

Kay Tillow, All Unions Committee For Single Payer Health Care - HR.676
 c/o Nurses Professional Organization
 1169 Eastern Parkway, Suite 2218
Louisville, KY 40217
502-636-1551
Email: nursesnpo@aol.com

Save the date!

Monday, April 28
1:30 - 4:00 p.m.
Gardner Auditorium, State House, Boston

Free showing of SiCKO, specifically for legislators and staff, but everyone welcome. Whether or not you’ve already seen this Michael Moore exposé of the US healthcare system you will be moved and enthralled by this showing. Personal appearance by Donna Smith, whose plight, from medical bankruptcy to family dislocation, is related in this film. Sponsored by Mass-Care and the Health Care Action Committee of Massachusetts Jobs with Justice.

More co-sponsors for HR.676

Since we last reported on the growing Congressional support for John Conyers’ Medicare for All bill, HR.676, Rep. Michael Capuano (D-Somerville) has joined the ranks of his fellow Massachusetts Reps. William Delahunt, Barney Frank, Stephen Lynch, James McGovern, John Olver and John Tierney in co-sponsoring HR.676.

To find out more about HR.676 and the SiCKO-Cure Road Show, contact Healthcare-NOW! , 339 Lafayette Street, New York, NY 10012-2725. 800-453-1305. www.healthcare-now.org

SiCKO on DVD

By the way, Michael Moore’s acclaimed healthcare documentary is now out in DVD. Contact Mass-Care for information on holding house parties to discuss this hot material or to arrange for a speaker:

By Julie Pinkham

Convention 2007 may now be just a happy memory, but some of the important changes occurring as a result of your votes are now in place.

Specifically, a “yes” vote on a bylaw proposal allowed the MNA Board of Directors to change Regional boundaries as needed. Based on that vote, the Board changed boundaries so they align with state Senate districts instead of being based on county lines. This provides for a more equitable distribution of members among all five regions and allows members to be more strategic and precise in any campaign involving political action. By now, all members have been informed in writing of their change in boundary—and for some, there has been no change at all.

While members may petition to be assigned to another Regional Council, it will take both time and effort for the MNA Membership Division to get all boundary change in place. Inasmuch, the Board of Directors recently placed a moratorium on member petitions for boundary changes until April 30. Petition changes beyond this moratorium date will then be entertained prior to any regional elections occurring.

Remember, your regional council is made up of four regional “at large” seats and the bargaining unit chairs or their designees for the units in that region. To effectively mobilize political and community efforts in support of the bargaining units, action is required by the constituency of the community affected – thus the regional membership provides you with a structural component of the MNA based on where you live, allowing you the opportunity to address local issues and to mobilize within your own community.

And now, in our continuing effort to keep members informed and connected, we have recently provided members with an MNA email address and free email service as part of our five-year strategic plan. This free service allow better access to information – particularly for bargaining units engaged in campaigns addressing issues of concern to members. The perks and benefits of this new members-only feature include email storage, spam protection, anti-virus protection and email support for all users.

Brochures detailing features of this valuable new service have been forwarded to all members. The email is easily set up and allows you to forward MNA email to any existing account you may have. Or you can use it as a stand-alone – and as long as you have Web access, you can reach your mail from anywhere.

As you well know, email has increasingly become a standard form of communication—you regularly see it and use it in your work place. But don’t forget that email is the property of your employer. Sensitive information regarding matters of the bargaining unit may, in fact, be viewed by the employer. It’s time you had a secure site for MNA matters to be communicated via email.

In the near future, the MNA Web site will feature some sections that will only be accessible to members. Your email address will serve as your user name to log into these sections.

We recognize that email is no substitute for one-on-one communication; in-person conversation is unquestionably the best form of contact for professional and union matters affecting you. But electronic communication is another valuable vehicle that can place you in a better position to strategically address and communicate the work place issues that face you.

By providing the tools to create more powerful MNA members, the result will be increased success.
Safe RN staffing—unwavering support over the long haul

Experienced lobbyists know it usually takes 10 to 12 years for any major policy change to go from being an idea to an actual law. This has certainly been the experience of the MNA when it comes to safe RN staffing. The MNA made its first proposal to address the nurse staffing crisis nearly a decade ago, and has since been fighting to pass legislation that would limit the hospital industry’s ongoing efforts to apply manufacturing principles to hospitals in an effort to “speed up” the practice of nursing. Over the years, the specifics of our legislation have evolved, but the basic concept has remained the same – when nurses have too many patients to care for at once, patient care suffers, and the only real way to solve the problem is to place a limit on the number of patients a nurse must care for at one time.

Throughout the MNA’s struggle for safe RN staffing legislation to come to fruition, we have needed and relied upon allies in the Massachusetts Legislature. We have been very fortunate to have the steadfast support of many elected officials, and would like to take this opportunity to provide some information about the chief sponsors of the legislation.

Throughout the long and difficult fight for safe RN staffing, Canavan has been the legislation’s lead sponsor.

We asked her how she has managed to perseverse in the face of such a frustrating battle and intense opposition from the hospital industry.

“I fight for nurses because I am a nurse, and I fight for patients because I have been one,” said Canavan. “I continue to fight even when the odds swell to epic proportions because I believe in a patients’ right to the quality health care that helps them recover both mentally and physically. I also believe in nurses’ right to work in an environment where their professional license is not put at risk every day.”

Nurses, and more importantly, patients, are fortunate to have such a caring and determined advocate fighting for them in the state legislature. Indeed, Canavan still sees herself as a patient advocate. When asked if she missed being a practicing nurse she said, “I am always surprised when people ask me that. I never think of myself as having left nursing. I just moved into a specialty area!”

Sen. Marc Pacheco

First elected to the state Senate in 1993, Sen. Marc Pacheco (D-Taunton) is the chairman of the powerful Senate Committee on Post Audit and Oversight and the vice chairman of the Joint Committee on Health Care Finance. Pacheco has a long history of supporting workers and unions in a variety of industries, including the health care industry, and has been a stalwart supporter of nurses in their fight for safe staffing. Pacheco has led that fight regardless of how much opposition he has faced from either the hospital industry or his Senate colleagues.

We asked the senator how he has kept at it, particularly when progress has often seemed so slow.

“Right now Massachusetts hospitals are facing a grave situation,” said Pacheco. “With nurse staffing levels reaching a critical low, the safety of our patients has been placed in jeopardy. It is imperative that we not only reverse this dangerous trend but implement legislation, such as the Patient Safety Act, to ensure that in the future both nurses and patients alike are protected.”

Nurses and patients are fortunate that Marc Pacheco has fought tough battles before…and that he doesn’t give up easily. We are lucky to have him on our side!

While at times it has been a David and Goliath struggle—with nurses and patients on one side and an entrenched industry on the other—perseverance is paying off. Research continually validates the call for limits and each year the Patient Safety Act progresses further through the process; the last House session resulted in a 133-20 vote in favor of H.2052. With the Senate having previously passed a patient safety bill, the House supporting it last year and Gov. Deval Patrick’s stance in favor of the legislation, it appears resolution is growing closer.
Safe patient handling bill approved by public health committee

By Mary Crotty


The draft Massachusetts bill requires all health care facilities, including but not limited to acute care hospitals, psychiatric hospitals and nursing homes, to develop and implement safe patient handling policies and to identify, assess, and develop strategies to control risk of injury to patients and health care workers associated with the lifting, transferring, repositioning, or movement of a patient or equipment. It regulates the implementation of policies and establishes credits for the costs associated with implementing a safe handling program.

“This favorable vote is of enormous significance for me on a number of levels,” said Callahan. “ Originally, I filed this legislation from the perspective of being both a nursing professional and legislator who has a strong desire to improve the quality and safety of care in hospitals for patients and providers alike. As a staff nurse, I witnessed many colleagues prematurely leaving the profession because of chronic back pain and musculoskeletal injury caused by years of repetitive body trauma induced by lifting, moving and transferring patients on a daily basis. More recently, my critically ill father’s safety was compromised as he was dropped to a hospital floor by a nursing assistant who unsafely attempted to transfer him without professional assistance and by not utilizing proper lifting techniques.”

Other states have already made safe patient handling a priority. In New Jersey, Gov. Jon Corzine signed into law on Jan. 3, a bill that requires health care facilities to establish guidelines for the safe handling of patients.

That law requires New Jersey’s hospitals, nursing homes, developmental centers and psychiatric hospitals to establish and implement safe patient handling programs to help protect patients and staff from injury. Very similar in its requirements to the Massachusetts legislation, New Jersey facilities have 12 months to establish a safe patient handling committee which will, in turn, be responsible for the development, implementation, evaluation and possible revision of the safe patient handling program. The evaluation will include annual assessments of patient handling equipment, including electric beds, hoists used to lift patients and bathing assistance devices.

Membership of each committee will consist of health care employees and others trained in safe patient handling procedures. The safe patient handling program will be established for all units and shifts of each facility, and will take into account patients’ physical and mental conditions.

At least nine states have enacted legislation for or related to safe patient handling: Minnesota, Maryland, New Jersey, Texas, Washington, Hawaii, Rhode Island, Ohio and New York. California legislators have passed the legislation four years in a row but Gov Arnold Schwarzenegger has vetoed the legislation each year.

“With other states already passing similar legislation, I strongly believe the cost of inaction in Massachusetts is far too great for patients and nurses alike to be personally incurring,” said Rep. Callahan.

MNA urges nurses to contact their legislators to ask that the H.2052 be voted favorably by the House. For more information, contact Mary Crotty, mcrotty@mnarn.org (781 830-5743) or MaryAnne McHugh, mmchugh@mnarn.org (781 830-5713).

**Key components of recent safe patient handling legislation**

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<th>Component</th>
<th>NY</th>
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<td>Directs covered facilities to establish safe patient handling, injury prevention plan, program, or policy</td>
<td>X</td>
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<td>Establishes a safe patient handling committee</td>
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<tr>
<td>Prohibits discipline if nurse refuses assignment based on risk of injury and/or establish procedure for refusal</td>
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<td>Provides for education/training of workers to control risk of injury</td>
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Source: Legislation Department, NY State, PEF Chair Article 18 Joint Statewide Health and Safety Committee

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Region 1 members speak with Rep. John Scibak (D-South Hadley) about H.2059, the Patient Safety Act, during the Pioneer Valley Central Labor Council Legislative Breakfast held on Feb. 1. From left, Jacob Wayne, Irene Patch, Chris Folsom, Sherry Ferrier, Rep. Scibak and Patty Healey.
Bargaining unit updates

**Visiting Nurses Association of Boston**

The RNs represented by the MNA at the Visiting Nurses Association of Boston (VNAB) recently celebrated a major victory after they ratified a new three-year contract that provides a 12 percent wage increase, making them the highest paid home care nurses in New England. The contract also includes increases in shift, on call and preceptor differentials, increased tuition reimbursement, as well as new contract language to provide nurses with a process for addressing concerns regarding the size of their caseloads.

The three-year agreement runs from Dec 1, 2007 to Nov. 30, 2010. The pact includes the following key provisions:

- Provides a 12 percent salary increase across the board (4 percent for 2008; 4 percent in 2009 and 4 percent in 2010). It also provides an additional $1,250 longevity bonus each year for nurses at the top of the 17-step wage scale. The starting hourly wage at the end of the contract will be $30.03, up from $26.67 with a top wage step of $55.09, up from $48.92. Nurses who work a special weekend program for the VNAB will see wages ranging from $40 to $82.64 per hour.
- The issue of the number of patients, or cases, a nurse is assigned to handle each day or week has become a growing concern for the nurses of the VNAB since the acuity (illness level) of patients being treated at home has increased dramatically in recent years. At the same time, the amount of paperwork and documentation required for each patient has also increased. The nurses won contract language that allows them to bring concerns regarding the size of their caseload to a special union/management “nursing practice” committee.

**Newton-Wellesley Hospital**

The registered nurses represented by the MNA at Newton Wellesley Hospital (NWH) on Jan. 31 overwhelmingly voted to ratify a new three-year contract that provides wage increases of 6-15 percent, which will make them the state’s highest paid nurses working in a community hospital setting outside of Boston. The contract also includes an improved differential for nurses working the night shift, and new language designed to protect nurses’ union rights.

The three-year agreement runs from Nov. 30, 2007 to Nov. 30, 2010. The pact includes the following key provisions:

- Provides an across-the-board 6 percent salary increase for all staff nurses (2 percent for 2007; 2 percent in 2008 and 2 percent in 2009). It also provides a new top step to the nurses’ salary scale in years 2008 and 2009. The starting hourly wage at the end of the contract will be $27.38 up from $25.80 with a top step of $60.18 up from $52.18.
- The contract also includes a $4.00 per hour night shift differential effective November 30, 2008, which will make Newton-Wellesley more competitive with other hospitals in the region.
- The nurses won contract language that protects union rights for nurses at the facility and their ability to advocate for patients. The language prevents the hospital from exploiting a recent controversial ruling by the National Labor Relations Board, which found that charge nurses or nurses who perform charge duties may be classified as supervisors, and are thereby ineligible for union membership. The new language clearly recognizes and protects the union rights of all nurses in the union.

**Clinton Hospital**

Clinton Hospital has ratified a new three-year agreement. A restructured salary scale was developed to enhance the retention of experienced nurses. Language was added to limit floating and to guarantee nurses the opportunity of increasing their committed hours when they work additional hours over a period of time. The cap for sick time was increased to cover a 12-week leave and a long term disability plan was adopted for RNs working at least 24 hours per week.

**Franklin Medical Center**

The bargaining unit at Franklin Center continues to organize its members during negotiations. Recently, a social event with food, drink and conversation was held and in the near future the unit will hold a committee meeting open to all members. This meeting will be followed up with a series of open meetings for all shifts during which proposals will be reevaluated and new bumper stickers will be available. Plans are also in motion for the distribution of new lawn signs.

Region 3 nurses take action at Central Labor Council breakfast

Labor councils from Southeastern Massachusetts held their annual legislative breakfast on Jan. 26, with the MNA having a major presence.

Nurses from Region 3 - active participants in the labor councils - were invited to the breakfast and had the opportunity to discuss the 2008 legislative agenda with legislators and union brothers and sisters.

The breakfast was hosted by the Arnold M. Dubin Labor Education Center at UMass Dartmouth, the Plymouth-Bristol Labor Council and the Greater Southeastern Massachusetts Labor Council.

MNA President Beth Piknick provided a presentation about H.2059, the Patient Safety Act. Kathy Metzger RN, Brockton Hospital and Patti Bombardier RN, Cape Cod Hospital, “worked the room” and collected postcards from attendees who support setting a safe limit on the number of patients a registered nurse must care for at one time.

By working in solidarity with the larger labor movement and mobilizing in local communities, nurses participating in the labor council event helped convey our message on both local and regional levels.

Kathy Metzger of Region 3 introduces herself to Rep. Steven D’Amico (D-Seekonk) during the Central Labor Council breakfast.
Eileen Norton, MNA’s director of organizing, was recently installed as president of The Labor Guild, a Weymouth-based association sponsored by the Archdiocese of Boston with a membership of more than 1,200 labor relations activists and professionals that for over 50 years has promoted order and justice in the workplace and provided a forum for interchange among its unique cross-section of members.

“I consider it an honor to be named President of an organization that for more than a half-century has worked to bring labor and management together to address the important issues facing workers,” said Norton, who was installed as president during ceremonies held Jan. 15 at the Quincy Neighborhood Club.

Norton, a registered nurse since 1961, received a bachelor of science degree from the University of Massachusetts and a masters in labor and industrial relations from the University of Rhode Island. She first became involved with the guild 30 years ago when she attended its School of Industrial Relations, the oldest adult labor education program in New England.

“I still recall Father Boyle commenting that I was the first nurse ever to attend,” said Norton in reference to Edward Boyle, S.J., who until his death last November, served for 37 years as executive secretary of the Labor Guild.

“In his final days, Father Boyle put in place a vision for the guild that includes a larger outreach to the immigrant population and low-wage workers,” said Norton, acknowledging that as president she will help lead the guild in achieving that vision “of workplace justice, harmony and efficiency.”

To ensure Father Boyle’s goals are met, a trust has been established in his name, with the objective of raising funds to hire interns who will work toward realizing what Norton described as “noble ambitions.”

“The trust will be a tribute to Father Boyle and a way of achieving his hope, dream and vision of bringing labor and management together,” said Norton, identifying the guild’s growth and a broader diversity of membership as aspirations during her two-year tenure.

Also among Norton’s goals is increased awareness of both the guild’s School of Industrial Relations and its Cushing-Gavin Awards, an annual acknowledgement of excellence in labor-management relations.

Outgoing guild president Martin Callaghan said, “It is more important today than ever for the guild to maintain its efforts to promote a cooperative approach to labor management relations among the various constituencies the Guild serves. Eileen’s experience, positive outlook and energetic spirit will bolster these efforts.”

“I know Eileen shares the Guild’s commitment to promoting a healthy dialogue between the many parties who share an interest in these increasingly challenging issues. I look forward to her leadership of this wonderful institution.”

Paul McCarthy, a veteran member of the labor guild described Norton as “a seasoned practitioner of the art of helping people to empower themselves in one of the more difficult arenas of the economy, the health care industry.”

The Labor Guild, founded by Cardinal Richard Cushing in 1945 has, over the past six decades, grown from a small group of trade unionists to a 1,200-member nationwide ecumenical center of union members, managers, arbitrators, mediators, academics, attorneys and government administrators – in short anyone involved in issues important to American workers.

“It’s all about social justice – that is the very heart and soul of the labor guild,” said Norton.

MNA & Essent reach settlement granting health insurance benefits to same sex spouses of unionized nurses at Merrimack Valley Hospital

The MNA recently reached a settlement agreement with Essent Healthcare, owners of Merrimack Valley Hospital of Haverhill that ends a two-year dispute involving Essent’s denial of health insurance benefits to the same sex spouse of a registered nurse employed by the hospital. Under the settlement agreement reached on Jan. 9, any registered nurse represented by the MNA at MVH will be eligible for same-sex spousal coverage in all medical plans offered by the employer.

In 2006, the MNA filed a suit in federal court seeking to reverse an arbitration award that denied health insurance benefits to Maria Ciulla, RN, an MVH nurse who was denied health coverage for her same-sex spouse.

The lawsuit claimed the hospital violated specific union contract language that forbids discrimination based on sexual orientation. It also charged that the arbitrator overstepped his authority in deciding the case, ignoring the facts and arguments presented by both parties, while inappropriately citing federal statutes, specifically, the Defense of Marriage Act (DOMA) to justify the hospital’s voluntary decision to deny equal health benefits to its gay and lesbian employees. The MNA was being supported in the lawsuit by Gay & Lesbian Advocates & Defenders (GLAD), New England’s leading legal rights organization dedicated to ending discrimination based on sexual orientation.

A decision by the judge had been expected, but the recent settlement agreement calls for the parties to request the judge issue a decision to conform to the settlement.

Ciulla, a nurse who worked on a telemetry unit at Merrimack Valley Hospital, was lawfully married to her same-sex partner on Oct. 1, 2005 after the landmark Goodridge decision was issued by the Massachusetts Supreme Judicial Court. Shortly thereafter, she attempted to enroll her new spouse in the hospital’s health insurance plan but was denied enrollment. She then filed a grievance under her union contract, which clearly stipulates that the hospital cannot discriminate against employees based on sexual orientation.

The case was subsequently brought to arbitration. At the arbitration hearings, Martee J. Harris, a corporate vice president for human resources for Essent Healthcare, which is based in Tennessee, testified that she had approached BlueCross/Blue Shield of Massachusetts (BC/BS), the administrator of Essent’s self-insured health plan, calling for a change in the definition of “spouse” under the Merrimack Valley Hospital plan to include all legal spouses, with the exception of legal spouses of gay and lesbian employees.

Ciulla is no longer an employee of Merrimack Valley Hospital, but because of her willingness to challenge the hospital’s action, and as a result of her union’s support efforts, now all current and future nurses at the hospital will be entitled to the benefits she was denied. The Merrimack Valley Hospital nurses are currently engaged in negotiations for a new union contract.
Sick leave and employer-generated ‘sick leave policies’

By Joe Twarog

All MNA contracts contain a clause entitling nurses and health care professionals to time off from work for sick leave. There are many forms of sick leave allowances – ranging from time off for the employee’s personal illness or injury to the illness of a spouse, child, parent or another relative living in the employee’s household. Some even cover a contagious disease that would jeopardize the health of others.

These contract clauses were hard-fought for by MNA members. The employers did not grant these on their own. Yet we are seeing employers across the state attempting to undercut these contractual rights by imposing their own “sick leave policies.” These policies often are intended to limit, if not entirely take away those contractual benefits and frequently threaten discipline for the use of contractual sick time. In fact, they are designed to intimidate and penalize nurses for using a contractual benefit.

These “policies” typically define varying levels of discipline to be imposed for the use of sick days — for example, the use of four sick days warrants a verbal warning, five sick days earns the employee a written discipline, and so on.

The contract article, however, will always supersede any unilaterally imposed policy the employer invents. In such cases, the employer is simply attempting to impose limits on employees’ rights. The union must respond aggressively by challenging these phony restrictions through grievances, organizing and agitation. To paraphrase what management often likes to scold labor with: “they can’t win at the workplace what they did not win at the bargaining table.”

Another related shrewd trick that hospitals recently have been engaging in is the practice of “counseling” employees for abuse of their sick leave policy. These counseling sessions are often recorded in the employee’s file, with the employer claiming that they are not disciplinary in nature. But without question – these are blatant attempts to undercut the just-cause clause in our contracts and the employee’s rights to due process. The use of such “counselings” should be addressed to assure that just cause is not undercut.

These policies often create confusion and unease among the workforce. It further imposes an unhealthy work atmosphere of fear and anxiety, often resulting in employees reporting for work even while sick. MNA members must take advantage of their contractual benefits and challenge management to respect the collective bargaining agreement that they signed.

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National Nurses Day Celebration & Rally

May 6, 2008
10 a.m. – 2 p.m.

10 a.m. – noon
Hynes Convention Center, Boston
Featuring speeches by entertainer Patti LaBelle and author Suzanne Gordon

1 – 2 p.m.
Statehouse steps
Rally for safe patient limits

Save the date, watch for future mailings of the Massachusetts Nurse Advocate and check online at www.massnurses.org.

Keep an eye on your mail for a brochure with registration form to attend this very special event in honor of nurses and their contributions to quality patient care.
The nursing community and the labor movement in Massachusetts continue to mourn the loss of one its great advocates and leaders—Rosemary Smith, who died on Jan. 27 following a short battle with cancer.

The MNA also celebrates the life of this extraordinary woman, who for more than 30 years served as a leader and advocate for the nursing community, a woman who greatly impacted her profession through active and effective participation in the MNA where she worked for more than 26 years until just before her death.

"Rosemary was an individual whose unbridled energy, tenacious commitment and warm hugs were woven into the very fabric of MNA. She will be sorely missed but will always be with us," said Julie Pinkham, RN, executive director of the MNA.

At an MNA-hosted celebration of her long career and immeasurable contributions to nursing held last December, Smith was lauded in citations from state Sen. Robert A. Antonioni, on behalf of the Massachusetts State Senate, as well as from U.S. Sen. John Kerry.

Born the daughter of Mary (Chapin) Byrne and Thomas Bryne of Manchester, Conn. in 1925, Smith graduated as an RN from the New England Deaconess Hospital School of Nursing. She also received a bachelor of science degree in labor relations from Fitchburg State College.

She began her career at Fitchburg's Burbank Hospital in 1972, eventually becoming the head nurse in the intensive care unit. During her years at Burbank, Smith evolved from a skilled staff nurse into a powerful union leader, serving as a fierce advocate for the betterment of her fellow nurses and the patients they cared for.

In 1982 she began her 26-year career with the MNA as an associate director, leading 225 registered nurses at Burbank Hospital in the longest strike in Massachusetts’ nursing history, lasting more than six months. The Burbank nurses won national attention and praise from nurses across the nation for the strike. The eventual settlement included a 25 percent pay increase over two years as well as landmark contract language sought by the nurses to provide them with better working conditions and greater autonomy in administering nursing care.

During her tenure with the MNA, Smith participated in the growth of the organization and its efforts to become one of the state's most powerful voices for health improvement and quality patient care. Her long list of accomplishments includes the support of nurses and health professionals working in state-operated facilities and agencies, and assisting those caregivers in their continued efforts to create working and practice conditions to improve the care and well being of the state’s most vulnerable residents, including the mentally ill, developmentally disabled and veterans.

In recent years, she took on the role of director of membership for the MNA, where she helped to lead the organization to the highest membership of its 100 year history.

Throughout her career, Smith was a board member and supporter of the Massachusetts Nurses Foundation, a non-profit organization that raises money for nursing scholarships. A tenacious fundraiser for the organization, she personally raising thousands of dollars to support the education of new entrants to the profession she loved.

Nurse, advocate, leader, friend….Rosemary Smith’s life touched us all.

Save the Date! Memorial Golf Tournament Monday July 21, 2008 to benefit Scholarship Programs for Nursing & Healthcare Professionals Visit www.massnurses.org or call to register at 781-821-4625 x745

Massachusetts Nurse Advocate March 2008 9
The MNA Labor School educates members—soup to nuts—on a variety of union issues. The courses are organized into “tracks” with a specific overall focus. Five or six classes make up each track, and each class is two to three hours long. A certificate of completion is awarded to members at the end of each track. In addition, members who complete any two tracks will be given an MNA Labor School jacket. Members may select any track and may attend at any location. There is no commitment to attend all tracks. Classes run from 5–7:30 p.m.

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

**Track 3: Building the Union & Computer Skills Training**

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<td><strong>Week 1</strong></td>
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<td>Member Participation</td>
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<td>Structure of the MNA and typical bargaining unit</td>
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<td>Organizing and mapping the workplace</td>
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<td>1/29 Tues. 12/12 Wed. 3/19 Wed. 3/10 Mon.</td>
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<tr>
<td><strong>Week 2</strong></td>
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<tr>
<td>The Community and the Media</td>
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<tr>
<td>Media Training and Working with the Press</td>
</tr>
<tr>
<td>2/12 Tues. 1/9 Wed. 4/1 Tues. 3/24 Mon.</td>
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<tr>
<td><strong>Week 3</strong></td>
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<tr>
<td>Computer Training to Build the Union</td>
</tr>
<tr>
<td>Hands-on Training in Use of Spreadsheets (Excel)</td>
</tr>
<tr>
<td>Useful for Mapping Facilities, Costing Contracts, Tracking</td>
</tr>
<tr>
<td>Member Participation</td>
</tr>
<tr>
<td>2/27 Wed. 1/23 Wed. 4/15 Tues. 4/7 Mon.</td>
</tr>
<tr>
<td><strong>Week 4</strong></td>
</tr>
<tr>
<td>Strategies of Action and Work Place Actions</td>
</tr>
<tr>
<td>Running Effective Union Meetings</td>
</tr>
<tr>
<td>Escalating Pressure Tactics</td>
</tr>
<tr>
<td>Strikes and Work Stoppages</td>
</tr>
<tr>
<td>3/11 Thurs. 2/13 Wed. 4/29 Tues. 4/21 Mon.</td>
</tr>
<tr>
<td><strong>Week 5</strong></td>
</tr>
<tr>
<td>Excel Spreadsheet Training Continued</td>
</tr>
<tr>
<td>TBA Wed. 3/5 Tues. 5/13 Wed. 5/5 Mon.</td>
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**Track 4: Labor Laws & Special Topics**

<table>
<thead>
<tr>
<th>Track 4: Labor Laws &amp; Special Topics</th>
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<tbody>
<tr>
<td><strong>Week 1</strong></td>
</tr>
<tr>
<td>Family Medical Leave Act</td>
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<tr>
<td>Massachusetts Small Necessities Leave Act</td>
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<tr>
<td>3/25 Tues. 3/18 Tues. 9/9 Tues. 1/10 Thurs. 5/19 Mon.</td>
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<tr>
<td><strong>Week 2</strong></td>
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<tr>
<td>Fair Labor Standards Act</td>
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<tr>
<td>Overtime Rules</td>
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<tr>
<td>Labor-Management Reporting &amp; Disclosure Act (LMRDA)</td>
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<tr>
<td>Union Officer Elections</td>
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<tr>
<td>4/1 Tues. 4/2 Wed. 9/23 Tues. 1/24 Thurs. 6/2 Mon.</td>
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<tr>
<td><strong>Week 3</strong></td>
</tr>
<tr>
<td>Workers Compensation</td>
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<tr>
<td>OSHA</td>
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<tr>
<td>American with Disabilities Act</td>
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<tr>
<td>4/16 Wed. 4/23 Wed. 10/7 Tues. 2/14 Thurs. 6/16 Mon.</td>
</tr>
<tr>
<td><strong>Week 4</strong></td>
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<tr>
<td>Employment Discrimination and Title VII/Federal Civil Rights Act</td>
</tr>
<tr>
<td>Age Discrimination in Employment Act (ADEA)</td>
</tr>
<tr>
<td>The Worker Adjustment and Retraining Notification Act</td>
</tr>
<tr>
<td>5/6 Tues. 5/7 Wed. 10/21 Tues. 2/28 Thurs. 6/30 Mon.</td>
</tr>
<tr>
<td><strong>Week 5</strong></td>
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<tr>
<td>The NLRB and Kentucky River/Oakwood Cases</td>
</tr>
<tr>
<td>Nurse Supervisor Issues, HIPAA</td>
</tr>
<tr>
<td>5/27 Tues. 5/28 Wed. 11/5 Tues. 3/19 Wed. 7/14 Mon.</td>
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* Due to the availability of instructors for the Track 3 segments, each week’s material may vary by Region (i.e. the subject matter for Week 2 in one region may differ from that of Week 2 in another region). Participants are urged to check with their respective regions for training content in each week of Track 3.

**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

For further details:

www.massnurses.org
781-830-5757
MNA’s Health & Safety Division shares conference findings

In June 2007 MNA and the UMass Lowell’s School of Health and Environment held a two-day conference in Marlboro entitled “Workplace Hazards to Nurses and Other Healthcare Workers: Promising Practices for Prevention.”

One of the goals of the conference was to assist participants to work with others in improving work conditions by eliminating or minimizing the hazards they face on the job each day.

Eight breakout sessions were held, with each addressing these hazardous conditions. Follow-up reports were developed after each session in order to share pertinent findings with conference attendees at the end of each of the conference days. These findings will be published in the Massachusetts Nurse Advocate over the next few months. In addition, all conference documents are available online at www.massnurses.org. (Click on the “Health and Safety” link, and then click on the “Research” link.)

What follows is the fourth of several findings summaries that will be shared over the next few months.

Workplace Hazards to Nurses and Other Health Care Workers:
Promising Practices for Prevention

Program: Preventing Home Care Injuries
Speakers: Stephanie Chalupka, EdD, APRN, BC, CNS, FAAOHN;
Pia Markkenen, ScD
MNA Facilitators: Rosemary O’Brien, RN; Judy Rose, RN; Mary Bellistri, RN

Statement of the Problem
The home health care (HHC) sector represents 5.8% of overall U.S. health care employment and is one of the fastest growing parts of the economy. HHC clinicians face serious occupational hazards including violence in neighborhoods and homes, lack of workstations, heavy patient lifting, improper disposal of dressings or sharps medical devices, and high productivity demands. The social context of the home-work environment challenges the implementation of preventive interventions to reduce occupational hazards in HHC.*


OSHA Standard that address this topic: OSH Act -5A-1 General Duty Clause - Employers must furnish a place of employment that is free from recognized hazards, 1910.1030 Bloodborne Pathogens Standard.

OSHA Guidelines for Preventing Workplace Violence in Healthcare and Social Service Settings

OSHA recommended steps to provide a safe work environment: A. Management support and worker involvement, B. Hazard assessment, C. Training and education, D. Program evaluation

Items considered by the breakout session participants

How are patients, visitors or others affected?
Patients, family members and healthcare providers are affected by hazards in the home care including:

- Potential for fire and electric shocks posed by defective medical equipment and extension cords

What are some good practices that you have seen in your workplace?

- Ergonomic initiatives such as training on equipment designed to facilitate patient transfers from bed to chair
- Parking spaces made available in multi-resident dwellings to reduce the distance that nurses must walk while carrying their heavy equipment bags
- Information on the local sex offender registry to warn nurses of the potential for violence and to assure this information is communicated to all caregivers, including home health aides
- Agency provided security services when requested
- Agencies encouraging nurses to report injuries

Barriers:
- Lack of training in personal/workplace safety
- Organizations do not allocate time or funds for staff to attend training programs that are available
- Employees chastised for not attending safety programs even though they were on duty at the time the program was presented and were not provided time to attend

Opportunities:
- Knowledge and training in occupational safety that provide opportunities for change

What are some concrete steps that could be taken to address this problem?
Include field staff and home health aides on committees so that the needs found in the field are addressed and the training is relevant

Who are the management people at your workplace who are responsible for worker health and safety and who are five people in your workplace who would help to address an issue?
- Supervisors, managers, and representatives from human resources, risk management and the admissions department
- Co-workers who have been affected by unsafe conditions will often advocate for improving the work environment
- Local union representatives and union staff should be included in discussions that address workplace safety
I am interested in active participation in Massachusetts Nurses Association.

MNA General Election

- Vice President, Labor*, 1 for 2 years
- Treasurer, Labor*, 1 for 2 years
- Director, Labor* (5 for two years) [1 per Region]
- Director At-Large, General* (4 for 2 years)
- Director At-Large, Labor* (3 for 2 years)
- Nominations Committee, (5 for 2 years) [1 per region]
- Bylaws Committee (5 for 2 years) [1 per region]
- Congress on Nursing Practice (6 for 2 years)
- Congress on Health Policy (6 for 2 years)
- Congress on Health & Safety (6 for 2 years)
- Center for Nursing Ethics & Human Rights (2 for 2 years)

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

Please type or print — Do not abbreviate

Name & credentials

(as you wish them to appear in candidate biography)

Work Title ___________________________ Employer ___________________________

MNA Membership Number ___________________________ MNA Region ___________________________

Address __________________________________________

Cty ___________________________ State ___________________________ Zip ___________________________

Home Phone ___________________________ Work Phone ___________________________

Educational Preparation

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<tr>
<th>School</th>
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Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) Past 5 years only.

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

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 31, 2008
Final Ballot: June 16, 2008

Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org
2008 Consent to Serve for the MNA Regional Council

I am interested in active participation in MNA Regional Council

☐ At-Large Position in Regional Council (2-year term; 2 per Region)
  ☐ I am a member of Regional Council
  ☐ Region 1  ☐ Region 2  ☐ Region 3  ☐ Region 4  ☐ Region 5

General members, labor members and labor program members are eligible to run. “General” means an MNA member in good standing and does not have to be a member of the labor program. “Labor member” means an MNA member in good standing who is also a labor program member. “Labor program member” means a non-RN health care professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

Name & credentials ________________________________________________________________ (as you wish them to appear in candidate biography)

Work Title ___________________________ Employer ___________________________

MNA Membership Number ___________________________ MNA Region ____________

Address ________________________________________________________________________

city __________________________________________ state __________________________ zip ______

Home Phone _______________________________ Work Phone _______________________

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____________________________________________________________________________

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Return To: Nominations and Elections Committee Massachusetts Nurses Association 340 Turnpike Street, Canton, MA 02021
MNA nominations & election policies & procedures

1. Nomination process & notification of nominees

Revised policy

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

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

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

2. Publication of ballot

A. Preliminary Ballot: All candidates who are members in good standing shall have their names printed on the ballot. The candidates must follow acceptable practices in the acceptance of goods, services and contributions. This includes:

1. Employers shall not provide money, supplies, refreshments or publication of and “endorsement” on behalf of a candidate.
2. Candidates may not use MNA, Region or employer stationery to promote their candidacy.
3. Candidates may not use postage paid for by MNA, Region or employer to mail literature to promote their candidacy.
4. Nether MNA its structural units or bargaining units may use dues money for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all candidates for a particular office are invited and no candidate is shown preference over another.
5. Individual members may make voluntary contributions of money, goods or services to a candidate.
6. The amount that a candidate may expend in campaigning must be met.
7. Requests for labels/lists/rosters must be in writing and signed by the candidates. All requests will be honored provided they comply with the MNA information/label request policies.
8. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.

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

1. Employers shall not provide money, supplies, refreshments or publication of and “endorsement” on behalf of a candidate.
2. Candidates may not use MNA, Region or employer stationery to promote their candidacy.
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8. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.

C. Final Ballot: All candidates who are members in good standing shall have their names printed on the ballot. The candidates must follow acceptable practices in the acceptance of goods, services and contributions. This includes:

1. Employers shall not provide money, supplies, refreshments or publication of and “endorsement” on behalf of a candidate.
2. Candidates may not use MNA, Region or employer stationery to promote their candidacy.
3. Candidates may not use postage paid for by MNA, Region or employer to mail literature to promote their candidacy.
4. Nether MNA its structural units or bargaining units may use dues money for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all candidates for a particular office are invited and no candidate is shown preference over another.
5. Individual members may make voluntary contributions of money, goods or services to a candidate.
6. The amount that a candidate may expend in campaigning must be met.
7. Requests for labels/lists/rosters must be in writing and signed by the candidates. All requests will be honored provided they comply with the MNA information/label request policies.
8. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.

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

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

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

If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to: MNA Secretary, c/o Contracted Election Administrator (address) in the upper left-hand corner of this envelope you must:

a. Block print your name
b. Sign your name (Signature required)
c. Write your address & Zip

If this information is not on the mailing envelope, the secret ballot inside is invalid.

F. The ballot must be received no later than 5 p.m. on Aug. 22, 2008 in order to be counted.

G. The ballots must be mailed to MNA Secretary, c/o Contracted Election Administrator, LHS Associates 13 Branch St., Methuen, MA 01844

6. Observation

A. Each candidate or their designee who is a current MNA and/or Labor Relations Program member is to be permitted to be present on the day(s) of the opening and counting of the ballots. Notification of intent to have an observer present must be received in writing or electronic message from the candidate 5 working days prior to the ballot counting date. Each observer must contact the MNA staff person assigned to the Nominations & Elections Committee 5 working days prior to the day in question for space allocation purposes only.

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

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

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

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

See Election, Next Page
Position descriptions for MNA elected offices

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

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

Board of Directors

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

1) Conduct the business of the Association between annual meetings;
2) Establish major administrative policies governing the affairs of the MNA and devise and promote the measures for its progress;
3) Employ and evaluate the executive director;
4) The Board of Directors shall have full authority and responsibility for the Labor Program;
5) Adopt and monitor the association’s operating budget, financial development plan, and monthly financial statements;
6) Assess the needs of the membership;
7) Develop financial strategies for achieving goals;
8) Monitor and evaluate the achievement of goals and objectives of the total Association;
9) Meet its legal responsibilities;
10) Protect the assets of the association;
11) Form appropriate linkages with other organizations; and
12) Interpret the association to nurses and to the public.

Meets 10 times per year, usually a full day meeting held on the third Thursday of the month. Board members are expected to attend the annual business meeting held during the MNA Convention in the fall.

Center for Nursing Ethics

The Center for Ethics and Human Rights focuses on developing the moral competence of MNA membership through assessment, education and evaluation. It monitors ethical issues in practice, reviews policy proposals and makes recommendations to the Board of Directors; serves as a resource in ethics to MNA members, districts and the larger nursing community; works with MNA groups to prepare position papers, policies and documents as needed; and establishes a communication structure for nurses within Massachusetts and with other state and national organizations. Meets eight to 10 times per year at MNA for two to three hours.

Congress on Health and Safety

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

Congress on Health Policy and Legislation

The Congress on Health Policy and Legislation develops policies for the implementation of a program of governmental affairs appropriate to the MNA’s involvement in legislative and regulatory matters influencing nursing practice, health and safety, and health care in the commonwealth. Meets eight to 10 times per year at MNA or MNA’s District 2 office in West Boylston for two to three hours.

Congress on Nursing Practice

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

Bylaws Committee

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

Nominations and Elections Committee

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

Election policies

7. Candidate notification
A. Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. Only the names of those elected will be posted on the MNA website when all candidates have been notified after the ballot procedure is completed and certified. Hard copies of the election results shall be sent to each candidate.
B. Results of the MNA election will be kept confidential until all candidates are notified. Notification of all candidates will occur within 72 hours of certification of the election.
C. Results will include the following:
   • Number of total ballots cast for the office in question
   • Number of ballots cast for the candidate.
   • The election status of the candidate (elected/not elected)
   D. Any MNA member may access these numbers by written request.
   E. Election results will be posted at the annual meeting.

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

9. Post-election press release
The Department of Public Communications shall check the information on file/CV data for accuracy/currency with the elected candidate prior to issuing a press release.
*Member List—a computer listing of the total MNA membership eligible to vote, including name, address, billing information, etc.
*Membership Labels—computer-generated labels of the total MNA membership eligible to vote, provided in keeping with MNA Label Sales Policies.
*Rosters—computer-generated list of the Board of Directors of MNA and all MNA structural units. List includes names and addresses.

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

Massachusetts Nurse Advocate March 2008 15
MNA Elections

MNA incumbent office holders

**Board of Directors**
- President: Beth Piknick (2007–09)
- Vice President: Donna Kelly-Williams (2006–08)
- Secretary: Rosemary O’Brien (2007–09)
- Treasurer: Nora Watts (2006–08)

**Directors (At-Large/Labor)**
- Region 1: Diane Michael (2006–08)
- Region 2: Pat Mayo (2007–09), Mary Marengo (2006–08)
- Region 3: Judy Rose (2007–09), Stephanie Stevens (2006–08)

**Directors (At-Large/General)**
- Sandy Eaton (2007–09)
- Tina Russell (2007–09)
- Ellen Farley (2006–08)
- Helen Gillam (2006–08)
- Sharon McCollum (2006–08)
- Vacant (2007–09)

**Labor Program Member**

**Congress on Health Policy and Legislation**
- Melissa Croad
- Ann Eldridge Malone
- Nancy Pitrowiski
- Kathy Metzger
- Julia Rodriguez
- Donna Dudik
- Sandra Hottin
- Chris Folsom
- Kathleen Charette

**Congress on Health and Safety**
- Terri Arthur
- Mary Bellistri
- Maryanne Dillon
- Sandra LeBlanc
- Gail Lenehan
- Lorraine MacDonald
- Elizabeth O’Connor
- Kate Opanasets
- Kathy Sperrazza

**Nominations & Elections Committee**
- Janet Spicer

**Center for Nursing Ethics & Human Rights**
- Ellen Farley
- Sarah Moroney
- Lolita Roland
- Kelly Shanley

**Bylaws Committee**
- Jane Connelly
- Elizabeth Kennedy
- Sandra LeBlanc
- Susan Mulcahy
- Elizabeth Sparks
- Kathryn Zalis

Regional Council election

Pursuant to the MNA Bylaws:

Article III, Regional Councils, Section 5: Governance

a. The governing body within each region will consist of:
   (1) A Chairperson, or designee, for each MNA bargaining unit.
   (2) One Unit 7 representative on each regional council, to be designated by the Unit 7 President.
   (3) Four at-large elected positions. General members, labor members, and labor program members are eligible to run for these at-large positions. At-large members serve a two year term or until their successors are elected.

b. At-large members shall be elected by the Regional Council’s membership in MNA’s general election. Two at-large members shall be elected in the even years for two-year terms and two at-large members shall be elected in the odd years for two-year terms. **Proviso: This election commences in 2008.**

Consent-to-serve forms, See Pages 12 & 13

Join the MNA Team

The Massachusetts Nurses Association (MNA) representing over 23,000 registered nurses & health care professionals seeks a **Director of Membership**, who is responsible for carrying out activities of the Membership Division related to recruitment, retention, dues compliance, benefit programs of the Association, oversight of staff administering discount benefit programs, maintenance of computerized information processing needs and accurate membership files of the Association. Keep up-to-date and knowledgeable on state and national trends in health care and nursing. Work with structural units, MNA Division Directors, and members, direct and supervise the Division’s support staff.

**Qualifications:** RN, bachelor’s and advanced degree preferred (equivalent career experience considered). Experience with the IBM AS400 database or a computerized membership database system desirable. Salary commensurate with experience. Excellent benefits. Applicants send resume to:

Tel: 781-821-4625 x711
Fax: 781-821-4445
or e-mail Sthompson@mnarn.org

Massachusetts Nurses Association
Attention: Shirley Thompson
340 Turnpike St. • Canton, MA 02021

www.massnurses.org

Jean McCorry named Gift of Life Award Recipient

MNA member Jean McCorry, with the Dialysis Clinic, Inc. at Tufts–New England Medical Center, was the recipient of the Outstanding Nephrology Nursing Award during the National Kidney Foundation Gift of Life Awards Dinner held Jan. 31 at the Sheraton Needham Hotel.

McCorry was one of 11 recipients recognized and honored for their outstanding contributions to the kidney and organ donor community in the Boston area and to the National Kidney Foundation.

McCorry managed the Tufts-NEMC dialysis program in the 1970s and remains an active member of the nursing staff at Dialysis Clinic Inc.’s Kneeland Street unit.

Congratulations are extended on this well-deserved honor.
Prevention and Management of Disruptive Behavior

Description: This broad-based program of violence prevention for nurses and other health care providers is based on the Department of Veterans Affairs’ newly revised national training program. The four levels of stress and assessment, interpersonal and preventive intervention skills specific to each level will be addressed. Participants will learn how to effectively respond to disruptive behavior and deescalate potentially violent behavior, with the goal of achieving a positive and safe outcome for patients, staff, and others involved.

Speaker: Carol Dacey, BSN, RN
Date: March 27
Time: 8 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: Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Wound Care

Description: This program will provide a comprehensive overview of the factors effecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. Newer modalities wound management, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin, replacements and vacuum-assisted closure devices will also be discussed.

Speaker: Carol Mallia, MSN, RN
Date: June 24
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: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Interpreting Laboratory Values

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

Speaker: Carol Mallia, MSN, RN
Date: June 10
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: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Nurse Protect Thyself: Tools to Minimize Legal Exposure

Description: This program, which is co-provided by the MNA and the Southern New England Chapter of the American Association of Legal Nurse Consultants, will provide nurses with information to minimize liability in nursing practice situations. The elements of negligence and how nurses are accountable through regulations, scope of practice and standards of care will be addressed. Documentation and its uses in litigation will be discussed and strategies provided to protect your nursing practice.

Speakers: Legal Nurse Consultants, Southern New England Chapter of the American Association of Legal Nurse Consultants
Date: May 9
Time: 8 a.m. – 4 p.m. (light lunch provided)
Place: MNA Headquarters, Canton
Fee: MNA and AALNC Members, $95; Others, $125
Contact Hours: Will be provided.
MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Continuing Ed Course Information

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

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

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

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

Contact Hours: Contact hours will be provided as specified in the program description. Continuing nursing education contact hours for all programs are provided by the Massachusetts 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 session; and (3) complete and submit the evaluation.

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

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

May 13, 2008
6 – 8 p.m. • MNA headquarters, Canton

This program is free and a light supper will be provided. Please contact Theresa Yannetty at 781-830-5727 or tyannetty@mnarn.org to register.
New: Carol Vigeant Memorial Scholarship
(Entry Level)
Carol Vigeant was an RN at UMass Memorial University for 30 years. Carol had a great compassion and devotion to her patients and loved mentoring new nurses. This scholarship was established through memorial donations from her bargaining unit and family. This scholarship will be offered to two students who live in the Worcester area and are pursuing a nursing degree.

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

The scholarship will be awarded to a student (entry level) pursuing an associate’s degree or bachelor’s degree in nursing. Preference will be given to students living in or working in the Worcester area first, and then to other areas of MNA Regional Council 2.

Janet Dunphy Scholarship
(Entry Level)
Funded by a scholarship established by Regional Council 5, scholarships are given annually to an MNA member in good standing in Regional Council 5 and who is pursuing a B.S., M.S. or doctoral degree. Second preference will be given to those seeking advanced degrees in public health policy or labor relations at any level. *If the applicant is an MNA member in a collective bargaining unit an additional reference is required from your local unit representative/committee member attesting to distinguished service within your local unit. Anyone who is known to have crossed a picket line cannot be considered.

Regional Council 4 Scholarship
(Child of member in nursing program)
Funded by Regional Council 4, scholarships are given to active Regional Council 4 MNA members to assist with his/her studies for a B.S.N., M.S.N. or doctoral degree in nursing.

Regional Council 3 Scholarship
(Child of member in nursing program)
Funded by Regional Council 3, scholarships are being offered to an MNA member in good standing and active in Regional Council 3 to assist with his/her studies toward a BSN in an accredited nursing program.

Regional Council 2 Scholarship
(Child of member in nursing program)
Funded by Regional Council 2, scholarships will be awarded to an active Regional Council 2 member in good standing to assist with his/her studies in an accredited bachelor’s, master’s or doctoral program in nursing.

Regional Council 2 Scholarship
(Family/child of member in nursing program)
Funded by Regional Council 2, scholarships will be awarded to a child of an MNA member in good standing and active in Regional Council 2 to assist with his/her studies toward a BSN in an accredited nursing program.

Labor Relations Scholarship
Two $1,000 scholarships are funded annually by a grant established by the MNA Division of Labor. The scholarships are for an RN or health care professional who is an MNA member in good standing. Applicants must be enrolled in a bachelor’s or master’s degree program in nursing, labor relations or related field. Additional reference is required from your local unit representative identifying your involvement in labor relation/collective bargaining activities.

Unit 7 Scholarship
Two $1,000 scholarships are being offered to a member of Unit 7 State Chapter of Health Care Professionals who is pursuing a degree in higher education. One will be awarded to a registered nurse and one will be awarded to a health care professional.

Faulkner Hospital School of Nursing Alumni Association Scholarship
Funded by a sustaining scholarship endowed by the Faulkner Hospital School of Nurses Alumni Association, these awards are given annually to a student attending entry level RN program (priority given to Faulkner Alumni descendants).

Applications must be postmarked by June 1, 2008

For further information or to request an application, visit www.massnurses.org or call the MNF at 781-830-5745.
You know nurses who have made a difference. You can identify individual contributions that go beyond the ordinary. You recognize excellence in nursing practice, education, research and service. Now it’s your turn to make a difference! You can nominate candidates for a 2008 MNA Annual Award. Help give MNA the opportunity to reward and applaud outstanding individuals. Let them know that you care about their important contributions to the profession of nursing.

To receive nomination papers for any of the MNA Annual Awards, please fill out and mail the enclosed Nomination Paper Request Form. **Deadline for submission of nominees to the MNA Awards Committee is June 13, 2008.**

Completed forms and other requested materials must be received by the Awards Committee by the deadline; late or incomplete applications will not be reviewed by the Committee. For additional information or questions regarding the 2008 MNA Annual Awards, please contact Liz Chmielinski, Division of Nursing, at 781-830-5719; or toll free in MA at 1-800-882-2056, x719.

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

**Judith Shindul Rothschild Leadership Award**
Recognizes a member and nurse leader who speaks with a strong voice for the nursing community at the state or national level.

**Kathryn McGinn-Cutler Advocate for Health and Safety Award**
Recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

**MNA Excellence in Nursing Practice Award**
Recognizes a member who demonstrates an outstanding performance in nursing practice. This award publically acknowledges the essential contributions that nurses across all practice settings make to the health care of our society.

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

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

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

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

**MNA Nursing Education Award: Continuing Education/Staff Development**
Recognizes a member who is a nurse educator and who has made significant contributions to formal nursing education/continuing education or staff development.

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

**MNA Bargaining Unit Rookie Of The Year Award**
Recognizes a Labor Relations Program member who has been in the bargaining unit for five or less years and has made a significant contribution to the professional, economic and general welfare of a strong and unified bargaining unit.
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.

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<th>Region</th>
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<td>All Regions</td>
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The MNA seeks an Associate Director, Division of Nursing

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

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

Fenway Community Health is a comprehensive non-profit community health center, providing a wide continuum of health care services. We are New England’s leading primary care health center for the lesbian and gay community, and in addition we provide health care to residents of Boston’s Fenway neighborhood, with a special emphasis on the area’s elderly and student populations. The following position is available:

PRIMARY CARE NURSE CASE MANAGER

Serve as part of a multi-disciplinary team in a challenging and stimulating primary care setting. Typical duties include providing overall case management, patient education and outreach, and clinical support. NOTE: No evening or weekend work is required.

Requirements:
- Appropriate licensure
- A commitment to community health care and an interest in HIV and LGBT health care preferred.

Fenway offers competitive salaries and a generous benefits package. E-mail cover letter and resume to Jgreen@fenwayhealth.org; fax to (617) 859-1250; or mail to: Fenway Community Health, 7 Haviland St., Boston, MA 02115, Attention: Human Resources

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

Boston Metropolitan Area
- Bournewood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmFFE Building, Room 116. LeRoy Kelly, 508-881-3192. Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Terri O’Brien, 781-964-9546. Wednesdays, 5:15 p.m. & coed at 6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-559-8897. Fridays, 6:30-7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Jacqueline Site, 781-341-2100. Thursdays, 7–8:30 p.m.
- Health Support Group, UMass School of Medicine, Outside Room 123, Worcester. Emory, 508-429-9433. Saturdays, 1–2 p.m.

Northern Massachusetts
- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Terri Gouin, 978-352-2131, x13. Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- PRN Group, Pembroke Hospital, 199 Oak St., Pembroke. Sharon Day, 508-667-2486. Tuesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- PRN Group, Pembroke Hospital, 199 Oak St., Pembroke. Sharon Day, 508-667-2486. Tuesdays, 6:30–7:30 p.m.
- Substance Abuse Support Group, St. Luke’s Hospital, New Bedford, 88 Faunce Corner Road. Michelle, 508-947-5351. Thursdays, 7–8:30 p.m.
- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Marge Babbkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.

Other Areas
- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Sharon Goldstein, 800-445-1195. Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, North 650, Manchester, N.H. Contacts: Janet K., 978-975-5711 Sandy, 603-391-1776. Meets: Tuesdays, 7:00–8:00 p.m.
Integrating Mindfulness-Based Interventions into Medicine, Health Care, and the Larger Society

6th Annual Conference for Clinicians, Researchers, and Educators
April 9-13, 2008 • Worcester, Massachusetts

Featuring Pre-Conference Institutes:

More Joy, Less Burnout: Contemplations And Meditation Practices For Personal And Professional Renewal, Beth Roth, MSN

Mindfulness And The Energetics Of Healing Cara Geary, MD, PhD; Robert Genther, PhD

Plus a compelling range of interactive workshops, research presentations and in-depth instructional institutes.

FOR MORE DETAILS AND TO REGISTER, VISIT: www.umassmed.edu/CFM and click on Annual Scientific Conference or call 508-856-2656

Sorrento Italy
April 23rd – May 1st • $2,059

Join us on a tour of one of southern Italy’s premier vacation resorts. This all-inclusive 9 day / 7 night trip includes air, transfers, hotel, and all meals as well as guided tours. The tour will feature Sorrento, Naples, Pompeii, the Isle of Capri, and the Amalfi Drive. During this tour we will visit Positano, the Cathedral of St Andrew, Museum of Correale, orange & lemon & olive groves, vineyards, and the Castel dell’Ovo in Naples. Offered as an all-inclusive trip, this package is a great value.

British Panorama
October 17th - 25th • $1859


Grand Tour of Sicily
October 30th – November 7th • $1769

Tour the highlights of Sicily on this 7 night grand tour. The featured tours will include: Palermo, Segesta, Marsala, Sciacca, Agrigento, Valley of the Temples, Piazza, Armerina, Taormina, Catania, Mount Etna and Siracusa.

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

* Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes, fuel tax and travel insurance are not included in the listed prices. Credit card purchase price is $30 higher than listed price. For more information on these great vacations and to be placed in a database to receive yearly flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing address.
Discount Mortgage Program

Purchasing or Refinancing a Home?  1-877-662-6623

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
1-877-MNA-MNA3

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

Welcome to the Real World

FREE
programs to
senior nursing
students and
nursing faculty.

These unique programs provide senior nursing students the opportunity to hear first-hand from recent graduate nurses what it is like to transition from the school environment to the world of professional nursing. Back by popular demand, we are pleased to announce that we will also have Don Anderson CMS, RN, MSN, EdD, who is a leading NCLEX preparation expert and owner of Test Preparations Specialist as one of our key panelists.

Topics will include:

- Suggestions for NCLEX Preparation
- How to best manage a job search in today’s nursing environment
- Interview strategies to ensure a new graduate orientation and preceptorship for successful transition to the RN role

Representatives from area hospitals and other healthcare facilities may be available before the formal program to discuss employment opportunities. A light supper will be served.

Locations & Dates:

March 26, 2008 • 5:30 - 9:00 PM  Crowne Plaza Hotel, Worcester, MA
April 3, 2008 • 5:30 - 9:00 PM  Springfield Marriott, Springfield, MA
April 9, 2008 • 5:30 - 9:00 PM  Lombardo’s Function Facility, Randolph, MA

These programs are FREE to senior nursing students and nursing faculty. Space will fill quickly! You must pre-register for the program by contacting Theresa Yannetty at the MNA at 800-882-2056 x727 or emailing her at tyannetty@mnarn.org.