

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

Vol. 80 No. 7



ADVOCATE

Special Report: Creating a
"Super Union" for nurses



July/August 2009



MNASM

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UE weighs in on Washington health care proposals

The United Electrical, Radio and Machine Workers of America's (UE) general executive board discussed the national debate on health care and adopted the following statement on health care reform following its May meeting:

At least since the 1940s, the UE has actively supported proposals to provide health care coverage to all in the U.S. through a national public health insurance plan. Our position was restated in UE policy adopted at the 2007 convention, "Health Care for All," and at the national level and in UE communities across the country. The UE has been an outspoken advocate of the "single-payer," Medicare-for-all solution embodied in HR676, whose primary sponsor is Rep. John Conyers (D-Mich.)

For the first time in decades, the country has a presidential administration and a Congress that are working for a major overhaul of the U.S. health care system. While we are disappointed that the broadly-outlined plan under consideration by the Obama administration and the congressional leadership is not single payer, we note that it does include the creation of a public health insurance system.

Most of the plans that are supported by President Obama and leading congressional Democrats continue to rely on employer-paid health insurance through for-profit insurance companies, but also offer a public health insurance option similar to Medicare. Since the likelihood is growing that such a proposal may be adopted, we need to spell out what provisions would be acceptable to our union in such a plan, and what we would find unacceptable.

- A public plan must be open to all workers and their families, and all employers must have the option of insuring their employees through the public plan rather than private insurance.
- Premiums for the public plan must be indexed to income and affordable for working class people.
- A public plan must allow for bargaining with providers over rates for services, and over prescription drug prices.
- We reject the inclusion of "user fees" such as co-pays, deductibles and out-of-pocket expenses in a public plan.
- We oppose any effort to contract out the administration of the public plan to private profiteers.
- If we are to have a system where a public plan competes with private insurance com-

panies, consumers must be empowered to choose their coverage by evaluating objective information on the merits of each plan. Marketing must be strictly limited; companies should not be trying to lure customers through costly advertising campaigns.

- Another measure that would help to reduce health care costs is a ban on advertising of prescription drugs.
- Private health insurers must be strictly regulated. Both the public and private plans must be required to accept anyone who seeks coverage, and must provide a full range of basic health coverage.
- We are opposed to financing health care reform by taxing workers' employer-paid health insurance benefits as if these benefits were "income."
- We oppose any individual or collective mandates that would force people to buy



Show your support for single payer health care: Look inside this issue of *Massachusetts Nurse* for this bumper sticker!

private health insurance. The failed Massachusetts plan has already shown that this is unjust and unworkable.

Labor must lead this fight. Workers create the wealth that finances the system, and workers provide the services. Union activists and negotiators understand better than anyone the many tricks used by insurance companies to squeeze ever more money out of both employers and workers.

The UE is encouraging it locals and members, as well as supporters nationwide, to:

- Continue to put forward single-payer national health insurance as the best path to universal and affordable health care.
- Demand that single payer be the benchmark by which Congress and the administration measures all other proposals.
- Work with all advocates of public health insurance (both in the single-payer movement and among advocates for inclusion of a public "option" in a more modest reform plan) to build a united front that demands that health care legislation voted by Congress include a public, not-for-profit plan, open to all, that is structured to provide comprehensive health care at the lowest possible cost. ■

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nurse

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

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www.massnurses.org

MNA^{BM}
MASSACHUSETTS NURSES ASSOCIATION



Timing is everything

By Julie Pinkham
MNA Executive Director

Timing is everything.

Sometimes opportunity comes along at seemingly bad times. The challenge is finding a way to seize the opportunity even though the timing is not ideal. If you do, you may find that the timing wasn't “bad” after all. It was, in fact, “opportune.” Those who can recognize such an opportunity, and then seize it, can enjoy a leap in progress.

There are two such examples facing MNA members today: 1) the long-sought opportunity to form a truly powerful national RN union and 2) the creation of a Taft-Hartley multi-employer pension providing a portable retirement security for MNA members.

Let's look at the first opportunity: the national nurses union. When we left ANA the disaffiliation vote was followed by a motion to form a new national organization that represented the interests of our members. Over the years we've had loose alliances with like-minded organizations but the timing and the various nurse groups that we saw as allies were never in a position to move forward on creating a formal structure.

But in the last two years when the UAN (the former labor “arm” of the ANA) broke away from the ANA the stage was set. There were now three nurse organizations that had the requisite numbers and organization to do what had never been done before in the history of nursing and in the history of the United States: to create the largest direct care nurses union run by and for nurses.

Create is the operative word here. The MNA is not simply joining a pre-existing organization—the MNA is taking a lead role in the creation of an organization. It is being created by front-line nurses for front line nurses.

Finally the voice of the front-line nurses—the public's most trusted professionals—can be heard loud and clear, without equivocation. It is not surprising that the health industry has characterized the new national as a “super union.” Indeed the industry is well aware that when nurses are provided with the power to raise their voice, the industry's ability to pursue its own agenda is severely curtailed.

They have clearly seen that occurring here in Massachusetts, as well as in California and in states such as Minnesota and Michigan (members of the UAN). The possibility of these and other nursing groups coming together as a united front has sent shock waves through the industry and the labor movement. As much as the industry hopes our efforts fail, behind closed doors a number of unions also hope we fail. Nurses have long been fragmented as they have been organized by many different unions from different industries. With a number of the industries failing or going overseas in this economy, organizing the health care sector remains fertile ground—particularly with the debate in Congress over the Employee Free Choice Act and other changes in labor laws to ease the ability to organize a union. With the formation of the new national, we can capitalize on this new environment to both build and strengthen nurses' voices in order to change health care forever.

So history is unfolding perfectly for the MNA. We have the unique opportunity to be part of a three-way effort to create the national nurses union—an opportunity that may never again present itself in terms of the MNA being a principal architect of this new organization in a manner we believe best reflects the desires of MNA members. It is up to all of us to seize this opportunity. I hope you agree and will take part in this history making event and vote in favor of or affiliation with the national nurses union at our Convention on Oct. 1.

The other opportunity before us to seize is for the creation of a multi-employer defined benefit pension plan that many other unions enjoy. Many of our bargaining units had single employer defined benefit pension plans, but during the 90s there was a push to move to define contribution plans (the 401k type plan). During this time, there was

an organizational discussion at the MNA about the desirability of a multi-employer pension plan.

Under a multi-employer plan, a number of MNA bargaining units would participate in a single retirement trust fund and individual bargaining units would negotiate the rate their hospital would contribute to the plan. The plan would be jointly administered by MNA members and representatives from management for the benefit of all participants in the plan.

But MNA members had only a small appetite for this type of pension at the time, as most were seeing investments in the stock market through defined contribution plans as an effective, portable and independently controlled mechanism to deal with retirement. While there was effort to increase the contributions of employers to the plan, with the exception of a few, there was not a lot of focus on the weaknesses of the defined contribution plan. In large part with the market soaring—and the government even trying to push social security in the direction of the 401k—there was little discussion or willingness to listen about the downside of these plans.

Meanwhile the federal government, concerned about the trend of single employers accounting for funding the pension plans through market returns and inadequate contributions to the benefit plans should the market worsen, passed the Pension Protection Act in 2006. It took effect in 2008.

The most substantial of change was the requirement that single employer benefit plans ramp up their contributions to assure full funding within seven years. With the increased funding requirements coupled with a staggering drop in the market, employers were motivated to drop the defined pension plan and, in doing so, avoid future funding requirements.

Today we continue to see employers trying to eliminate their defined benefit plans and now we see employers trying to reduce their contributions to the defined contribution plans. Indeed retirement security for MNA nurses has never been a more front and center issue.

Clearly the veneer is off the defined contribution plans. If you retired with the market up it may have worked out well for you. But if you were due to retire now or in the next five years, it is looking frightening.

As a result, folks are putting off retirement at the very time they should have been able to enjoy it. New nurses can't get jobs now and older nurses who want to leave can't get out.

Fortunately, the MNA has been working on this issue and we are on the verge of creating a multi-employer plan. We have worked with pension experts and designed a plan that can be introduced at the bargaining table for those folks who want to avoid the constant battle to keep their single employer defined benefit plan and for those nurses who may feel the defined contribution plan is not a sufficient mechanism to assure retirement security for members. As with any proposal at the bargaining table it requires the agreement of the employer and ratification by the members. If you are interested and want more information, speak to your associate director and the MNA will set up a time with your committee to review the plan with you. The creation of a national, multi-employer pension for nurses is also a key objective of the up-and-coming national nurses union with which we aim to be affiliated. In fact, it has already designated a committee to begin work on this issue immediately.

The current combination of circumstances has aligned for you, creating opportunity for progress that I do not think we will see again in my career or yours.

Seize it.



Julie Pinkham

The time is now for a national RN union

As working registered nurses across America, we face the same challenges every day: how to advocate for our patients in the face of bare bones staffing and inadequate resources. That's why America's leading RN organizations, including the MNA, have joined forces to form the United American Nurses-National Nurses Organizing Committee (UAN-NOCC). We are building a structure to become the national voice for RNs or, as the media and our opponents call us, the "RN Super Union." We are working together to make sure that as RNs we have the presence, the power and tools we need to take our rightful place as the key coordinators of patient care.

As you consider your vote to approve the MNA's affiliation with UAN-NNOC and the dues structure to support it, it is important to understand the reasons and rationale for its creation. Below we have attempted to outline the key reasons for the historic national RN movement.

We are at a unique moment in history for health care specifically and for the labor movement in general.

There has never been a more pivotal moment in history to form a national nurses union made up exclusively of direct care nurses.

- With the Employee Free Choice Act and other labor reforms finally seriously on the political agenda, now is the time for nurses to have a powerful voice to shape that debate. And once passed, the opportunity to organize large numbers of nurses will never be greater.
- From a political perspective, we have a Democratic Congress and White House, the party that has historically been the most sensitive to the role of unions and the needs of workers.
- If and when we raise our voice, this party is the one most likely to hear it and to respond. However, our voice needs to be **loud and strong**, and this national nurses union gives us exactly the voice we need!
- Health care reform and the future of health care is the primary issue on Capitol Hill, and right now the voice of nursing is being ignored while the voices of the industry (the insurers, physicians, hospital executives, pharmaceutical companies) are controlling the debate. We need a unified and powerful organization to force nursing's positions onto the agenda, and to protect against solutions being proposed by our opponents.

A national voice can mobilize nursing's voice and power to change health care

For too long, nursing's voice has been fragmented and diluted among a variety of organizations, too many of which had philosophies or took positions that conflicted with or even harmed the interests of direct care nurses.

By unifying and empowering the largest and most respected group of

health professionals, we can demand our seat at the table and eventually dictate the terms of the debate. Without a national voice, we will remain in our individual states, perhaps doing good work locally, but forever at a disadvantage in the face of the health care industry's power and influence nationally.

Because national issues affect our practice, the MNA should not go it alone

The MNA has done great work advocating for its members in Massachusetts, but we can no longer remain isolated. Given that health care is rapidly consolidating and is influenced by national and state policies that can cross state borders, MNA members' interests are no longer best served by remaining a solely independent voice. Decisions made across state borders, particularly in non-union states like New Hampshire and Connecticut, affect our practice and our ability to change policies in Massachusetts. When non-union nurses are forced to accept policies like floating without orientation, cancellation of shifts, allowing unlicensed personnel to administer medications in hospitals, or placement of patients in hallways of inpatient units, those policies become accepted standards that our employers attempt to adopt.

We need to organize more nurses nationally to deprive the industry of its ability to implement policies and dangerous workplace procedures in states with weaker nursing voices.

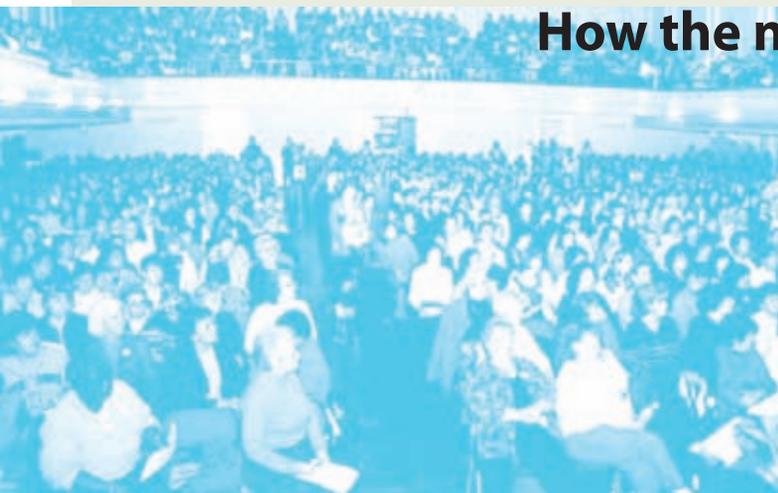
Using the combined resources of the new national union, we will be able to capitalize on this unique moment in history to foster the organizing of thousands of nurses across this country, which will in turn further improve our ability to meet all the objectives of the new national nurses movement.



How the new national union came to be

In 2001 the MNA held a special meeting in Worcester for members to vote on disaffiliating from the American Nurses Association (ANA). That vote, which led to the largest gathering of registered nurses in Massachusetts' history, affirmed by overwhelming numbers the MNA membership's desire to free itself from a national organization that failed to adequately represent its views on the national stage. At the conclusion of that vote, a resolution for the formation of a new national nurses union was overwhelmingly adopted.

In the years following disaffiliation, the MNA has flourished. After courageously throwing off the shackles imposed by the management-dominated ANA, the membership of the MNA has built a union that is a strong and powerful advocate for direct care nurses and for our patients. That work has been recognized nationally and we remain committed to advancing the issues of direct care nurses, not only in



The proposed new dues structure: what to expect after a 'yes' vote in October

The goal of the proposed new dues structure that the MNA's Board of Directors will be putting forward is two-fold:

1. To fund the MNA's participation in the new national union should our affiliation be approved by the membership at this October's annual convention.
2. To maintain the MNA's current position as the strongest voice and union for RNs in the Commonwealth.

In proposing this dues change, the Board grappled with the dual reality that MNA members have been presented with an unprecedented moment in nursing history, while understanding that we are also faced with an unprecedented economic climate. The Board crafted and evaluated numerous possible dues structures before deciding on this proposal. The Board believes it strikes a balance between the economic climate we face and the desire to continue a strong local organization while seizing this unique moment in history for the benefit of MNA members.

The dues structure would be all-encompassing—meaning that both the local dues (the MNA dues which include the regional dues) and the national dues (inclusive of the AFL-CIO national dues) would exist as one rate. Members would not need to pay dues for separate union entities.

Proposed dues structure

Under the proposal, a member's monthly dues amount would be based on her/his base hourly rate of pay "times two hours" per month and would feature a minimum and maximum rate. The initial minimum rate effective July 1, 2010 would be the current dues of \$65 per month and the maximum rate of \$78 per month. The minimum and maximum would be adjusted annually based on the following method. As of January of each year:

- **Minimum dues rate would be based on the average hourly rate for step 1 in all MNA contracts**—but not less than the preceding yearly dues.

- **Maximum dues rate would be based on the average hourly rate for step 7 in all MNA contracts**—but not less than the preceding yearly rate.
- The dues would be set at two times the base rate of pay with a minimum cap and a maximum cap based on the formula above which would become effective July of that year. People making below the minimum would be charged the minimum. People making above the maximum would be capped at the maximum. People making some amount in between will be charged the calculated amount. For example:

- If an MNA member earns \$35 per hour, her dues would be \$70 per month—plain and simple.
- If an MNA member earns \$32 per hour—and the "times two" formula results in only a \$64 total—the nurse would still be required to pay \$65 per month. To be more specific, any MNA member earning less than \$32.50 per hour would be required to pay \$65 dollars in dues per month, which is no different than the current dues rate.
- Likewise, if an MNA member earns \$40 per hour—and the "times two" formula results in an \$80 total—the nurse would only be required to pay \$78 per month. To be more specific, any MNA nurse earning more than \$39 per hour would only be required to pay \$78 in dues per month.

Based on the multiple potential variations in dues amounts this model would be based on a payroll deduction system. This would require transitioning the MNA away from a Union Direct model—where the majority of members pay dues directly to the MNA—to a payroll deduction model where the dues are deducted directly from your paycheck and sent by the employer to the MNA. This will require some administrative changes at the MNA but the Board's assessment was that a payroll method would be more palatable to members in achieving these goals.

A Quick Guide for 2010*

What You Would Pay if the Membership Votes in Favor of the Dues Proposal

If you earn ...

Less than \$32.50 per hour



\$65 monthly[†]
(the minimum)

[†]current MNA dues

Between \$32.51 and \$38.99 per hour



Your hourly rate "times two"
equals your monthly rate

\$39 or more per hour



\$78 monthly
(the maximum)

**effective July 1, 2010*

our state, but in coordination with like-minded organizations.

More recently, at the MNA's 2008 convention, the membership, in recognition of the sea change taking place in the national political landscape, cast an overwhelming vote in favor of the following motion:

In these challenging times for patients and nurses, the voice of organized nurses cannot remain fractured. We, the MNA members, charge and authorize the MNA Board of Directors to participate as architects of an independent, national nurses union run by and for nurses; which would represent a majority of the nation's unionized nurses; and to bring back that opportunity for a vote by the MNA membership.

While the MNA left ANA in 2001, CNA (California Nurses Association) left ANA in 1995 for reasons much the same as ours. Over time, CNA created a national presence by forming NNOC (National Nurses Organizing Committee). In 2008, the UAN (United American Nurses), formerly the labor arm of the ANA, followed the path of the MNA and

CNA by disaffiliating from the ANA.

All three organizations left the ANA for the same reason—to rid themselves of a management-dominated organization that did not represent the interests of direct care nurses. In the wake of this series of events, these three organizations have reached out to one another to take the next logical step, and form a national union that will represent the interests of bedside nurses at the national level, and provide a strong and powerful voice to counter the ANA and its allies in the health care industry. Accordingly, the three organizations have completed the preliminary work to form a new national union run by and for direct care registered nurses.

In October, our members will have the opportunity to make this organizational dream a powerful reality. In the meantime, the three founding organizations have already drawn significant attention from the media and health care executives across the nation have already characterized the new national as the "Super Union."

Be there on Oct. 1 to cast your vote on the new national!

Please plan to attend the MNA Business meeting on Thursday, Oct. 1 where the vote on the affiliation of the new national, as well as the vote to approve the dues, will be conducted. The meeting begins at 2 p.m. You must be in attendance to vote to approve the MNA's participation in the new national. However, under a bylaw change adopted by the members last year, the vote for a change in dues policy will allow members to request a secret mail ballot prior to the meeting, provided they cannot make the business meeting because of either religious obligations or due to their work schedule. That request must be made no later than seven days preceding the MNA business meeting. A request for a secret mail ballot can be mailed or faxed to the MNA c/o Joe Ann Fergus, director of membership division.

business meeting and there is no cost to attend. To avoid long waiting lines to get into the meeting, and to assure we provide sufficient space, pre-registration for the business meeting is strongly encouraged. While on-site registration is allowed, those who pre-register will be assured seating in the main meeting hall. Please note that your convention registration does not register you for the business meeting.

To pre-register for the business meeting, contact Robin Gannon, 781-830-5724; by fax, 781-821-4445; or by e-mail at rgannon@mnarn.org.

This will be a historic event matching the great efforts of MNA members to remove themselves from the management domination of the American Nurses Association. We now take the next historic step of forming the long overdue "national voice" for direct care nurses.

For more information about the new national union, to view the draft constitution, or to learn about how to request a mail ballot, visit the Super Union Web page on the MNA Web site at www.massnurses.org. You can also expect additional mailings and e-mail blasts on this process in the upcoming weeks and months. You are also encouraged to attend one of the ten regional forums on the new national and the upcoming vote (see listing below).

All members in good standing are eligible to attend and vote at the



MNA hosts regional meetings for members

At these regional meetings, members can learn more about the new national union and the proposed dues structure. Any MNA member is welcome to attend any of these meetings. Light refreshments and beverages will be provided. All events are free, and you need not pre-register to attend. All meetings start at 6 p.m. and will end by 8 p.m. For directions to the meeting locations, visit the MNA "Super Union" page at www.massnurses.org.

Region 1 (413-584-4607)

Tuesday, August 18
Cranwell Resort, Spa and Golf Club,
55 Lee Road, Lenox

Tuesday, Sept. 22
Sheraton Springfield Monarch Place Hotel
1 Monarch Place, Springfield

Region 4 (978-977-9200)

Tuesday, Aug. 11
Vittori Rocci Italian American War Veterans Hall
143 Brimbal Avenue, Beverly

Wednesday, Sept. 16
North Andover Knights of Columbus
505 Sutton Street, North Andover

Region 5 (781-821-8255)

Monday, Aug. 10
MNA Headquarters
340 Turnpike Street, Canton

Tuesday, Sept. 1
Florian (Hall) Associates
55 Hallet Street, Dorchester

Region 2 (508-756-5800)

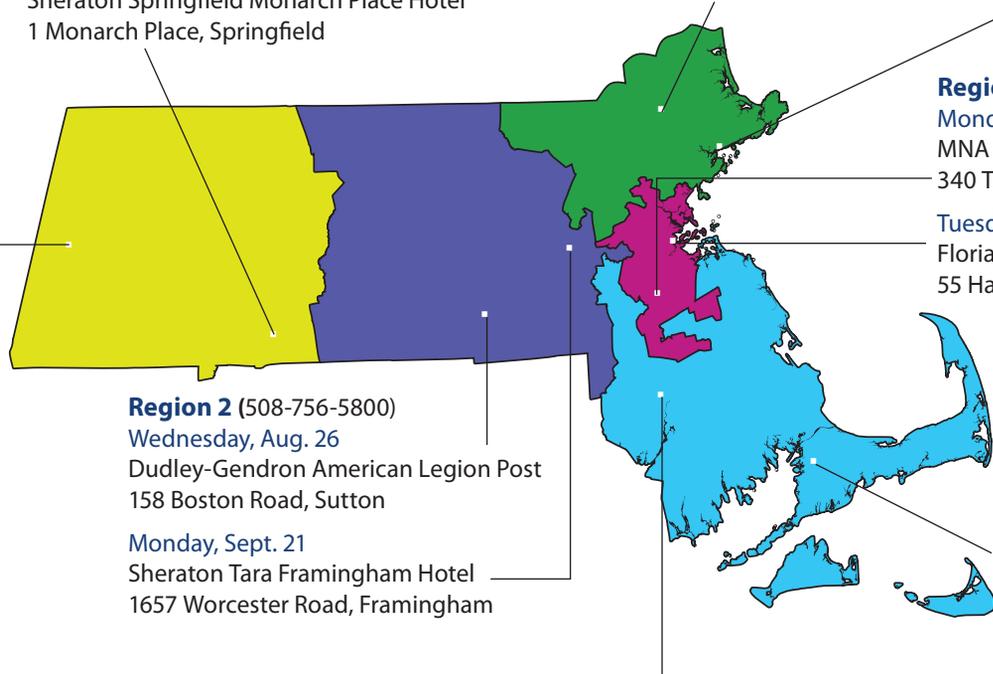
Wednesday, Aug. 26
Dudley-Gendron American Legion Post
158 Boston Road, Sutton

Monday, Sept. 21
Sheraton Tara Framingham Hotel
1657 Worcester Road, Framingham

Region 3 (508-888-5774)

Thursday, Aug. 6
Canal Club-Bridge Bourne Hotel
100 Trowbridge Road, Bourne

Thursday, Sept. 24, 2009
Holiday Inn-Taunton
700 Myles Standish Blvd., Taunton



Proposed Change In MNA Annual Dues

MNA Policy on Supplemental Secret Mail Ballot

- I. The MNA and regional annual dues shall be determined by a majority of those members voting in a secret ballot at the annual business meeting and of those eligible and voting by supplemental secret mail ballot. (MNA Bylaws: Article II, Section 7:a.)
- II. The membership must be notified in writing of any proposed change in dues at least 30 days prior to the meeting. (MNA Bylaws: Article II, Section 7:a.)
- III. MNA will hold at least one hearing in each MNA region to present the rationale for a change in dues and answer questions from members before voting at the annual business meeting on the proposed dues change. (MNA Bylaws: Article II, Section 7:b.)
- IV. An MNA member in good standing, who is disabled from attending the annual business meeting to vote by secret ballot on a proposed dues change due to work schedules or religious observance, may obtain a supplemental mail ballot in accordance with MNA bylaws. (MNA Bylaws: Article II, Section 5:e.)
 - A. Supplemental secret mail ballots must be requested in writing to the MNA not later than seven (7) days prior to the annual business meeting. (MNA Bylaws: Article II, Section 7:c.)
 - B. Ballots will be mailed to the residential address of any MNA member in good standing and eligible for such ballot at least 30 days in advance of the date on which completed ballots must be postmarked for return to MNA. (MNA Bylaws: Article II, Section 7:c.)

Developed by Board Policy Committee: 2/19/09

A member in good standing meets the criteria of MNA Bylaws Article II, Section I: "Are current in the payment of MNA dues specific to the category of membership."

Request for Supplemental Secret Mail Ballot

Only those who are disabled from attending the annual business meeting due to work schedule or religious observance and are members in good standing are eligible to vote on dues by supplemental secret mail ballot.*

*work schedule shall mean: worked a shift which ended after 12:00 a.m. 10/1/09 or began prior to 12:00 a.m. 10/2/09

If you wish to request a mail ballot fill out and return this form to the MNA. Address your letter to:

Massachusetts Nurses Association
Attention: Division of Membership
Dues Vote Supplemental Secret Mail Ballot Request
340 Turnpike Street
Canton, MA 02021

All supplemental secret mail ballots must be requested in writing, using this form, to the MNA (at 340 Turnpike St.) no later than September 24, 2009.

PLEASE PRINT

I am requesting a supplemental secret mail ballot be mailed to me.

Name: _____ Hospital: _____ Unit: _____

Residential Address: _____

You will be notified in writing that we have received your request for a ballot. The mail ballots will be mailed to your residential address.

Massachusetts Nurses Association Election 2009: candidate bios

President

Donna Kelly-Williams, RN

Arlington

Employment: Cambridge Hospital

Education: AD/RN, Lasell College, 1978, BA, Labor Studies, UMass Boston, 2007; MA, Healthcare Management, 2009

Present/Past Offices: MNA Vice President; Region 5, Vice Chair; Cambridge Hospital MNA Chair

Candidate's statement: As a registered nurse I continue to be humbled by the trust and confidence patients have in our profession. We have a tremendous obligation to protect ourselves, our fellow nurses and health care professionals and the patients entrusted to our care every day. Over the past decade MNA's commitment to have a limit to the number of patients a nurse would care for has brought unprecedented recognition for the MNA's devotion to the care of all patients of the commonwealth. As the MNA vice president for the past three years, I have worked closely with the MNA President and the MNA Board of Directors to reach out to all nurses across the state and hear from MNA members who direct the mission of the MNA. I am a practicing nurse and a bargaining unit chair. Over the past year, along with a strong committee, have negotiated a contract, struggle with increased health insurance costs, and are facing a facility restructuring that has already impacted 74 nurses within our bargaining unit. I am also an impacted nurse as my position as a Pediatric Nurse for the past 23 years was eliminated, and I am now retraining to another nursing specialty. I truly know what MNA members are experiencing across the state, and am a fully committed MNA member who will continue to serve and support the MNA.

Secretary

Rosemary O'Brien, RN

South Harwich

Employment: Retired

Education: RN, Catherine Laboure School of Nursing, 1960; Professional Development Courses, Boston College School of Nursing, 1960; Prof. Development Courses, UMB & MCC, 1980

Present: BOD Secretary, Chair of Workplace Violence and Abuse Prevention Task Force, Convention Committee, Political Action Committee, Safe Patient Handling Task Force

Past Offices: Congress on Health & Safety, Unit 7 Representative, BOD at-large member

Candidate's statement: After over 46 years as a staff nurse I retired from my position in the Department of Mental Retardation.

The time has passed quickly as I have spent much of my time lobbying nurses' issues at the State House such as Unit 7 nursing concerns, safe patient Legislation, workplace violence legislation, and safe patient handling legislation. As member of the Board of Directors I am able to work closely with MNA leadership in our effort to attain what we all strive for—a safe workplace environment not only for ourselves but also for our patients. My involvement in both the Work Place Violence and Safe Patient Handling Task Forces indicate my commitment to continue to seek an effective resolution to both of these critical issues. I humbly ask for your vote so that I can continue to do the work that is needed to make things better for ourselves and profession.

Director At Large, Labor

Karen Coughlin, RN, BC

Mansfield

Region: 3

Employment: Taunton State Hospital

Education: Associates, Massasoit Community College, 1984

Present/Past Offices: MNA BOD, Unit 7 Executive board, Vice President, MNA TSH Unit 7 Vice Chair, MNA STAT team, MNA PAC

Candidate's statement: Over the last few years, as a proud member of Unit 7 (the state chapter for healthcare professionals), I have come to learn that in order to improve the quality of care for my patients and the working conditions for those who provide their care, I must be an advocate. This means that I will continue to meet and speak with whomever it is necessary to address the concerns of my co-workers. We, as healthcare providers, face many issues. Chronic understaffing, along with hospitals relying on the utilization of overtime to meet their basic scheduling needs, workplace violence, and a general lack of respect and professionalism from administrators for the work that we do are just a few of the issues before us. As a nurse in Unit 7, I can share with the MNA BOD health care issues in the public sector settings, and work on issues important to all of us. I promise to continue to advocate for the patients of DMH, DMR, DPH and our Soldier's Homes. I would appreciate your vote.

Kathlyn Logan, RN

Spencer

Region: 2

Employment: UMass/Memorial University

Education: Associates, Quinsigamond Community College, 1978

Present/Past Offices: Unit Chair, Unit Vice-Chair, Director Labor, Director at Large-Labor, Regional Office Director

Colette C. Kopke, RN-BC

Plymouth

REGION: 3

Employment: Jordan Hospital

Education: Post Grad-BU; Curry College; ASN, Northeastern University, 1968

Present/Past Offices: Present member MNA PAC Board, Member MNA STAT Team, Jordan MNA unit

Kathy Metzger, RN, BA

Taunton

Region: 3

Employment: Signature Healthcare Brockton Hospital

Education: Diploma, Children's Hospital School of Nursing, 1978; BA, Legal Ed, UMass Boston, 2003

Present/past Offices: Congress on Health & Safety, Task Force Workplace Violence; Region 3 Board Member; Chairperson, Brockton Hospital

Colleen Wolfe, RN, AND, CNII

Charlton

Region: 2

Employment: UMass Memorial/Memorial Campus

Education: ADN, Quinsigamond Community College, 1995; MNA Labor School, 2007

Present/Past Offices: UMMHHH PNN-Board Member at Large

Candidate's statement: Nine years ago my passion for nursing, coupled with an intolerable frustration with workplace injustice, led me to join my colleagues in the successful organizing of the Memorial, Hahnemann, Home Health and Hospice bargaining unit. As a member of the MNA, I see firsthand how empowered my bargaining unit is. We have made strides in achieving goals such as pay parity, limits on mandatory overtime and pension issues. There are universal and critical practice issues however in which relief demands legislative remedy—namely safe staffing legislation. This prompted me to join an MNA Steering Committee in 2007. I attended strategy meetings, participated in phone banks and with other advocates from across the state, I testified at the Statehouse. In May 2008 we celebrated as the House overwhelmingly passed the Bill. There is still much work to do but I look forward to the day when we join and declare victory! I am confident that our harnessed energy has the capacity to achieve our common goals. With your vote, I will work as a member of the Board of Directors on complex issues relevant to nurses. I will fight for safe staffing, will not accept a policy of admitting patients to hallways and will fight for your healthcare and retirement security. Thank you for the opportunity to represent your interests.

Director At-Large, General

Mary Bellistri, RN

Norwell

Employment: Boston Medical Center

Education: Diploma, Boston City Hospital School of Nursing; BS, Suffolk University

Present/Past Offices: Negotiating Committee, Congress on Health & Safety

Candidate's statement: It has been my great pleasure and honor to be a member of the MNA over the past 21 years. In that time I have seen our strength and influence grow. Given these uncertain times, where our strength will surely be tested, I believe that we as an organization and as nurses have an obligation to remember and act on our duty to be a strong voice for our patients and our fellow nurses. In my involvement in my bargaining unit, as a member of the negotiation committee, I have seen firsthand how these economic times are affecting our ability to work safely and hold the line on the gains we have made in the past. Through my work on various congresses and committees at the MNA, I know just how important it is to stay engaged and involved. I also know that we have made and will continue to make a difference.

Jim Moura, RN, BSN

Dorchester

Employment: West Roxbury VA Medical Center

Education: BSN, University of Rhode Island, 1974

Present/Past Offices: Region 5 (Labor) Director BOD, Secretary of MNA, Region 5 Director at Large, President Region 5, Treasurer Region 5

Candidate's statement: Since 1998, I have supported and promoted legislated mandatory staffing ratios modeled on California's legislation in Massachusetts. MNA membership has spent several million dollars over the past eleven years to achieve this goal. Herculean efforts by the MNA membership and coalition partners haven't persuaded the legislature to pass our legislation as proposed. I believe it is time for the MNA Board of Directors to promote an incremental approach to achieving our goals. This may require a radical revision of our legislation to achieve the goal of safer patient care and nursing practice. Breaking off a ban on mandatory overtime and safer on call provisions in separate legislation may enable us to achieve success in moderating these onerous practices by the Hospital Industry. I believe our current legislative approach is not serving our member's well. It has been an important effort, but it is not achieving our stated goal. It is time to consider other approaches to achieve our goals that will pass the legislature as it stands now. I sup-

port building a national voice for registered nurses. But I have concerns on its financing, governance and the ability of MNA's membership to control and approve costs that members might have imposed upon them without their approval in the future. These concerns make me feel skeptical of the proposed affiliation but not opposed to the proposition at this time. The devil is in the detail. I hope that I will receive your vote.

Debra Vescera, RN

Holden

Employment: Department of Health/City of Worcester

Education: ASN, Quinsigamond Community College, 1993; BSN, Anna Maria College, 2010

Present/Past Offices: Newer member-was attending MNA training class. Actively involved in political campaign to keep the "public" in public health.

Candidate's statement: I believe that our profession needs to be more unified across the nation and I am really excited about the recent actions towards this endeavor. Nursing is the only healthcare profession that provides 24 hour care 7 days a week and although we have come a long way, there is still much work that needs to be done and I would love to participate in that work. Although I am a newer member of the MNA, I have been very active this past year in a campaign to save the public health nursing profession in Worcester. There has been a move toward privatization of public health services across the state. The importance of preserving this little known specialty area of nursing is paramount to ensuring the health and safety of the communities we serve. If elected, it is my hope to continue to educate the general public and elected officials about the scope and practice of this specialty area of nursing. Public health nurses need representation by the MNA not just in Massachusetts but across the nation. When the Andover Public Health Department closed recently their RN did not have the benefits of the MNA. As MNA bargaining unit members, the Worcester nurses had the strength of our union behind us. It is my hope to educate other public health nurses to join the MNA.

Nora A Watts, RN, BSN

Westborough

Employment: Newton Wellesley Hospital

Education: BSN, Northeastern University, 1975

Present/Past Offices: MNA treasurer-past, MNA BOD; MNA Cabinet of Labor Relations; Past Local Unit Chairperson; Past Local Unit Vice Chair

Director, Labor

Karen Gavigan, RN, BSN

Berkley

Region: 3

Employment: Good Samaritan

Education: Diploma, MGH School of Nursing, 1975; BSN, Curry College, 2000

Candidate's statement: I have been in nursing for 34 years, working in all aspects of nursing from the ICU at Mass General to the MICU, PACU and ER at University Hospital. I then moved to a community setting where I worked at the Cardinal Cushing Hospital in Brockton. I love nursing and feel that nurses are wonderful teachers of health care and advocates for their patients. I always promote nursing with great enthusiasm. There are many changes occurring with health care today especially with the new administration in Washington. I feel this is a good time for nurses to unite. I feel that this is an exciting time for nursing, with MNA expanding. Nursing will have a greater voice (with increased numbers) to initiate positives such as safe staffing and safe work environments. I have been in management and know that they have many challenges. But as a member of the MNA for 10 years, and co-chair of the Good Samaritan Medical Center in Brockton for the last four years, I am proud of what we have accomplished. Our bargaining unit includes nurses and health care professionals working together to improve our work lives. We have seen major increases in our wages, the initiation of a Clinical Advancement Program and improvement in our contract language all with the assistance of the MNA. I am a committed person and I feel that I will bring my positive attitude, a teamwork approach and an enthusiasm for nursing to the MNA Board of Directors. I know that we can accomplish great things as a group!

Patricia Mayo, RN

Fiskdale

Region: 2

Employment: St. Vincent's Hospital

Education: Diploma, Worcester City Hospital School of Nursing, 1965

Present/Past Offices: BOD Executive Committee, Finance Committee, Region 2 Director, Labor, Region 2 Treasurer

Dan Rec, RN, BSN

Bridgewater

Region: 5

Employment: Faulkner hospital

Education: BSN, Northeastern University, 1985

Present/Past Offices: Convention Committee, Board of Directors- Region 5, Region Realign committee

Paula Ryan, RNC

Norwell

Region: 5

Employment: Quincy Medical Center

Education: Diploma, Quincy City Hospital

Present/Past Offices: Quincy-MNA Committee, 1979-present, Quincy-Chair, 1996-present, Region 5-Board of Directors

Patricia (Patty) Rogers Sullivan, RN, MM

North Andover

Region: 4

Employment: Lawrence General Hospital

Education: Diploma, Middlesex Community College at Lowell General Hospital School of Nursing/AD, 1983; Cambridge College, Masters, Management, 2008

Present/Past Offices: Local Unit Chair-Lawrence General 1998-2004

Candidate's statement: I wish to become a visibly active member of the MNA because I feel nurses need to speak out now more than ever. The general public needs to be educated, but even more, we need to educate our colleagues. I have had many conversations with nurses who think the safe staffing bill is bad. One emergency nurse in particular could not see the big picture. She felt that the bill will aid staff nurses, but only expand her personal patient load. Even after lengthy explanation she could not see it as a win for her. Education, unification, and when it counts a little well-organized confrontation is needed throughout the nursing profession so that we can become a strong political power and as such better provide and advocate for all our patients and our families. Many people cannot see the big picture, or look ahead. That is a disservice to us all, after all we are caregivers but also consumers. Who will be there to care for our families, ourselves in the years to come? Our alliance with the California Nurses Union is powerful step in the right direction for nursing and nurse's. A national union run by **staff nurses**, who know what the real issues are, is long overdue. Anything that I can do to support and advance that is one of my goals. In conclusion I want to serve, and advance my profession.

Nominations Committee

Linda Condon, RN, BSN

Brockton

Employment: Morton Hospital

Education: BSN, UMass Dartmouth, 1982

Sandy Eaton, RN

Quincy

Employment: Quincy Medical Center

Education: AD, nursing, Massasoit Community College, 1981; AB, philosophy/theology, Boston College, 1992

Present/Past Offices: MNA Board of Directors (present), MNA Diversity Committee (present) MNA Task Force on Emergency Preparedness, Chair Regional Council 5 (2007-2009) RCS at Large member (2007), Treasurer of District 5 (11/01)

Congress on Nursing Practice

Linda C. Barton, BS, RN, CCRN

Stoughton

Employment: Norwood Hospital

Education: Associates, Mass Bay Community College, 2001; BS, Curry College, 2007

Candidate's statement: In April of this year I obtained my certification in critical care. I have served on the negotiating committee at Caritas Norwood Hospital for two contracts, and hope to continue in that capacity this year. I have always been very interested in the labor movement and union activities which support the profession of nursing. I am a passionate advocate for nurses and nursing and think we need to maintain a strong voice against system changes that threaten to take away our autonomy through regulation, financial constraints, changes in administration. I am a member of the practice council at Norwood Hospital. I am always trying to improve the process by which nursing delivers excellent care to the patient. I am also strongly involved in ethics committee and am committed to improving education in advanced care/end-of-life planning to both healthcare providers and in the community, in the effort to improve the healthcare delivery system overall. I teach ACLS and BLS at the hospital and am proud to make the educational experience one of quality infused with some humor.

Peg Tayler Careau, M. Ed, MS, RN

Auburn

Employment: N/A

Education: BS, nursing, Medical College of Virginia, 1980; MEd, health education, Worcester State College, 1999; MS, public health nursing, Worcester State College, 2009

Mary Doyle Keohane, RN

Abington

Employment: Mass Eye and Ear Infirmery

Education: Diploma, St Elizabeth's Hospital School of Nursing, 1977

Boston College, 1972-74

Present/Past Offices: Congress on Nursing Practice

Beth Piknick, RN

Centerville

Employment: Cape Cod Hospital

Education: Diploma, Faulkner Hospital School of Nursing, 1971; BS, Lesley College, 1999

Present/Past Offices: MNA President; MNA Task Force for Safe Patient Handling; MNA Board of Directors

Leann Tibets, RN, BSN, CMSRN

Dedham

Employment: St. Elizabeth's Medical Center

Education: ASN, Laboure Junior College, 1980; BSN, Curry College, 2004

Congress on Health and Safety

Patti Duggan, RN, MS

Cambridge

Employment: Retired

Education: BSN, Fitchburg State, 1985; MSN, Fitchburg State, 1998

Present/Past Offices: Congress on Health & Safety, Workplace violence & Abuse Preventative Task Force

Sandy LeBlanc, RN, CNOR

Waban

Employment: Newton-Wellesley Hospital

Education: Diploma, Newton Wellesley Hospital School of Nursing, 1969

Present/Past Offices: Congress on Health & Safety, By-Laws Committee

Kate Opanasets, RN

Millis

Employment: Faulkner Hospital

Education: RN, Malden Hospital School of Nursing

Present/Past Offices: Congress on Health & Safety, Workplace Violence & Abuse Preventative Task Force

Congress on Health Policy

Sandy Eaton, RN

Quincy

Employment: Quincy Medical Center

Education: AD, nursing, Massasoit Community College, 1981; AB, philosophy/theology, Boston College, 1992

Present/Past Offices: MNA Board of Directors (present), MNA Diversity Committee (present) MNA Task Force on Emergency Preparedness, Chair Regional Council 5 (2007-2009) RCS at Large member (2007), Treasurer of District 5 (11/01)

Candidate's statement: I've been slugging it out in the health policy arena since I first ran for public office in 1990. As chair of the old Cabinet for Labor Relations, as co-chair of the first incarnation of the Steering Committee of the Statewide Campaign for Safe Care, as MNA board member and as past chair of Mass-Care, the Massachusetts Campaign for Single Payer Health Care, I bring a wealth of experience to this Congress. Currently, as a vice-chair of Mass-Care and an MNA representative to the national Labor Campaign for Single Payer, I work to build alliances in our historic effort to reshape the industry in which we toil into something humane and just. As we strive to unite nurses nationally and beyond to establish safe, comprehensive, affordable and quality care, you can count on me to support our efforts.

Pamela Vaughn Mason, DNP (pending)

Salem

Employment: Lemuel Shattuck Hospital

Education: BS, State University of NY ESC, 1999; MEd, Cambridge College, 2009; DNP (pending), Miami University, 2010

Tina Russell, RN*East Bridgewater***Employment:** Retired**Education:** Diploma, Brockton Hospital School of Nursing, 1962**Present/Past Offices:** MNA Board of Directors; Finance Committee; Convention Planning Committee**Regional Council****Region 1****Christine Martin, RN, MSN***Pittsfield***Employment:** Berkshire Community College, Berkshire Medical Center**Education:** MSN, University of Mass, 1997; BSN, University of Mass, 1988; Diploma, Henry Heywood Memorial Hospital, 1969**Present/Past Offices:** Chair, Scholarship Committee; Education Committee Member**Region 3****Trudy Bull, RN***East Falmouth***Employment:** Falmouth Hospital**Education:** Diploma, Faulkner Hospital School of Nursing, 1971**Present/Past Offices:** Board Member, Region 3**Lauren Johnson-Lavender, MSN***Mashpee***Employment:** Falmouth Hospital**Education:** MSN/ACNP, USI, 2009; BSN, USI, 2007; ADN, CCCC, 1985**Present/Past Offices:** Secretary, Region 3, 2001-present**Region 4****Patricia (Patty) Rogers Sullivan, RN, MM***North Andover***Employment:** Lawrence General Hospital**Present/Past Offices:** Local Unit Chair, Lawrence General, 1998-2004**Candidate's statement:** *See statement under "Director, Labor."***Donations Needed for MNF Annual Auction!**

Help support nursing scholarships and research by donating an item, product or service to the annual Massachusetts Nurses Foundation auction — to be held at the MNA 2009 Convention in October on Cape Cod.

Some ideas for auction donations:

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

For auction donor form, contact the MNF at 781-830-5745. Or ... simply mail or deliver your donation to the MNF, 340 Turnpike St., Canton, MA 02021.

**MNA 2009 final ballot****President, General*****1 for 2 years**

Donna Kelly-Williams, RN

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

Rosemary O'Brien, RN

Director, Labor***5 for 2 years (1 per Region)***Region 1**Region 2*

Patricia Mayo, RN

Region 3

Karen Gavigan, RN, BSN

Region 4

Patricia (Patty) Rogers Sullivan, RN, MM

Region 5

Dan Rec, RN, BSN

Paula Ryan, RNC

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

Colette C. Kopke, RN, BC

Kathy Metzger, RN, BA

Kathlyn Logan, RN

Karen Coughlin, RN, BC

Colleen Wolfe, RN, ADN

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

Debra Vescera, RN

Jim Moura, RN, BSN

Nora Watts, RN, BSN

Mary Bellistri, RN

Labor Program Member who is a non-RN Health Care Professional, 1 for 2 years**Nominations Committee,****5 for 2 years (1 per Region)***Region 1**Region 2**Region 3*

Linda Condon, RN, BSN

*Region 4**Region 5*

Sandy Eaton, RN

Bylaws Committee**5 for 2 years (1 per Region)***Region 1**Region 2**Region 3**Region 4**Region 5***Congress on Nursing Practice****5 for 2 years**

Linda C. Barton, BS, RN, CCRN

LeAnn Tibets, RN, BSN, CMSRN

Mary Doyle Keohane, RN

Peg Tayler Careau, M.Ed, MS, RN

Beth Pkinnick, RN

Congress on Health Policy**5 for 2 years**

Tina Russell, RN

Nancy Pitrowiski, RN, MPA

Pamela Vaughn Mason, DNP (pending)

Sandy Eaton, RN

Congress on Health & Safety**6 for 2 years**

Patti Duggan, RN, MS

Kate Opanasets, RN

Sandy LeBlanc, RN, CNOR

Center for Nursing Ethics & Human Rights**2 for 2 years****At-Large Position in Regional Council****2 for 2 years (2 per Region)***Region 1*

Christine Martin, RN, MSN

May Kay Kasaba, RN, MSN

Region 2

Susan Mulcahy, RN

Region 3

Trudy Bull, RN

Lauren Johnson-Lavender, MSN

Region 4

Sandra Murray, RN

Patricia Rogers Sullivan, RN, MM

Kimberly A. Nizza, RN

Karen Arnone, RN, BSN

Region 5

*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.

Proposed MNA Bylaw Amendments 2009

The MNA Bylaws Committee proposes the following Bylaw amendments for discussion at MNA's Convention in October 2009. Members should review these prior to the discussion and vote scheduled to take place during the Annual Business Meeting at Convention on Oct. 1, 2009 at the Ocean Edge Resort in Brewster, Mass.

Please note: Language in **bold red type** is language proposed to be stricken from the MNA Bylaws; language in **green bold type** is proposed to be added to the MNA Bylaws.

I. Proposed Amendment Relating to Standing Committees

Article VI – Standing Committees		
Current	Proposed	Impact Statement
<p>Section 5: Responsibilities g. The Education Committee shall:</p> <p>(1) Interpret, implement, and monitor a program of continuing education for nurses in the Commonwealth.</p> <p>(2) Serve as a permanent resource to MNA by providing a statewide forum to monitor trends and issues in nursing and health care as they relate to education.</p> <p>(3) Develop strategies to support competence and professional growth of nurses.</p>	<p>Section 5: Responsibilities g. The Education Committee shall:</p> <p>(1) Strike “interpret, implement, and monitor” and begin sentence with Monitor.</p> <p>Reorder subsections (1) – (3) as follows: subsection (1) becomes subsection (3); subsection (2) becomes subsection (1); subsection (3) becomes subsection (2).</p> <p>If adopted, will read: g. (1) Serve as a permanent resource to MNA by providing a statewide forum to monitor trends and issues in nursing and health care as they relate to education. (2) Develop strategies to support competence and professional growth of nurses. (3) Monitor a program of continuing education for nurses in the Commonwealth.</p>	<p>Neutral.</p> <p>Amendment clarifies Education Committee’s oversight responsibility.</p> <p>Proposed by: MNA Education Committee</p>

II. Proposed Amendment Relating to Congresses

Article VIII - Congresses		
Current	Proposed	Impact Statement
<p>Section 6: Responsibilities The individual Congresses shall have the following responsibilities:</p> <p>a. The Congress on Nursing Practice: Identify practice and issues impacting the nursing community which need to be addressed through education, policy, legislation or position statements.</p>	<p>Section 6: Responsibilities</p> <p>a. Insert research after “education”. Substitute and/or for “or” before “position statements.”</p> <p>If adopted, will read: a. The Congress on Nursing Practice: Identify practice and issues impacting the nursing community which need to be addressed through education, research, policy, legislation and/or position statements.</p>	<p>Neutral.</p> <p>Amendment reflects a dimension that is consistent with MNA’s purpose as stated in Article I — Title, Mission, Purpose, and Functions, Section 3:b. and MNA’s utilization of research in its professional endeavors on behalf of nurses, patients and the healthcare community. Additional funding is not required.</p> <p>Proposed by: MNA Congress on Nursing Practice</p>

Workplace hazards conference looks at safety beyond the salary

Nearly 150 MNA members and others attended the “2009 Workplace Hazards to Nurses and Other Health Care Workers: Beyond the Salary, Safety at Work” conference held June 4 and 5 in Shrewsbury. The conference helped participants identify the latest research findings related to cause and prevention of work-related injuries in health care settings. Breakout sessions on eight hazardous conditions in the nurses’ work environment were held to help participants initiate prevention strategies to improve the safety of their work environment, helping to

provide a positive impact on worker and patient and safety. Conference materials are available on the MNA Web site and a booklet on conference findings is being prepared.

Kathy Sperrazza, MNA Congress on Health and Safety member, discusses protection for nurses and others exposed to hazardous drugs with Mary Anne Dillon, also a Congress on Health and Safety member and staff nurse at Brigham and Women’s Hospital. (Photo: Terri Arthur)



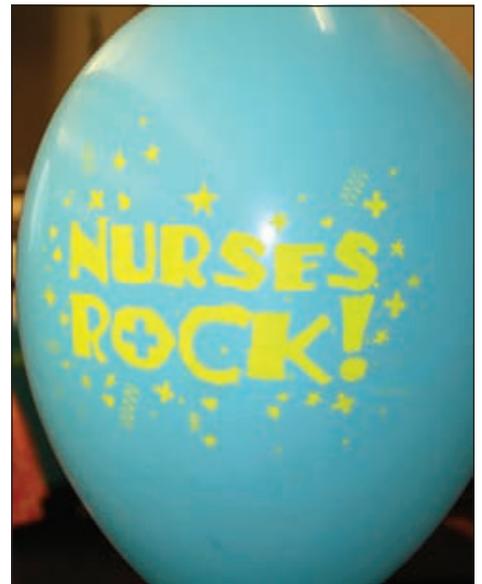
Keynote speaker Susan Wilburn, RN,MPH, the World Health Org.



MNA committee at Faulkner holds Nurse Appreciation Day



The Faulkner Hospital MNA Committee held a Nurse Appreciation Day on May 21 at the hospital. The committee provided music, dinner and camaraderie. “We felt that it was time for us to all get together and celebrate our profession and our friendships,” said co-chair Ginny Ryan, RN. Having the event from 3 – 7 p.m. allowed nurses to attend and have a bite during their dinner break. An important part of the festivities was a drawing for prizes. As the nurses arrived they were given 10 tickets and could drop a ticket at different prizes. At the end of the event a winner was drawn for each prize. While we appreciate the many local merchants who donated prizes it was great that so many of the nursing units in the hospital put together gift baskets. “The baskets were very popular,” said co-chair Dan Rec, RN.



The great tax debate of 2009: facts and figures that help

The deepening economic recession has contributed to a record shortfall in Massachusetts' state revenues. Every month brings additional bad news on the revenue front. Data for the first 11 months of the fiscal year that just ended on June 30 show an 11.5 percent decline in state revenues from a year ago. Even with a recently approved increase in the state sales tax, drawing down the state's rainy day fund, and the much-needed infusion of federal stimulus funds, Governor Patrick and the Massachusetts Legislature have had to slash funding for many of the public goods and services that we value and depend on to maintain our quality of life.

For these reasons, a much-needed public debate about specific tax proposals and the overall mix of local and state taxes in Massachusetts has begun. The Massachusetts tax system depends on several taxes for the generation of revenue. Let's consider each of the major taxes:

Property Tax. The property tax accounts for 35 percent of total state and local taxes. It is a very stable tax, but is also considered very regressive. "Regressive" means that lower income people pay a larger percentage of their income for this tax, while higher income people pay a smaller percentage.

people much harder than wealthy people. The sales tax has declined in adequacy over the long term as the untaxed service portion of the economy has grown and as Internet sales—also untaxed—have increased. The Legislature voted in June to increase the sales tax rate from 5 percent to 6.25 percent, starting Aug. 1. This will bring in between \$600 and \$900 million of new revenue each year.

Personal Income Tax. The income tax makes up 34 percent of total state and local taxes and has the capacity to raise significant money for public services, but is not the most stable of taxes. It grows rapidly in good economic times and declines in recessions. The personal income tax in Massachusetts has a flat 5.3 percent rate, but is still progressive in its application due to provisions that reduce income taxes on lower income people. Indeed, the income tax is considered to be very progressive, meaning that it is one of the most fair forms of taxation. The income tax rate has been cut significantly over the last decade.

Gas Tax. Gasoline is taxed at a flat rate of 23.5 cents per gallon in Massachusetts. This rate has not been increased in almost 20 years, and it is below the national average and considerably lower than the average



gas tax (the tax reduces gas consumption and associated environmental damage) make this tax fairer than it seems.

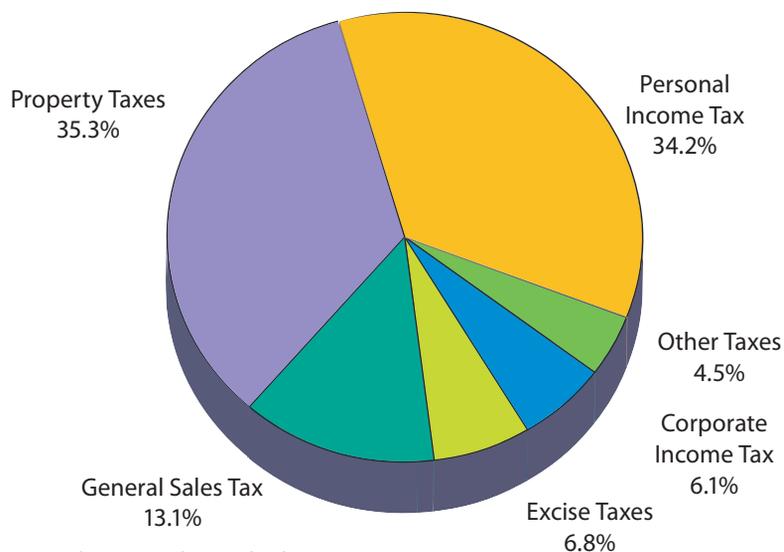
Corporate Income Tax. This tax is usually considered to be a very progressive tax (i.e., puts the greatest burden on the wealthy), but it has very significant stability problems, as corporate profits can fluctuate widely during an economic cycle. The corporate income tax makes up 6 percent of total state and local tax revenue, considerably lower than the percentage it made up 20 years ago.

Overall, the Massachusetts tax system is regressive. Lower and middle income people pay a larger share of their income in taxes than do higher income people. This is primarily due to the state's reliance on the property tax and the sales tax. Furthermore—and as this recession has clearly demonstrated—the state's overall tax system is inadequate to fund the public goods and services on which we depend.

There is nothing more regressive or harmful than budget cuts, so it is important to tell our state legislators that we support them when they take a politically difficult vote to raise taxes in order to avoid cuts in funding for services. However, it is also important for us to discuss which taxes we would prefer to raise (and, perhaps, which taxes we might even prefer to lower) and what mix of taxes should make up our overall state and local tax system.

Note: This article draws heavily from "Understanding Our Tax System: A Primer for Active Citizens," which is available at the Web site of the Massachusetts Budget and Policy Center (www.massbudget.org). We encourage readers to visit its Web site and sign up to receive the center's occasional budget and tax policy updates by e-mail. ■

Massachusetts State and Local Taxes, FY 2006
(Percent of Total Taxes)



Source: Massachusetts Budget and Policy Center

Sales Tax. The general sales tax, which applies to most items purchased in Massachusetts—exceptions include food, drugs, clothing, and most services—generates 13 percent of state and local tax revenue. The sale tax is also considered regressive, because it hits lower and moderate income

in New England. If one takes inflation into account, the value of state gas tax revenue has fallen by one third, contributing to a serious underfunding of transportation infrastructure improvements. The gas tax is considered regressive, although many argue that the environmental benefits of the

MNA members, supporters personally lobby governor over decision to close Glavin Center

On July 8, MNA members from the Glavin Regional Developmental Center and “Friends of Glavin,” family members and advocates supporting Glavin, attended a Governor’s Town Meeting with Gov. Deval Patrick and Lt. Gov. Tim Murray. Sporting stickers reading “Save Glavin”, the group vigorously challenged Patrick’s decision to close the Glavin Center. By the end of the meeting, Patrick had agreed to go on a tour of the center with family members. Our members look forward to continuing to advocate against closing Glavin and the other DMR facilities.



Gov. Deval Patrick and MNA member Gloria Bardsley at the Governor’s Town Meeting in Shrewsbury.



MNA staff and family and advocates from “Friends of Glavin” are joined by Lt. Gov. Tim Murray at the Governor’s Town Meeting in Shrewsbury.



Workplace violence: On July 2 MNA members and constituents of Rep. Lewis Evangelidis (R-Holden) met with him to discuss the dangers of workplace assault and the need to pass S.1753/H.1696, An Act Relative to Assault and Battery on Health Care Providers. Evangelidis is a member of the Judiciary Committee that held a hearing on the bill in July. From left: Bill Lahey of Holden, MNA member and St. Vincent nurse; his wife, Heidi; Maria Cormier of Westminister, MNA member and ER nurse at Leominster Hospital; Evangelidis; Ellen Doherty of Holden, MNA member and nurse at the UMass Adolescent Psychiatric Unit.



Building broad support for safe staffing: MNA had a big presence at the state Democratic Party Convention on June 6. In addition to staffing the MNA table in the exhibitors section, MNA members fanned out to get delegates to sign postcards supporting the MNA’s safe RN staffing bill. Here, a delegate eagerly signs a postcard.



Safe staffing: MNA member Linda Condon talks to Al DiGorellimo, legislative aide to Rep. Michael Brady (D-Brockton), about the hospital industry’s refusal to insure safe nurse staffing.

REGION 1

**Lateral Violence and Its Impact on Nursing**

Description: This program will educate and impart the necessary tools for nurses and other health care workers to recognize and respond appropriately to horizontal workplace violence and bullying.

Presenters: Christine Pontus, RN, MS • Susan Farist Butler, RN, MSN, CS, PhD

Date: Oct. 7, 2009

Time: Registration/Dinner: 5:30 – 6:30 p.m.

Program: 6:30 – 8:30 p.m.

Location: Log Cabin • 500 Easthampton Road, Holyoke • 413-535-5077 • www.logcabin-delaney.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Morning Session**Post Traumatic Stress Disorder: Nursing Implications**

Description: This program will provide nurses with an in-depth understanding of Post Traumatic Stress Disorder and nursing implications for patient care.

Presenter: Ronald Nardi, MSN, APRN

Date: Oct. 27, 2009

Time: Registration: 8:30 – 9 a.m.

Program: 9 a.m. – noon

Lunch Provided: Noon – 1 p.m.

Afternoon Session**Role of the Nurse Caring for the Suicidal Patient**

Description: This program will discuss the nurse's role in the recognition and prevention of, as well as intervention with, individuals contemplating suicide.

Presenter: Lee Murray, RN, MS, CS, CADAC

Time: Program: 1 – 4 p.m.

Location: Log Cabin • 500 Easthampton Road, Holyoke • 413-535-5077 • www.logcabin-delaney.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$195. *Requires \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Accepting, Rejecting and Delegating a Work Assignment

Description: This program provides a framework for decision-making based on the Nurse Practice Act and other regulatory agencies, to safeguard nursing practice and patient care.

Presenter: Dorothy Upson McCabe, RN, MS, M.Ed.

Date: Nov. 10, 2009

Time: Registration/Dinner: 5:30 – 6:30 p.m.

Program: 6:30 – 8:30 p.m.

Location: Hotel Northampton • 36 King Street, Northampton • 413-584-3100 • www.hotelnorthampton.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Registration Contact: MNA Region 1 Office at 413-584-4607 or e-mail region1@mnarn.org

REGION 2

**What to do When the Massachusetts Board of Registration in Nursing (MASS-BORN) Comes Knocking on Your Door**

Description: This presentation will address how to deal with incidents that occur in the workplace and what to do if you receive a complaint from the MABORN or a request for an interview from the Massachusetts Department of Public Health (MDPH).

Presenter: Janet E. Michael, RN, MS, JD

Date: Sept. 16, 2009

Time: Business Meeting: 5 – 5:30 p.m. • Dinner: 5:30 – 6 p.m.

Program: 6 – 9 p.m.

Location: Hilton Garden Inn • 35 Major Taylor Blvd. • Worcester • 508-753-5700 • www.hiltongardeninn.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

De-escalation Techniques-Protecting Nurses and Patients

Description: This program will address behavior that threatens the welfare of patients, staff and others. Participants will learn how to recognize and manage aggressive and out-of-control behavior and its escalation, as well as influence its presentation.

Presenter: Ronald Nardi, MSN, APRN

Date: October 20, 2009

Time: Business Meeting: 5 – 5:30 p.m. • Dinner: 5:30 – 6 p.m.

Program: 6 – 9 p.m.

Location: Sheraton Tara • 1657 Worcester Road • Framingham • 508-879-7200 • www.sheraton.com/framingham

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Mr. Smith is Having Chest Pain, Now What?

Description: A case study approach to the assessment, nursing considerations and pharmacological management of myocardial infarction and heart failure for the novice to intermediate nurse.

Presenter: Catherine Saniuk, RN, MS, CCRN

Date: Dec. 1, 2009

Time: Business Meeting: 5:00 – 5:30 p.m. • Dinner: 5:30 – 6:00 p.m.

Program: 6:00 – 9:00 p.m.

Location: American Legion Dudley-Gendron Post • 158 Boston Road • Sutton • 508-865-2995 • www.legion.org

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Registration Contact: MNA Region 2 Office at 508-756-5800, ext.100 or e-mail region2@mnarn.org

REGION 3



Wound Care

Description: A comprehensive overview of the factors affecting 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 and new dimensions of wound care.

Presenter: Carol Mallia, RN, MSN

Date: Sept. 23, 2009

Time: Registration/Dinner: 5 – 5:30 p.m. • Program: 5:30 – 9 p.m.

Location: Canal Club Function Facility, 100 Trowbridge Road, Bourne • Phone: 508-743-9000 • www.canalclub.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Basic Portuguese for Health Care

Description: This nine-hour training program offers health care professionals an opportunity to learn some basic Portuguese to facilitate interactions with Portuguese patients, families and Brazilian culture. No prior knowledge of Portuguese is necessary. This program is NOT for individuals who already possess Portuguese language ability. **Space is limited to 20 participants.**

Presenter: Karen Murphy

Dates: Oct. 15, 22 and 29, 2009

Time: Registration/Dinner: 5 – 5:30 p.m.

Program: 5:30 – 8:45 p.m.

Location: Regional Council 3, 60 Route 6A, Sandwich • Phone: 508-888-5774 • www.massnurses.org.

Fees (by check only): Member/Associate Member: A deposit of \$95 will be returned upon completion of the three-week program. Others: \$225. All participants are required to pay for the course materials which includes a Basic Portuguese booklet with an accompanying CD. This non-refundable course fee is \$40.

Important Note: Participants are expected to attend all three sessions. There is no refund for attendance at part of the program.

Contact Hours: This program does not award contact hours. A certificate of attendance will be issued upon completion of this program.

Compassion Fatigue

Description: This program will enable the nurse to identify the common stressors of the health care provider and strategies to combat compassion fatigue.

Presenter: Donna M. White, RN, PhD, CS, CADAC

Date: Dec. 8, 2009

Time: Registration/Dinner: 5:30 – 6 p.m. • Program: 6 – 9 p.m.

Location: Canal Club Function Facility, 100 Trowbridge Road, Bourne • Phone: 508-743-9000 • www.canalclub.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Registration Contact: MNA Regional Council 3 Office at 508-888-5774 or e-mail region3@mnarn.org

REGION 4



Infectious Diseases Update: TB and Hepatitis

Description: This program will update nurses on current issues relating to tuberculosis and the different types of infectious hepatitis and their nursing implications.

Presenter: Mary Linda O'Reilly, MS, APRN, BC

Date: Sept. 23, 2009

Time: Registration: 5 – 5:30 p.m. • Dinner: 5:30 p.m.

Program: 6:15 – 8:45 p.m.

Location: Salvatore's, 354 Merrimack Street, Entrance B • Lawrence • 978-291-0220 • www.salvatoreslawrence.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Rescuing the Airways: Management of Acute Respiratory Failure

Description: Utilizing an interactive case study approach, this program will describe the etiologies and pathophysiologic process of acute respiratory failure. Program will include arterial blood gases, suctioning, chest tube management, tracheostomies and non-invasive positive pressure ventilation.

Presenter: Carol Daddio Pierce, RN, MS, CCRN, ACNP

Date: Oct. 21, 2009

Time: Registration: 5 – 5:30 p.m. • Dinner: 5:30 p.m.

Program: 6:15 – 9:15 p.m.

Location: Sheraton Ferncroft Hotel, 50 Ferncroft Road, Danvers • 978-777-2500 • www.sheratonferncroft.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Current Trends in Orthopedics

Description: This program will present a discussion of orthopedic pathology, interventions and nursing considerations for osteoarthritis, joint replacement and at-risk populations.

Presenter: Nancy L. Hiltz, RN, MS, ONC

Date: Nov. 9, 2009

Time: Registration: 5 – 5:30 p.m. • Dinner: 5:30 p.m.

Program 6:15 – 8:45 p.m.

Location: Danversport Yacht Club • 161 Elliot Street, Danvers • www.danversport.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Registration Contact: MNA Regional Council 4 Office at 978-977-9200 or e-mail region4mna@aol.com

REGION 5



MNA HEADQUARTERS

Recognizing and Supporting Our Nurse Colleagues with Substance Abuse Problems

Description: This program will identify the risk factors for nurses with substance abuse problems and strategies to assist these nurse colleagues. Program will include discussion on identifying diversion and the management of substance abuse in the workplace.

Presenter: Carol Mallia, RN, MSN

Date: Oct. 20, 2009

Time: Registration/Light Supper: 5:30 – 6 p.m.

Program: 6 – 8:30 p.m.

Location: MNA Headquarters • 340 Turnpike St., Canton • 781-821-4625 • www.massnurses.org

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Lateral Violence and Its Impact on Nursing

Description: The purpose of this program is to educate and impart the necessary tools for nurses and other health care workers to recognize and respond appropriately to horizontal workplace violence and bullying.

Presenters: Christine Pontus, RN, MS

Susan Farist Butler, RN, MSN, CS, PhD.

Date: Nov. 24, 2009

Time: Registration/Light Supper: 5:30 – 6:30 p.m.

Program: 6:30 – 8:30 p.m.

Location: MNA Headquarters • 340 Turnpike St., Canton • 781-821-4625 • www.massnurses.org

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Psychiatric Nursing for the Medical Surgical Nurse

Description: This program will review the common disorders seen in psychiatric patients and their treatment modalities. This program will enable the nurse to impact care for these patients when hospitalized for non-psychiatric illnesses.

Presenter: Lee Murray, RN, MS

Date: Dec. 9, 2009

Time: Registration: 8 a.m. – 8:30 a.m. (Light lunch provided)

Program: 8:30 a.m. – 4 p.m.

Location: MNA Headquarters • 340 Turnpike St., Canton • 781-821-4625 • www.massnurses.org

Fee (by check only): Member/Associate Member Free*; Non-Members \$195. *Requires \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

Basic Dysrhythmia Interpretation

Description: This two-part course is designed for registered nurses working with cardiac monitoring. Implications and clinical management of cardiac dysrhythmias will be discussed. Course will include a text book and require study between sessions one and two.

Presenters: Mary Sue Howlett, BSN, RN, CEN
Carol Mallia, MSN, RN

Dates: Aug. 18, 2009, Part One • Aug. 25, 2009, Part Two

Time: Registration/Light Supper: 5 – 5:30 p.m.

Program: 5:30 – 9 p.m.

Location: MNA Headquarters • 340 Turnpike St., Canton

Fee: Member/Associate Member Free*; Others \$195. *Requires \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

MNA Contact: Phyllis Kleingardner, 781-830-5794

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.

Presenter: Mary Sue Howlett, BSN, RN, CEN

Date: Sept. 9, 2009

Time: Registration/Light Supper: 5 – 5:30 p.m.

Program: 5:30 – 9 p.m.

Location: MNA Headquarters • 340 Turnpike St., Canton

Fee: Member/Associate Member Free*; Others \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

MNA Contact: Phyllis Kleingardner, 781-830-5794

Wound Care

Description: A comprehensive overview of the factors affecting 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 and new dimensions of wound care.

Presenter: Carol Mallia, RN, MSN

Date: Sept. 22, 2009

Time: Registration/Light Supper: 5 – 5:30 p.m.

Program: 5:30 – 9 p.m.

Location: MNA Headquarters • 340 Turnpike St., Canton

Fee: Member/Associate Member Free*; Others \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719

Environmental Health Nursing

Description: This course is designed for RNs in all areas of practice to facilitate awareness of environmental hazards that have been recognized as associated with developmental and other defects and illnesses. Strategies will be provided for nurses to utilize this information in their nursing practice and in their personal lives.

Presenters: Stephanie Chalupka, EdD, APRN; Others to be determined.

Date: Oct. 23, 2009

Registration Contact: MNA Region 5 Office at 781-821-8255 or e-mail region5@mnarn.org

continued →

MNA HEADQUARTERS CONT.

Time: Registration: 8 – 8:30 a.m.

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

Location: MNA Headquarters • 340 Turnpike St., Canton

Fee: Member/Associate Member Free*; Others \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

MNA Contact: Susan Clish, 781-830-5723

Advanced Cardiac Life Support – (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. 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 the areas of acute and critical care.

Presenters: Carol Mallia, RN, MSN; Mary Sue Howlett, BSN, RN, CEN and other instructors for the clinical sessions

Dates: Oct. 9 and Oct. 16, 2009 (Certification)
Oct. 16, 2009 only (Recertification)

Time: Registration: 8:30 – 9 a.m.

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

Location: MNA Headquarters • 340 Turnpike St., Canton

Fee: Certification: MNA Members/Associate Members Free*; Others \$250 • Recertification: MNA Members/Associate Members Free*; Others \$195. *Requires \$75.00 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided for first-time certification only. Contact hours are not provided for recertification.

MNA Contact: Liz Chmielinski, 781-830-5719

Diabetes 2009: What Nurses Need to Know

Description: This program will discuss the pathophysiology and classification of Diabetes-Types 1 and 2. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. Nursing management of the newly diagnosed patient and diabetic patients in the pre/post operative, ambulatory and homecare settings will be addressed.

Presenter: Ann Miller, MS, RN, CS, CDE

Date: Oct. 29, 2009

Time: 8 a.m. – 8:30 a.m. Registration

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

Location: MNA Headquarters • 340 Turnpike St., Canton

Fee: Member/Associate Member Free*; Others \$195. *Requires \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719

Critical and Emerging Infectious Diseases

Description: This program will provide nurses with information regarding current critical and emerging infectious diseases. 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.

Presenters: Maureen Spencer, RN, MEd, CIC • Alfred DeMaria, MD • Kate McPhaul, PhD, MPH, BSN, RN • Thomas P. Fuller, ScD, CIH, MSPH, MBA

Date: Nov. 6, 2009

Time: 8 a.m. – 8:30 a.m. Registration

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

Location: MNA Headquarters • 340 Turnpike St., Canton

Fee: Member/Associate Member Free*; Others \$195. *Requires \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

MNA Contact: Phyllis Kleingardner, 781-830-5794

Addictions 2009: 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 affect recovery. Evidence-based interventions will be described.

Presenters: Donna White, PhD, RN, CS, CADAC;

Deidre Houtmeyers, RN, MS, CAS, LADC-1;

Colleen LaBelle, RN, MSN, CARN; and Michael Botticelli, MEd

Date: Nov. 18, 2009

Time: 8 a.m. – 8:30 a.m. Registration

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

Location: MNA Headquarters • 340 Turnpike St., Canton

Fee: Member/Associate Member Free*; Others \$195. *Requires \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719

Morning Session:

Contemporary Nursing Interventions for the Older Adult

Description: This program will provide participants with an opportunity to explore geriatric nursing challenges in acute care, primary care, and extended care (home care and long-term care) settings.

Presenters: Kathy Fabiszewski, PhD, A/GNP-BC

Date: Dec. 4, 2009

Time: 8:30 a.m. – 9 a.m. Registration

9 a.m. – noon. Morning Session

Noon – 1:00 p.m. lunch provided

Afternoon Session:

Addiction and Related Behavior in the Elderly:

Taking a Closer Look

Description: This program will provide an overview of addictions and the impact on the elderly. The use of substances as well as compulsive behaviors and the challenges they pose to the elderly will be discussed.

Presenter: Donna White, PhD, RN, CS, CADAC

Time: 1 – 4 p.m. Afternoon Session

Location: MNA Headquarters • 340 Turnpike St., Canton

Fee: Member/Associate Member Free*; Others \$195. *Requires \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719

REGIONAL REGISTRATION

Registration Directions: Registration will be processed on a space available basis. All programs are free to members, however there is a place holder fee of \$25 for all evening programs and \$50 for all full day programs. This fee will be returned upon attendance at the program. Program fees for non-members are \$95 for evening programs and \$195 for all full day programs. If registrants do not attend the program or call to cancel, the fee will NOT be refunded. Please submit a separate check for each program and mail to the appropriate region office. If registering for programs in more than one region, please duplicate the registration form or download from www.massnurses.org and submit registration forms to the appropriate region offices with the specified fee.

Payment: Payment may be made by mailing a **separate check for each course** to the appropriate regional headquarters.

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 Region Office registration contact telephone number to determine whether a program will run as originally scheduled. Registration fee will be reimbursed for all cancelled programs.

Contact Hours: Contact hours will be awarded by the Massachusetts Nurses Association for all programs.

To successfully complete a program and receive contact hours or a certificate of at-

tendance, 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.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Please avoid wearing scented personal products when attending MNA continuing education programs.

Disability Help: Please contact the MNA Regional Council Office with any questions about special needs accessibility.

Please print. Mail this completed form along with a separate check for each course to appropriate Region. Please make copies of this form for courses at multiple regions or download this brochure at www.massnurses.org.

Name: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Place of Employment _____
 _____ RN _____ LPN _____ APN _____ Other (specify) _____

Region 1 Make check payable to: MNA Region 1 Office and mail to MNA Region 1 Office, 241 King Street, Suite 212, Northampton 01060

- Lateral Violence and Its Impact on Nursing** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Post Traumatic Stress Disorder & Caring for Suicidal Patient** Non-Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Accepting, Rejecting and Delegating a Work Assignment** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee

Region 2 Make check payable to: MNA Region 2 and mail to MNA Region 2 Office, 365 Shrewsbury Street, Worcester 01604

- What to do When MABORN Comes Knocking on Your Door** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- De-escalation Techniques-Protecting Nurses and Patients** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Mr. Smith is Having Chest Pain, Now What?** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee

Region 3 Make check payable to: MNA Region 3 and mail to MNA Regional Council 3, PO Box 1363, Sandwich 02563

- Wound Care** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Basic Portuguese for Healthcare** Non-Member: \$225 + \$40 course fee • Member/Associate Member: \$95 placeholder fee + \$40 course fee
- Compassion Fatigue** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee

Region 4 Make check payable to: MNA Regional Council IV and mail to MNA Regional Council 4, 10 First Avenue, Suite 20, Peabody 01960

- Infectious Diseases Update: TB & Hepatitis** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Rescuing the Airways: Management of Acute Respiratory Failure** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Current Trends in Orthopedics** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee

Region 5 Make check payable to: MNA Region 5 Office and mail to MNA Region 5, 340 Turnpike Street, Canton 02021

- Supporting Our Nurse Colleagues with Substance Abuse Problems** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Lateral Violence and Its Impact on Nursing** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Psychiatric Nursing for the Medical Surgical Nurse** Non-Member: \$195 • Member/Associate Member: \$50 placeholder fee

MNA HEADQUARTERS REGISTRATION

Registration Directions: Registration will be processed on a space available basis. All programs are free to members, however there is a placeholder fee of \$25 for all evening programs and \$50 for all full-day programs (except for ACLS). This fee will be returned upon attendance at the program. Program fees for non-members are \$95 for evening programs and \$195 for all full day programs (except for ACLS). If registrants do not attend the program or call to cancel, the fee will NOT be refunded.

Payment: Payment may be made with a Master Card, Visa or AMEX by calling the MNA contact person listed or by mailing a **separate check for each program** to the MNA, 340 Turnpike Street, Canton 02021.

Program Cancellation: MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. In case of inclement weather, call the MNA at 781.821.4625 or 800.882.2056 to determine whether a program will run as originally scheduled. Registration fee 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. Contact hours for ACLS certification are awarded by the Rhode Island State 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.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Please avoid wearing scented personal products when attending MNA continuing education programs.

Disability Help: Please contact the MNA Division of Nursing with any questions about special needs accessibility.

Due to heavy traffic volume on major roadways, please allow extra travel time.

Directions to MNA Headquarters

From Logan International Airport: Take the Ted Williams Tunnel. Follow signs to I-93 S/ Southeast Expressway. Stay on I-93 S for approximately 15 miles. Take Exit 2A/ Route 138 S/ Stoughton. *Follow directions from Route 138 below.*

From Boston: Take I-93 S/ Southeast Expressway. Stay on I-93 S to Exit 2A/ Route 138 S/ Stoughton. *Follow directions from Route 138 below.*

From Cape Cod/South Shore: Take Route 3 N. Merge onto US-1 S/ I-93 S via exit number 20 on the left toward I-95/ Dedham. Take Exit 2A/ Route 138 S/ Stoughton. *Follow directions from Route 138 below.*

From the North: Take I-95 S/ Route 128 S to I-93 N/ US-1 N. You will see a sign reading "I-93 N to Braintree/Cape Cod." Continue onto I-93 N/ US-1 N for 1.2 miles. Take Exit 2A/ Route 138 S/ Stoughton. *Follow directions from Route 138 below.*

From the West: Take Mass. Pike East to I-95 S/ Route 128 S. Take I-95 S/ Route 128 S to I-93 N/ US-1 N. You will see a sign reading "I-93 N to Braintree/ Cape Cod." Continue onto I-93 N/ US-1 N for 1.2 miles. Take Exit 2A/ Route 138 S/ Stoughton. *Follow directions from Route 138 below.*

From Route 138 (Turnpike Street): Drive approximately 2 miles (passing through two traffic lights). Take a left at the billboard which reads 320-348 Turnpike Street. Enterprise Car rental is on the corner. Follow the road, which curves to the right. You will see the brick Massachusetts Nurses Association building. The MNA is on the second floor.

Please print. You may make copies of this form or download this brochure at www.massnurses.org.

Name: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Place of Employment _____
 _____ RN _____ LPN _____ APN _____ Other (specify) _____

Please mail this completed form with check made payable to MNA at: Massachusetts Nurses Association • 340 Turnpike Street • Canton 02021

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, 781-821-4625.

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

MNA Headquarters

- Basic Dysrhythmi Interpretation** Non-Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Interpreting Laboratory Values** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Wound Care** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- ACLS Certification and Recertification** Certification Non-Member: \$250 • Certification Member/Associate Member: \$75 placeholder fee
 Recertification Non-Member: \$195 • Recertification Member/Associate Member: \$75 placeholder fee
- Environmental Health Nursing** Non-Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Diabetes 2009: What Nurses Need to Know** Non-Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Critical and Emerging Infectious Diseases** Non-Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Addictions 2009: A Comprehensive Approach for Nurses** Non-Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Contemporary Geriatric Nursing & Addictions in the Elderly** Non-Member: \$195 • Member/Associate Member: \$50 placeholder fee

MNASM

LABOR SCHOOL



Track 1: MNA Overview and Structure

	Region	1	2	3	4	5
Week 1: Overview of the MNA		C	C	C	C	C
Divisions		O	O	O	O	O
By-laws		M	M	M	M	M
How policies, decisions are made		P	P	P	P	P
One member, one vote		L	L	L	L	L
Week 2: Legislative and Governmental Affairs		E	E	E	E	E
Division: Political Activity		T	T	T	T	T
Week 3: Nursing Division/Health and Safety		E	E	E	E	E
Week 4: Public Communications		D	D	D	D	D
Week 5: Organizing Division						

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

	Region	1	2	3	4	5
Week 1: Role of the MNA rep						
Identifying grievances						
What is grievable	7/14				6/18	
Grievances vs. complaints—how to tell the difference, how to work with the member			C	C		C
Week 2: Components of the grievance procedure			O	O		O
Time lines and steps						
When/how to settle grievances			M	M		M
Discipline vs. contract interpretation grievances	7/28				7/7	
Burden of proof, just cause, due process, seven tests of just cause			P	P		P
Past practice						
• Definition			L	L		L
• Difficulty in proving a practice						
• Burden in proving a practice			E	E		E
Week 3: How to file grievances						
How to write a grievance						
Investigation/identifying sources of information	8/11				7/23	
Right to information			T	T		T
Information requests						
Constructing the case						
Week 4: Presenting the grievance						
Dealing with management	8/25		E	E	8/13	E
Settling the grievance						
Week 5: Arbitration			D	D		D
Why it's good for the members						
Why it's bad for the members	9/1				8/27	
Unfair labor practices						
Weingarten rights						
Organizing around grievances						

Track 3: Collective Bargaining

	Region	1	2
Week 1: Negotiations and the Legal Basis			
Process overview		10/7	12/3
Bargaining ground rules			
Week 2: Preparing for Bargaining			
Importance of internal organizing			
Contract action team			
Contract calendar, planning events		10/14	1/14
Surveys, meetings, other methods of gathering proposals from members			
Setting priorities			
Developing a campaign			
Week 3: Committee Decision Making			
Conduct at the table			
Dates, location, etc		10/21	1/28
Open bargaining. Pros & cons.			
Opening statements			
Proposal exchange			
Week 4: Table Tactics/Reading Signals			
Implementing the contract campaign		10/28	2/11
The contract action team			
Writing contract language			
Week 5: Costing the Contract			
Bargaining video			
Picketing and strikes		11/4	2/25
Bargaining unit job actions			
Impasse/contract extensions			
Week 6: Use of the Media			
Reaching agreement, writing final language		11/18	3/10
Committee recommendation			
Ratification process			
Midterm bargaining			

Track 4: Computer Training

	Region	1	2
Week 1: Excel 1		C	TBA
Week 2: Excel 2		O	TBA
Week 3: Excel 3 graphs & application		M	TBA
Week 4: Word 1		P	TBA
Week 5: Word 2		L	TBA
Week 6: Publisher 1		E	TBA
		D	TBA

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 certi-

cate 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 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. **Classes in red will be held from 10 a.m.– noon.**

3	4	5
11/17		C
		O
12/1		M
		P
12/15		L
		E
1/5/10		T
		E
1/19/10		D

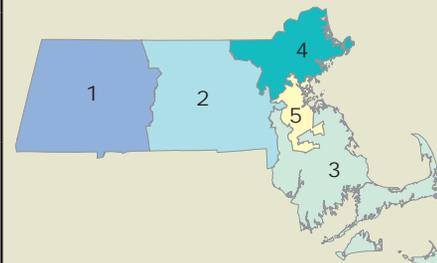
Track 5: Building the Unit, Building the Union							
	Region	1	2	3	4	5	
Week 1: Member Participation/Basic Foundation Purpose of a union Bargaining unit structure & officers By-laws, why they're important Organizing model, internal organizing		10/14	10/7		6/18	9/15	
	Week 2: Organizing the Workplace Mapping the workplace Using contract action teams outside of bargaining Organizing around grievances	10/21	10/14		7/7	9/29	
		Week 3: Attacking Member Apathy Effective union meetings Internal communication structure Member feedback	10/28	10/28		7/23	10/13
			Week 4: Strategic Planning Developing Plan Assessment Intervention	11/4	11/4		8/13
Week 5: Workplace Action Identifying Action Plan, preparation and calendar Pressure tactics/Work to rule Strikes	11/18	11/11			8/27	11/10	

Track 6: Labor Law and Special Topics						
	Region	1	2	3	4	5
Week 1: Family and Medical Leave Act Massachusetts Small Necessities Leave Act						
	Week 2: Fair Labor Standards Act Overtime rules Labor-Management Reporting and Disclosure Act Union officer elections					
Week 3: Workers Compensation Occupational Safety and Health Act						
		Week 4: Americans with Disability Act Age Discrimination Act Worker Adjustment & Retraining Notification Act Employment Discrimination HIPAA Uniformed Services Employment and Reemployment Rights Act of 1994				
Week 5: NLRB & the Kentucky River/Oakwood cases Nurse supervisor issues						

Dates to be scheduled for all Regions

3	4	5
9/8	C	2/9
	O	2/23
9/22	M	3/2
10/6	P	3/16
10/13	L	3/30
	E	4/13
	T	
	E	
	D	

**For further details:
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

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