Picketing to protect public health in Worcester
MNA members out in force for governor’s forums

Throughout May, Gov. Deval Patrick and his cabinet conducted 35 community forums across the commonwealth to discuss with residents the state’s budget crisis. At several of these forums, MNA members were there to discuss the need for new revenues to close the state’s $3 billion budget gap. For the state to weather this recession and to come out of it with a strong economy, we must continue to invest in critical services—including health care. The budget gap cannot be closed with budget cuts alone. We need a balanced approach that includes new revenues.

MNA member Pat Mayo testifies at a forum in Brimfield on May 14.

MNA members (from left) Donna Dudik, Sandy Eaton and Ann Marie McDonagh with Health and Human Services Secretary Dr. JudyAnn Bigby at the forum in Boston on May 19.
Board prepares for vote on National Nurses Union affiliation in Oct.

By Beth Piknick, RN  
MNA President

On June 18, the MNA Board of Directors reviewed the most recent draft of the proposed constitution for the new national nurses union and is preparing for vote on the issue by the membership in October.

The new RN “super union” is being founded by the unification of the MNA, the California Nurses Association/NNOC and the United American Nurses. In addition, the board is working on a proposal for a change in the dues policy that would support the MNA’s affiliation with the new national union, while also maintaining MNA’s current position as the strongest voice and union for registered nurses in the commonwealth.

There has never been a greater need or a greater opportunity for nurses to become a major player on the national stage in the debate over the future of health care and labor rights. Health care is the number one issue being debated in the halls of the White House and Congress right now, major changes to labor law are in the works, and the health care industry (hospitals, insurers and pharmaceutical companies) are proposing their own positions on these issues that could be devastating for nurses and the patients we care for. Nursing—and the MNA—cannot remain on the sidelines with a fragmented voice. Now is the time for nurses to claim a national voice with national power.

The decision on the MNA’s affiliation with the new national, as well as for the dues structure to support MNA and its participation, will be made by the members of MNA. The MNA Board of Directors is planning for this at the annual business meeting in October during the MNA convention at the Ocean Edge Resort on Cape Cod. To help educate members about these important proposals, the Board is scheduling a series of ten membership meetings (two in each Region) between July and September.

The formation of the 150,000 member national nurses union represents an historic development in the long history of nursing, creating the largest organization of direct care nurses in the history of the United States. The organizations’ constitution is being drafted with a delegation of MNA leaders. The document will set forth the objectives and governing structure of the new organization and will ensure the MNA a prominent role and a voice in the future of this important RN movement that will reshape health care in America.

As a founding organization for the new movement, the MNA has a prominent leadership role under the new constitution, including functioning as one of three council presidents to head the new organization. The MNA will also have a vice president seat on the organization’s 15-member governing executive council and will have a delegate to the national convention for each 1,000 members of the new national.

To fund participation in the new body, as well as to ensure the strength of the MNA built by the membership, the MNA Board will put forward a dues policy proposal that would support the MNA’s affiliation with the new national, as well as for the dues structure change—a change that will help provide the resources to assure these efforts. The current dues policy is a flat fee of $65 per month.

The Board has reviewed a number of dues structure methods to determine which could best assure a strong local organization and the new national organization. As a target for the national dues figure the Board has looked at both the CNA/NNOC dues and the UAN dues. CNA/NNOC has a single dues rate that encompasses their state and national dues, while UAN has affiliates set their local rate and the UAN sets the national rate. The rate structure is adjusted annually for both. While a dues structure change is intended to assure the continued strength of the local MNA, the primary focus of the rate change would be for the National Nurses Union. The Board utilized the UAN dues as a vehicle to help guide them in determining what dues rate structure could work for MNA members. (The UAN 2009 rate is 10.86 monthly and will increase to 11.37 monthly in 2010).

From this review the Board is working on a new dues structure that would address both local and national dues in one rate. After review of a number of variations in dues structures the board is focusing on a formula that sets monthly dues rates as a multiple of two times the base hourly rate with a minimum and maximum cap adjusted annually using an average of all bargaining unit scales. This method would require moving away from union direct administration of dues and revert back to a payroll deduction system; and the dues rate would vary for members depending on their rate of pay but with a both a minimum and maximum cap.

The Board also reviewed a similar formula to create a minimum and maximum dues rate that would be limited to those two rates and thereby allow for continuation of the union direct method of dues payment. The review, discussions and work are ongoing, and once finalized by the Board will be put before the membership in advance of any vote at Convention.

Members with any questions, suggestions or comments can send them to the Board via e-mail to dschildmeier@mnarn.org.

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. You must be in attendance to vote to approve 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 for limited access for members to request a secret mail ballot prior to the meeting, so provided they can’t make the business meeting because of religious obligations or due to their work schedule.

For more information about the new national union, to view the schedule of regional meetings or to learn about how to request a mail ballot, visit the “super union” Web page on the MNA’s Web site (massnurses.org). You can also expect additional mailings and e-mail blasts on this process in the coming weeks and months.
Nursing on Beacon Hill: Legislative Update

What’s wrong with the state budget?

By Leo Maley,
Region 1 Community Organizer and
Andi Mullin,
Director, Division of Legislation and
Government Affairs

Every week seems to bring additional bad news about the economy in general, and the Massachusetts state budget in particular. We are in the middle of a severe global economic recession, and it already has had a profound effect on the ability of state and local governments across the United States to provide the public goods—the schools, libraries, public health services, public safety resources, roads and countless other services—that we all depend on to maintain our quality of life. But here in Massachusetts, our state budget problems seem particularly dire.

Revenues available to fund critical public services are declining in Massachusetts at an unprecedented rate. Massachusetts’ revenues declined 35 percent this April as compared to last April. For the full fiscal year, which ends on June 30, we are looking at the state bringing in $3 to $5 billion less than was budgeted. This is the steepest revenue decline and the greatest revenue shortfall in state history. Why is this problem so severe in Massachusetts?

The assumption is that we spend too much, that state government is wasteful. But the facts belie that. From 1998 to 2008 state spending (as a percent of total personal income) actually decreased from 6.9 to 6.6 percent.

If the problem isn’t spending, what is it? The answer is that the commonwealth is simply not bringing in enough revenue. In other words, we are not raising enough tax revenue.

But aren’t taxes in Massachusetts too high? Aren’t we “Taxachusetts?” Aren’t Massachusetts politicians always raising our taxes?

The short answers are no, no and no. The best way to compare tax rates between states is to look at the percentage of a state’s total income (personal income) that is raised by local and state taxes. Back in the mid-1970s, Massachusetts was indeed a high-tax state. We were third highest in 1977-78, with a total combined state and local tax rate 2.5 percent higher than the then national average. We are now in the bottom third of states when it comes to total state and local taxes, coming in below the national average. We were once a high-tax state. We are now a low-tax state. What happened?

Proposition 2 ½ passed in 1980 capping local property tax increases. The state legislature has also cut taxes again and again—42 times throughout the 1990s. The income tax was reduced from 5.95 to 5.3 percent. The tax rate on interest and dividend income was cut by more than half. Corporate taxes were cut for increased revenues to fund healthcare and other services. As this article goes to press, the House of Representatives and Senate have approved a sales tax increase. The MNA is following this debate closely and making the case for increased revenues to fund healthcare and other services at an adequate level.

The state tax revenues have declined from 6.9 to 6.6 percent (as a percent of total personal income) actually decreased.

<table>
<thead>
<tr>
<th>Total Personal Income</th>
<th>% of Personal Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY98</td>
<td>7%</td>
</tr>
<tr>
<td>FY99</td>
<td>7%</td>
</tr>
<tr>
<td>FY00</td>
<td>7%</td>
</tr>
<tr>
<td>FY01</td>
<td>7%</td>
</tr>
<tr>
<td>FY02</td>
<td>7%</td>
</tr>
<tr>
<td>FY03</td>
<td>7%</td>
</tr>
<tr>
<td>FY04</td>
<td>7%</td>
</tr>
<tr>
<td>FY05</td>
<td>7%</td>
</tr>
<tr>
<td>FY06</td>
<td>7%</td>
</tr>
<tr>
<td>FY07</td>
<td>7%</td>
</tr>
<tr>
<td>FY08</td>
<td>7%</td>
</tr>
</tbody>
</table>

Action steps

- Become more informed about the state budget and state tax policies. Visit the Web site of the Massachusetts Budget and Policy Center (www.massbudget.org) and sign up to receive their occasional budget updates by e-mail.
- Let your state senator and representative(s) know that you support raising additional revenue and oppose further cuts to state and local services.
- All charts in this article, along with figures and analysis, are from the Massachusetts Budget and Policy Center. Please visit massbudget.org
Students talk to legislators about the frozen RN job market

As part of the MNA’s campaign to pass safe RN staffing legislation, nurses visit the State House to distribute information about the conditions they see at the bedside. We have begun these visits with an eye toward building up to the public hearing on Safe RN Staffing that is scheduled for Nov. 3.

During the MNA’s first related State House visit in May we focused on informing the legislators about the hiring freezes that currently exist in many facilities around the state. For years the hospitals have opposed safe RN staffing by citing an inability to find the nurses to staff adequately as a major reason. Yet now we see that clearly isn’t the case as many new and experienced RNs are having difficulty finding work in acute care facilities and many facilities have even undergone layoffs.

We were joined by nursing students about to graduate and join the nursing profession. A class of nursing students from UMass Boston joined MNA members because they were concerned about being able to find a job in the profession for which they have trained.

A number of legislators took time out of their busy schedules to speak directly with their constituent students and RNs. Reps. Joe Driscoll (D-Braintree) and Denise Provost (D-Somerville) as well as Sens. Michael Morrissey (D-Quincy), Anthony Galluccio (D-Cambridge) and Marc Pacheco (D-Taunton) spoke with the students.

“It was a great learning experience for a student nurse—or any nurse—to go to the State House, to meet with our senators and representatives, and to advocate for the safety of our patients and the advancement of our profession,” said Jeanine Doucet, a participating student nurse from Attleboro. “It felt great to be a part of a vital process.”

If you would like to participate in the MNA’s advocacy efforts at the State House please contact political organizer Riley Ohlson at 781-830-5740 or via e-mail at rohlson@mnarn.org.

State House visit: Nurses and recent graduates with Sen. Anthony Galluccio (D-Cambridge), top left, and with Rep. Joe Driscoll (D-Braintree), bottom left.
In late April—just a matter of hours before the swine flu outbreak made global headlines—Worcester’s City Manager Michael V. O’Brien, Mayor Konstantina Lukes and the City Council made a shocking announcement: they would be implementing budget cuts and staff nurse layoffs that would ultimately eliminate virtually all services provided by the city’s public health department.

Because of budget constraints facing the city, O’Brien’s $491 million budget proposal for the fiscal year that starts July 1 has virtually dismantled the Public Health Division, with its overall staffing being reduced from 20 to five. Among those laid off were five public health nurses, leaving only two to cover the city—the second largest in Massachusetts.

Immediately, and without question or hesitation, the MNA joined forces with some of the state’s most influential advocates to implement a campaign to save public health services in Worcester.

As the city officials’ plans went into effect, three out of the six nurses working in the city’s public health department (the MNA bargaining unit known as Massachusetts Public Health Association in Worcester) were laid off. As a result, numerous public health services were slated for elimination, including: surveillance control and infectious diseases prevention; immunization clinics to protect vulnerable children and adults; health services and screening for the elderly living at city housing authority sites; and emergency preparedness and response to natural disasters and potential terrorist attacks.

“These programs and services have been critical to the physical and economic health of the city of Worcester,” said Dr. Stephanie Chalupka, public health researcher, registered nurse, and member of the Massachusetts Public Health Association in Worcester. “As a result, we knew we needed to do everything within our power to restore staffing and programming to the city’s public health department.”

These efforts included:
- Forming a coalition made up of the Massachusetts Public Health Association and a number of other civic, community, labor and health care organizations
- Launching a broad, grassroots public awareness campaign
- Conducting a letter-writing campaign
- Holding a press conference that detailed the potential outcomes of the proposed cuts and layoffs
- Participating in a public awareness rally that included presentations by a number of health care experts, supporters, advocates and nurses
- Taking their case to the airwaves during live interviews with radio stations WTAG and WCRN.
- Attending and participating in a hearing held by the City Council Health and Human Services Committee regarding the public health cuts (14 people testified, with almost all expressing dismay over the public health budget cuts)

More bad calls yield activism, successes

As the MNA and its fellow coalition members took on the enormous responsibility of working to educate—and thereby correct—the city manager about the disastrous consequences of his poor decision making, the unthinkable happened: Management announced that the city was partnering with UMass Memorial Health Care and the University of Massachusetts Medical School to redefine its public health mission. Part of this process would include having UMass oversee and direct the task force dedicated to “redefining this public health mission.”

Ann Cappabianca, one of the two remaining public health nurses, addressed city management at a public hearing on the issue. “Just as we don’t want to privatize police and fire, we also can’t privatize the services my colleagues and I provide,” Cappabianca said. “The reason is simple; our goal is to be accountable to you, the City Council, and through you to the people of Worcester.” Cappabianca also added that there was a conflict in having UMass direct the task force because that institution could end up taking over many of the city’s public health functions. “Am I the only one in this room that doesn’t see what a clear conflict of interest this presents?” Cappabianca asked. “This task force needs to be independent, with no connection to UMass or any other private entity.”

The fight continues

While the June edition of the Massachusetts Nurse was going to press, the “Coalition to Save Public Health Services in Worcester” continued its grassroots organizing efforts and was successful in restoring three public health positions and guaranteeing the MPHA involvement in the task force being formed to examine the future of public health in Worcester. The fight to fully restore all positions and programs continues.
Maley joins MNA’s legislative division

Brings experience, expertise and connections to Western Mass. office

The MNA’s Division of Legislation and Government Affairs recently welcomed Leo Maley to its team as its new Region 1 community organizer.

Maley, who has been active in the Western Massachusetts labor movement since 1996, will be based out of the MNA’s Region 1 office in Northampton while he works to build member, community and political support for the MNA’s numerous legislative initiatives.

According to Andi Mullin, the division’s director, Maley’s breadth and depth of experience and knowledge will be an invaluable resource to the MNA and its members. “He has been involved with the area’s labor movement, political scene, community causes, and media network for almost 15 years,” said Mullin. “And he is skilled at pulling from all of these resources when it comes time to mobilize citizens in the name of a worthy political cause.”

Maley first arrived in the commonwealth in 1996 when he began a master’s program in U.S. political and cultural history at UMass Amherst. As part of his academic program, Maley was able to become involved with the local labor movement through his affiliation with the UAW’s Local 2322, the union representing the university’s graduate student employees.

“The local was right in the midst of negotiating a contract, and there was an opportunity for me to become involved with the negotiating committee,” recalled Maley. “It was a great point at which to get involved, because the things the union was fighting for were important — things like insurance and childcare benefits. The local at UMass was committed to progressive social movements and that’s where I wanted to be, working to move progressive social issues forward.”

After his time at the negotiating table with the UAW, Maley continued on with his advocacy and political work. He worked as a political advocate for Local 2322, was the campaign manager for Peter Vickery during his successful first-time run for governor’s counsel, and was a field organizer for Common Cause Massachusetts’ Fair Districts ballot initiative campaign.

In addition, Maley has chaired the Amherst Democratic Town Committee; established a political action committee to raise money for progressive candidates; volunteered on nearly a dozen Western Massachusetts-based political campaigns; and is the founding member of the “Progressive Democrats of Massachusetts.”

Maley also temporarily worked with the MNA in 2006 as a political organizer, where he coordinated union support in Western Massachusetts for the MNA’s endorsed candidates.

“Very few unions have the expertise, ambition, agenda and opportunities that the MNA has,” said Maley. “I was lucky to have the opportunity to work with the MNA and its nurses in 2006. Coming back now on a full time basis is an amazing opportunity. It’s the place where all of my experiences dovetail.”

Bargaining unit updates

Tufts Medical Center

On June 9, the MNA nurses at Tufts Medical Center voted to approve a two-year, two-month contract with the hospital. After negotiating 25 sessions over the past eight months, and culminating with a 22-hour marathon negotiation session that included the help of a federal mediator, they came to an agreement on a settlement package that met many of the issues the members said were most important.

Highlights of the settlement include:

• No cuts to health insurance benefits
• No mandatory cancellation of shifts
• Limits to flex requirements after three years in the position and the opportunity for flex nurses to buy back hours with holiday and vacation time
• An opportunity for 50 percent of nurses in cluster positions in a unit to opt out of the program
• The formation of a “nurse staffing advisory committee” which provides staff nurses a strong voice with a commitment for management and the MNA to work together to resolve staffing concerns
• A two-year contract with a 2 percent across-the-board pay raise for all nurses one year from the date of a successful ratification
• A commitment from the hospital recognizing and agreeing with the principles of the “Nurse Practice Act”
• Protections against a nurse being floated to an unfamiliar unit along with defined guidelines for a dedicated float pool
• A guaranteed paid professional day of the nurse’s choice for education

The committee worked tirelessly to maintain existing benefits while seeking to add important language into the contract—all during a time of severe fiscal limitations. They now look forward to ensuring that nurses understand and utilize these new protections and benefits to their advantage.
Worcester rally: MNA Region 2 members joined union brothers and sisters on May 21 in a successful labor rally protesting the Worcester Crowne Plaza Hotel’s practice of hiring out-of-state workers for renovation projects rather than hiring local trades workers who have been suffering in this difficult economy. In solidarity with other unions, the MNA has discontinued business with the Crowne Plaza until it demonstrates that it has corrected these hiring practices.

Thumbs up to Brockton Hospital

Thumbs up to Brockton Hospital for finally being free of Norman B. Goodman, former president and CEO, who resigned on June 6 after the hospital began investigating allegations of “inappropriate behavior” against him.
Labor Education

Strengthening organizing skills at the local level

By Tom Breslin
Associate Director, Labor Education

Just because it’s the beginning of the summer does not mean the work of the MNA membership and leadership at the local bargaining units should slow down.

With the break from the usual routine that summer naturally brings, it is tempting to allow the work of the union to take a back seat to other things. But even though the weather is nicer, unions should be just as busy as ever—and, in some ways—even busier what with dramatic shifts in the economy and layoffs. Combine those issues with the developing possibility of a national nurse’s union and it means there is more happening at every level in the MNA.

We should not lose sight that our work in the bargaining unit needs to be thorough and consistent, even in the lazy days of summer. This means that the MNA and individual bargaining units need to be active in the areas of internal organizing, mapping and member mobilization (to name a few). Without keeping these tasks in mind, it might be easy to forget about the day-to-day work that is at the heart of any union.

As important as developing a national union is, working on legislation at both the state and federal level and becoming the voice of health care in the commonwealth—not to mention negotiating our contracts—is just as important. And we particularly need to concentrate on becoming mobilized, internally organized and vocal at the local level. The success of the MNA’s national efforts are largely dependent on the MNA having its local bargaining units internally organized and its members motivated to achieve these goals. After all, the organization is only as strong as its units.

The internal organizing work that a unit does is the most important work that it will engage in since it is the process which best guarantees the success at both the local and state level.

The work of reaching out to members and organizing them to work on the goals of the local unit is not something that can wait for a “better time,” whenever that time is. Simply put, there is no better time.

As a result, the summer time might be a good time for each unit to do an assessment of what they are doing, whether they are effective in what they are doing and what they need to do to improve what they are doing. This type of assessment is helpful to do on a regular basis. It will serve as a measurement to determine the extent to which the leadership has connected with the members, the degree to which the members share the goals of the unit and how engaged the members are in achieving those goals. It will also provide an opportunity for the unit to change or modify their goals if the assessment shows that it is warranted.

The first issue to evaluate in this process is to evaluate the quantity and quality of communication in the local unit. As we know, this is a key element in the success of any local bargaining unit. Communication in the form of local unit newsletters or other means of reaching members needs to happen throughout the year and can’t just take place during contract negotiations. If we only do it or wait until bargaining is scheduled to begin, we will be not only too late, but considerably less effective at mobilizing the membership.

The combination of a local unit newsletter, bulletin boards, local meetings of both the leadership and members and the MNA e-mail system for members is a good and comprehensive starting point for local leaders to keep their members informed and involved. Combine those methods with the new bargaining unit pages on the MNA Web site and the leadership’s ability to inform and educate members is now greatly enhanced as long as these communication methods are used in conjunction with a one-on-one approach in the local unit on an ongoing basis.

Communication, however, is only a step in ensuring that the membership is involved, engaged and mobilized. One of the most important tools a local unit can have is up to date and accurate mapping data. This will give the leadership a complete picture of the bargaining unit, areas of strength and weakness, an idea of which members are willing and able to commit to unit activities and workplace actions. Again, if you wait until you need this information to collect it, it is too late. It will be important, though to update your mapping data periodically to ensure that it is complete and accurate. The success of the organization at every level is greatly enhanced once every bargaining unit has completed these steps.

For those MNA bargaining unit leaders who need to learn more about these issues, the MNA labor school offers courses on internal organizing, mapping and building the strength of the local unit. Labor educators are also available to work with individual bargaining units to provide them with information about these critical issues as you build the strength of your unit and of the entire organization.

MNA supports and celebrates Massachusetts Senior Action Council

Congressman Barney Frank, who was the keynote speaker at the Massachusetts Senior Action Council Annual Dinner on May 29, joins MNA member Pat Mayo and MSAC members from the Worcester chapter.
What nurses want for their patients

By Sandy Eaton, RN

In May—in time for Nurses’ Week—Sandy Eaton, RN and the MNA representative to MassCare, was interviewed on Valley Free Radio, 103.3 FM in Western Massachusetts. Eaton provided the radio audience with insightful commentary about what nurses want for their patients.

Nurses advocate for our patients. That’s what we do. We do it in clinical practice. And we do it across the bargaining table and through political action. When our delegation met with Sen. John Kerry’s aide in Washington recently, one of our members told of a patient who fell through the cracks of our Massachusetts health care system. Due to co-pays and deductibles, he could afford prescribed medications or food. He chose food, and ended up in critical condition. He died there.

Nurses know that health care in this country requires a thorough recasting. Nurses know that health care must be treated as a human right, not as a market commodity. We know that we must tackle access, affordability and quality together, or we’ll wind up with what we have now in Massachusetts, something that’s not universal, not sustainable and not fair.

A few weeks ago I spoke to a roomful of nurses in Portland, Maine about our decades-long struggle in Massachusetts to create a just health care system. I related our long list of partial reforms, as well as the crucial campaigns that have so far been thwarted by the vested interests of the insurance and hospital industries. I talked about our campaign to amend the state constitution to proclaim health care a right, not a privilege. I talked about our long hard fight to enact legislation placing an enforceable limit on the number of acutely ill patients a nurse may care for at one time. Both of these initiatives were killed in the name of the Massachusetts plan.

When I concluded my remarks, a Maine nurse raised her hand to ask when we were moving on to civil disobedience. Ironically, eight days later eight activists in the fight for single-payer, universal health care rose one by one in the chamber of the Senate Finance Committee to demand a seat at the table for Medicare-for-all advocates. One by one they were arrested, and now the Baucus Eight (named for the committee chair, Sen Max. Baucus, D-Mont.) face up to six months in jail for speaking truth to power.

This year Nurses’ Week culminates with nurses in Washington spending Florence Nightingale’s birthday pounding on the door demanding admittance for advocates of health care justice. Five more have just joined the ranks of the Baucus Eight: two nurses, two physicians and a patient activist.

As I speak, nurses led by the California Nurses Association and its National Nurses Organizing Committee are joining with hundreds from many states and other organizations. They’re rallying at the U.S. Capitol for the single payer solution, Medicare for All. They want patient safety measures like enforceable limits on patient loads. They want a ban on mandatory overtime. And they want Congress to pass the Employee Free Choice Act, a measure that would greatly enhance the power of nurses and other workers to counter industry greed.

What’s good for nurses is good for patients, too. It’s time to make health care serve people, not corporate greed.

Western Mass. rally for single payer health care

MNA members in Western Massachusetts are participating in a campaign for real health care reform, based on a single payer health care model, as proposed under federal legislation, HR.676, the Expanded Medicare for All bill. More than 100 advocates gathered in Springfield in late May for a “reform rally,” which featured a speech by Gail Bean, RN and MNA member-activist.

MNA has been a supporter of a single payer health care system since 1994 and is engaged in efforts across the commonwealth and the nation to make it a reality.

Reformers succeed to get Rep. Markey to support single payer

Seventh District health care reformers were successful in their stepped-up campaign to convince Rep. Ed Markey to be a supporter of a national single-payer bill.

After advocates wrote to Markey and met with the congressman’s aides in his district office, the Malden Democrat agreed to sign on as a co-sponsor of HR 676, the national Medicare-for-All bill.

The decision followed a May 11 letter from a group of more than 50 prominent Seventh District constituents that concluded:

“Whatever health reform Congress does consider, we believe needs to be held up in comparison with a single-payer plan as the ‘gold-standard’ for cost-efficient, equitable, and universal care. We need your leadership in supporting and advancing this ideal, and building momentum for truly sustainable, universal health care in this country.”

A delegation of 18 people from seven cities and towns in the district then went to Markey’s Medford office to make the case for single payer reform. The group, including Sandy Eaton, RN, of the MNA, met with Markey’s District Director Mark Gallagher and Congressional Aide Patrick Lally.
Illness and medical bills linked to nearly two-thirds of all bankruptcies. Most of those bankrupted by illness were middle class and had insurance. Medical problems contributed to nearly two-thirds (62.1 percent) of all bankruptcies in 2007, according to a study in the August issue of the American Journal of Medicine. The data were collected prior to the current economic downturn and hence likely underestimated the current burden of financial suffering. Between 2001 and 2007, the proportion of all bankruptcies attributable to medical problems rose by 49.6 percent. The authors’ previous 2001 findings have been widely cited by policy leaders, including President Obama.

Surprisingly, most of those bankrupted by medical problems had health insurance. More than three-quarters (77.9 percent) were insured at the start of the bankrupting illness, including 60.3 percent who had private coverage. Most of the medically bankrupt were solidly middle class before financial disaster hit. Two-thirds were homeowners and three-fifths had gone to college. In many cases, high medical bills coincided with a loss of income as illness forced breadwinners to lose time from work. Often illness led to job loss, and with it the loss of health insurance.

Even apparently well-insured families often faced high out-of-pocket medical costs for co-payments, deductibles and uncovered services. Medically bankrupt families with private insurance reported medical bills that averaged $17,749 vs. $26,971 for the uninsured. High costs - averaging $22,568 - were incurred by those who initially had private coverage but lost it in the course of their illness.

Individuals with diabetes and those with neurological disorders such as multiple sclerosis had the highest costs, an average of $26,971 and $34,167 respectively. Hospital bills were the largest single expense for about half of all medically bankrupt families; prescription drugs were the largest expense for 18.6 percent.

The research, carried out jointly by researchers at Harvard Law School, Harvard Medical School and Ohio University, and supported by a grant from the Robert Wood Johnson Foundation, is the first nationwide study on medical causes of bankruptcy. The researchers surveyed a random sample of 2,314 bankruptcy filers during early 2007 and examined their bankruptcy court records. In addition, they conducted extensive telephone interviews with 1,032 of these bankruptcy filers.

Their 2001 study, which was published in 2005, surveyed debtors in only five states. In the current study, findings for those five states closely mirrored the national trends.

Subsequent to the 2001 study, Congress made it harder to file for bankruptcy, causing a sharp drop in filings. However, personal bankruptcy filings have soared as the economy has soured and are now back to the 2001 level of about 1.5 million annually.

**CLINICAL SIGNIFICANCE**

- 62% of all bankruptcies have a medical cause.
- Most medical debtors were well educated and middle class; three quarters had health insurance.
- The share of bankruptcies attributable to medical problems rose by 50% between 2001 and 2007.

Dr. David Himmelstein, the lead author of the study and an associate professor of medicine at Harvard, commented: “Our findings are frightening. Unless you’re Warren Buffett, your family is just one serious illness away from bankruptcy. For middle-class Americans, health insurance offers little protection. Most of us have policies with so many loopholes, co-payments and deductibles that illness can put you in the poorhouse. And even the best job-based health insurance often vanishes when prolonged illness causes job loss - precisely when families need it most. Private health insurance is a defective product, akin to an umbrella that melts in the rain.”

“For many families, bankruptcy is a deeply shameful experience,” noted Elizabeth Warren, Leo Gottlieb Professor of Law at Harvard and a study co-author. Professor Warren, a leading expert on personal bankruptcy, went on: “People arrive at the bankruptcy courts exhausted - financially, physically and emotionally. For most, bankruptcy is a last choice to deal with unmanageable circumstances.”

According to study co-author Dr. Steffie Woolhandler, an associate professor of medicine at Harvard and primary care physician in Cambridge, Mass.: “We need to rethink health reform. Covering the uninsured isn’t enough. Reform also needs to help families who already have insurance by upgrading their coverage and assuring that they never lose it. Only single-payer national health insurance can make universal, comprehensive coverage affordable by saving the hundreds of billions we now waste on insurance overhead and bureaucracy. Unfortunately, Washington politicians seem ready to cave in to insurance firms and keep them and their counterfeit coverage at the core of our system. Reforms that expand phony insurance - stripped-down plans riddled with co-payments, deductibles and exclusions - won’t stem the rising tide of medical bankruptcy.”

Dr. Deborah Thorne, associate professor of sociology at Ohio University and study co-author, stated: “American families are confronting a panoply of social forces that make it terribly difficult to maintain financial stability - job losses and wages that have not kept pace with the cost of living, exploitation from the various lending industries, and, probably most consequential and disgraceful, a health care system that is so dysfunctional that even the most mundane illness or injury can result in bankruptcy. Families who file medical bankruptcies are overwhelmingly hard-working, middle-class families who have played by the rules of our economic system, and they deserve nothing less than affordable health care.”

A copy of the study and fact sheets on medical bankruptcy are available at pnhp.org.
Governor Patrick commemorates Workers’ Memorial Day with executive order extending OSHA protections to state employees

At an April ceremony commemorating Massachusetts workers who were killed and injured on the job in 2008, Governor Patrick announced a new executive order that could help prevent state employees from meeting a similar fate. The executive order calls for the establishment of safety committees in all state agencies to document workplace hazards and safety measures needed. Safety experts and unions have been calling for the state to establish safety protections for public employees for years, but—prior to the Patrick administration—these requests had been rebuffed.

“This executive order demonstrates the governor's commitment to protecting the health and safety of state employees in a truly meaningful way,” announced Suzanne M. Bump, the commonwealth’s secretary of labor and workforce development. “We look forward to working closely with our employees’ representatives to improve the safety of our state workforce.”

Unlike their counterparts in the private sector, public employees in the commonwealth are not covered by safety requirements under the federal Occupational Safety and Health Act (OSHA). When OSHA was enacted in the 1970s, it gave states the option to extend safety protections to public employees. Though twenty-seven states already apply these regulations to public employees, Massachusetts does not.

“State employees do jobs that are just as, if not more, dangerous than those in the private sector,” said Marcy Goldstein-Gelb, executive director of the Massachusetts Coalition for Occupational Safety and Health. “We applaud the governor for taking this essential step toward instituting safety measures that will most certainly prevent more needless workplace injuries, illnesses and deaths.”

State employees include highway workers exposed daily to lead dust, maintenance workers who work with heavy machinery, and electrical workers exposed to electrical hazards. In fact, the call from unions and safety activists for health and safety protections for public employees escalated after the death of a Logan Airport electrician, Roger LeBlanc, in 2004 whose electrocution may have been prevented had OSHA safety measures been implemented.

“It’s long past time that our commonwealth’s government begins to hold itself to the same workplace safety standards as the private sector and begin the work of providing safer workplaces for our public employees,” said Robert Haynes, President of the Massachusetts AFL-CIO. “Our public employees are under enough fire in these difficult times. The very least we can do is get this Executive Order signed and give workers these protections. The Patrick Administration deserves a great deal of credit for taking this important step.”

Each year, commonwealth residents spend more than $50 million in workers’ compensation costs for injuries and illnesses incurred by state employees alone. According to data provided by New Hampshire’s Department of Labor, after implementing OSHA protections to state employees in 1998, the state of New Hampshire reduced its workers’ compensation claims by an average of 51 percent. And between the years 2001 and 2004 they saved $3.3 million.

A report released in April by Mass-COSH and the Massachusetts AFL-CIO highlighted a state electrical worker who suffered an injury in 2008. An investigation by the Massachusetts Division of Occupational Safety found that the accident might have been prevented had the state instituted a number of basic safety measures which would have been required under OSHA.

Chris Pontus, associate director in the MNA Division of Health and Safety, has represented MNA at these meetings since the coalition’s inception.

Attention Unit 7 golfers!

Unit 7 has sponsored a foursome at the MNF Rosemary Smith Memorial Golf Tournament on July 20 at LeBaron Hills Country Club in Lakeville. Unit 7 members who would like to add their name to the lottery for a possible foursome slot should contact Rosie Mahoney at 781-830-5712 by June 30.

Save the Date!

Monday
July 20, 2009

Visit www.massnurses.org or call to register at 781-821-4625 x745

to benefit Scholarship Programs for Nursing & Healthcare Professionals
Hazardous ultraviolet radiation may be coming to a surgical suite near you!

By Thomas P. Fuller, ScD, CIH, MSPH, MBA

After two years, the health hazard evaluation on the use of ultraviolet radiation in surgical suites at one hospital represented by MNA, has finally been released by the Department of Health and Human Services, National Institute of Occupational Safety and Health (NIOSH). The hospital has discontinued the use of ultraviolet radiation during surgeries and the lamps have been eliminated.

In 2003 several MNA nurses in the OR at this hospital reported sunburn and eye problems after working in the surgical suites with the UV radiation. The UV lamps used in this OR were installed so that the light was directed downward, exposing nurses and others. A labor/management health and safety committee was formed that included several hospital departments and the MNA to look into this concern. Collaboration with the hospital environmental affairs, safety and occupational health departments and the MNA, resulted in studies to measure the radiation exposure to the nurses and other workers. It was determined that the OR workers were being exposed to unsafe levels of ultraviolet radiation and a variety of safety controls were put in place. These included controls on the power settings of the lights, the identification of clothing that would protect the workers from hazardous levels, and the use of suntan lotion to be worn underneath the surgical scrubs. Training and education programs were developed and health screenings were instituted, both skin and eye screenings were conducted. After a few years had passed, and the controls that had been put in place were shown to be ineffective, the hospital, at the suggestion of U. S. Department of Labor, OSHA, requested a health hazard evaluation from NIOSH. In the autumn of 2007 a team of government representatives visited the hospital and conducted their evaluation of the UV lights.

During the evaluation NIOSH:
• Met with management, MNA representatives, and employees
• Toured the ORs and observed the surgical staff at work
• Used personnel dosimeters to measure staff exposure to UV
• Evaluated the effectiveness of protective clothing
• Spoke with employees about possible skin and eye symptoms of overexposure
• Reviewed employee medical records
• Reviewed hospital policies for control of UV radiation

As a result of the study NIOSH found that:
• UV radiation levels in the surgical suites were 28 times greater than NIOSH recommended exposure limits
• Although some protective clothing provided by the hospital was effective at shielding the worker from hazardous levels of radiation, other masks and gowns worn by workers were not effective in stopping the harmful rays from reaching the skin
• Of the 14 surgical nurses interviewed during the study, nearly half of the workers had symptoms related to over exposure to UV radiation including eye irritation and actinic keratosis skin changes
• Most OR staff lacked training on UV radiation hazards
• The protective clothing and suntan lotion provided by the hospital was uncomfortable, cumbersome, and often unavailable, and many workers did not wear it
• Out of the 22 OR employees who received skin screening examinations, three had been diagnosed with melanoma, four with basal cell carcinoma, and five with actinic keratoses

The infection control benefits from these lighting systems have not been proven and other infection control techniques are much more effective, including the use of laminar flow ventilation, timely administration of antibiotics and good surgical technique. Unfortunately, despite the harmful effects of the ultraviolet radiation on surgical staff in this case, and the fact that this hospital discontinued the use of these lamps, these types of radiation systems are still being sold and installed in other hospitals, including hospitals in Massachusetts.

Other uses of UV for infection control

In March 2009 NIOSH published another related document “Environmental Control for Tuberculosis: Basic Upper-Room Ultraviolet Germicidal Irradiation Guidelines for Health-care Settings.” In cases where UV radiation is proposed to be used as a germicide, NIOSH provides the following recommendations and limitations:
• UV bulbs should not be visible from any position in the room,
• Fixtures should contain baffles or louvers to direct UV to upper room,
• Safety switches should be near room normal lighting switches, but locked-out during maintenance,
• If unshielded UV is used in a room, automatic controls should shut the UV down when anyone enters the room either through motion sensors or controls on the doors,
• Systems should be installed by qualified professionals,
• Installers should have training on installation and placement,
• Engineers, industrial hygienists, health professionals, and health physicists should be consulted prior to purchase and installation,
• System design should be coordinated with infection control criteria, ventilation systems, and surgical suite design and the proposed benefits should be quantified and compared against other viable infection control methodologies before being selected.

If you have comments, concerns or questions, please contact Evie Bain at evie.bain@manrn.org.
President

Donna Kelly-Williams, RN
Arlington

Employment: Cambridge Hospital
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 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

Kathryn 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
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.

Director At-Large, General

Mary Bellisti, 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 is stands now. I support 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.

Region 5
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
Berkeley
Region: 3
Employment: Good Samaritan
Education: Diploma, MGH School of Nursing, 1975; BSN, Curry College, 2000
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
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. I want to make “Flo” proud.

Congress on Nursing Practice
Linda Condon, RN, BSN
Brookton
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 Health & Safety
Linda C. Barton, BS, RN, CCRN
Stoughton
Employment: Norwood Hospital
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 Taylor Careau, Med, MS, RN
Auburn
Employment: N/A

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 Commit-
tee 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 Vaugh 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, 1971

MNA 2009 preliminary 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
Patricia Mayo, RN

Region 2
Karen Gavigan, RN, BSN
Kathy Metzger, RN, BA

Region 3
Patricia (Patty) Rogers Sullivan, RN, MM

Region 5
Paula Ryan, RNC

**Director At-Large, General**
3 for 2 years
Mary Bellistri, RN
Jim Moura, RN, BSN
Nora Watts, RN, BSN

**Director At-Large, Labor**
4 for 2 years
Colette Kopke, RN-BC
Karen Coughlin, RN BC
Kathlyn Logan, RN
Colleen Wolfe, RN, ADN

**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**, 6 for 2 years
Linda C. Barton, BS, RN, CCRN
Peg Taler Careau, ME d, MS, RN
Mary Doyle Keohane, RN
LeAnn Tibets, RN, BSN, CMSRN

**Congress on Health Policy**, 6 for 2 years
Sandy Eaton, RN
Pamela Vaughn Mason, DNP (pending)
Nancy Pitrowski, RN, MPA
Tina Russell, RN

**Congress on Health & Safety**, 6 for 2 years
Patti Duggan, RN, MS
Sandy LeBlanc, RN, CNOR
Kate Opanasets, RN

**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
Region 2
Region 3
Trudy Bull, RN
Lauren Johnson-Lavender, MSN
Region 4
Karen Arnone, RN, BSN
Kimberly A. Nizza, RN
Patricia Rogers Sullivan, RN, MM
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.*
An invitation:

Join the MNF Board of Trustees

The Massachusetts Nurses Foundation is seeking volunteers to join the MNF Board of Trustees. The MNF supports scholarship and research for nurses, with $80,000 awarded last year. Membership on the board of trustees is being expanded to include both nurses and other individuals. We are seeking qualified candidates to join the MNF Board. Responsibilities of trustees include:

♦ Attending approximately four board meetings per year
♦ Chairing or co-chairing a committee
♦ Contributing your expertise to achieving the MNF mission
♦ Assuming the responsibilities for conduct of the foundation as a trustee of the organization.

To apply, send a letter of interest to Jeannine Williams, President, MNF, 340 Turnpike Street, Canton, MA 02021, or send an e-mail message to Cindy Messia at cmessia@mnarn.org if you have questions.
In keeping with their commitment to community service, on May 9, MNA Region 2 members helped to make the National Letter Carriers’ Food Drive in Worcester a huge success. MNA members Pat Mayo RN, Carolyn Bourget RN, and Deb Holmes RN followed letter carriers on their postal routes to help pick up food. The food donations were distributed to area food pantries to help those in need.

Pat Mayo (left) and other volunteers sort donated food at the Friendly House food pantry.

Pat Mayo’s minivan was filled with food for the Friendly House food pantry.

Pat Mayo, Carolyn Bourget, and Deb Holmes join with members of other area unions at the Worcester Post Office loading dock to hear their instructions for the day.
Medical/Surgical Nursing Summit:
Focus on Cardiac and Respiratory

Morning Session: 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

Afternoon Session: 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: Aug 12

Time:
8:30–9 a.m., Registration
9 a.m.–noon, Morning Session
Noon–1 p.m., Lunch (provided)
1–4 p.m., Afternoon Session

Location: MNA Headquarters, Canton

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

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

Contact Hours: Will be provided.

MNA Contact: Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

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 – Part 1
       Aug. 25 – Part 2

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

Place: MNA Headquarters, Canton

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

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

Contact Hours: Will be provided.

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

Continuing Education Course Information

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

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

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

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

Contact Hours: Contact hours will be awarded by the Massachusetts Nurses Association for all programs. 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; 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. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

Note: CE programs provided solely by the MNA are free of charge to all MNA members. Pre-registration is required for all programs. Please contact the MNA with any questions about accessibility for those with special needs.

Health & Safety with the MNA

CONTINUING EDUCATION ONLINE

www.massnurses.org

Click on MNA ONLINE CE on the home page in the pink box.
### Track 1: MNA Overview and Structure

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1:</strong> Overview of the MNA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divisions</td>
<td>C</td>
<td>11/18</td>
<td>C</td>
<td>11/19</td>
<td>C</td>
</tr>
<tr>
<td>By-laws</td>
<td>O</td>
<td>M</td>
<td>P</td>
<td>M</td>
<td>P</td>
</tr>
<tr>
<td>How policies, decisions are made</td>
<td></td>
<td>One member, one vote</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 2:</strong> Legislative and Governmental Affairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Division: Political Activity</td>
<td></td>
<td>12/2</td>
<td>L</td>
<td>E</td>
<td>1/7</td>
</tr>
<tr>
<td></td>
<td>L</td>
<td>E</td>
<td>E</td>
<td>E</td>
<td>E</td>
</tr>
<tr>
<td><strong>Week 3:</strong> Nursing Division/Health and Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12/16</td>
<td>T</td>
<td>12/10</td>
<td>T</td>
<td>T</td>
</tr>
<tr>
<td><strong>Week 4:</strong> Public Communications</td>
<td></td>
<td>1/6</td>
<td>E</td>
<td>1/21</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>2/4</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td><strong>Week 5:</strong> Organizing Division</td>
<td></td>
<td>1/20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1:</strong> Role of the MNA rep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifying grievances</td>
<td></td>
<td>7/14</td>
<td>4/22</td>
<td>3/18</td>
<td>6/18</td>
</tr>
<tr>
<td>What is grievable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Grievances vs. complaints — how to tell the difference, how to work with the member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>O</td>
</tr>
<tr>
<td><strong>Week 2:</strong> Components of the grievance procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time lines and steps</td>
<td></td>
<td>7/28</td>
<td>5/6</td>
<td>4/1</td>
<td>7/7</td>
</tr>
<tr>
<td>When/how to settle grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Discipline vs. contract interpretation grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Burden of proof, just cause, due process, seven tests of just cause</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Past practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Definition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Difficulty in proving a practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Burden in proving a practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 3:</strong> How to file grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to write a grievance</td>
<td></td>
<td>8/11</td>
<td>5/19</td>
<td>4/15</td>
<td>7/23</td>
</tr>
<tr>
<td>Investigation/identifying sources of information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information requests</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constructing the case</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 4:</strong> Presenting the grievance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealing with management</td>
<td></td>
<td>8/25</td>
<td>6/3</td>
<td>4/29</td>
<td>8/13</td>
</tr>
<tr>
<td>Settling the grievance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 5:</strong> Arbitration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why it’s good for the members</td>
<td>9/1</td>
<td>6/16</td>
<td>5/13</td>
<td>8/27</td>
<td></td>
</tr>
<tr>
<td>Why it’s bad for the members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unfair labor practices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weingarten rights</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizing around grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Track 3: Collective Bargaining

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1:</strong> Negotiations and the Legal Basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process overview</td>
<td>4/14</td>
<td>12/3</td>
</tr>
<tr>
<td>Bargaining ground rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 2:</strong> Preparing for Bargaining</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance of internal organizing</td>
<td>4/28</td>
<td>1/14</td>
</tr>
<tr>
<td>Contract action team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract calendar, planning events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surveys, meetings, other methods of gathering proposals from members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting priorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing a campaign</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 3:</strong> Committee Decision Making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct at the table</td>
<td>5/12</td>
<td>1/28</td>
</tr>
<tr>
<td>Dates, location, etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open bargaining. Pros &amp; cons.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening statements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposal exchange</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 4:</strong> Table Tactics/Reading Signals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing the contract campaign</td>
<td>5/26</td>
<td>2/11</td>
</tr>
<tr>
<td>The contract action team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing contract language</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 5:</strong> Costing the Contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bargaining video</td>
<td>6/16</td>
<td>2/25</td>
</tr>
<tr>
<td>Picketing and strikes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bargaining unit job actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impasse/contract extensions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 6:</strong> Use of the Media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaching agreement, writing final language</td>
<td>6/30</td>
<td>3/10</td>
</tr>
<tr>
<td>Committee recommendation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ratification process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midterm bargaining</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Track 4: Computer Training

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1:</strong> Excel 1</td>
<td></td>
<td>2/2</td>
</tr>
<tr>
<td><strong>Week 2:</strong> Excel 2</td>
<td></td>
<td>2/17</td>
</tr>
<tr>
<td><strong>Week 3:</strong> Excel 3 graphs &amp; application</td>
<td></td>
<td>3/12</td>
</tr>
<tr>
<td><strong>Week 4:</strong> Word 1</td>
<td></td>
<td>3/26</td>
</tr>
<tr>
<td><strong>Week 5:</strong> Word 2</td>
<td></td>
<td>4/9</td>
</tr>
<tr>
<td><strong>Week 6:</strong> Publisher 1</td>
<td></td>
<td>4/27</td>
</tr>
</tbody>
</table>
After a very successful first year, the MNA Labor School has been expanded and restructured. It now consists of six separate tracks of classes in each Region running five to seven weeks each, depending on the track. Two new tracks have been added. One focuses on the MNA structure and divisions, and the second track on computer training (Excel, Word and Publisher). Classes are standardized, so if one particular class is missed in one region, it can be picked up in any other region.

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

Preregistration through the 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.

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

### Boston Metropolitan Area
- **Bournewood Hospital, Health Care Professionals Support Group, 300 South St., Brookline.** Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- **McLean Hospital, DeMarmefte Building, Room 116, LeRoy Kelly, 508-881-7889.** Thursdays, 5:30–6:30 p.m.
- **Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton.** Steve Nikolsky, 508-238-8024. Thursdays, 6:30–7:30 p.m.
- **Health Care Professional Support Group, Caritas Norwood Hospital, Norwood.** Jacqueline Sitte, 781-341-2100. Thursdays, 7–8:30 p.m.
- **Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown.** Dana Fogerty, M.A., 978-352-2131, x57. Tuesdays, 5–6 p.m.
- **Nurses Recovery Group, Beverly Hospital, 1st Floor.** Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- **Partnership Recovery Services, 121 Myrtle Street, Melrose.** Jay O’Neil, 781-979-0262. Sundays 6:30–7:30 p.m.

### Central Massachusetts
- **Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester.** Contacts: Laurie, 508-853-0517; Carole, 978-588-1995. Mondays, 6–7 p.m.
- **Peek Group Therapy, 1354 Hancock St., Suite 209, Quincy.** Chris Sullivan, 617-838-6111. Tues. 5:15 p.m., Wed. 5:15 p.m. & coed at 6:30 p.m.
- **PRN Group, Pembroke Hospital, 199 Oak St., Staff Conference Room, Pembroke.** Sharon Day, 508-667-2486. Tuesdays, 6:30–8 p.m.
- **Substance Abuse Support Group, AdCare Michelle, 508-965-2479.** Mondays, 7–8:30 p.m.

### Western Massachusetts
- **Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield.** Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.
- **Professional Support Group, Franklin Hospital Lecture Room A, Greenfield.** Contacts: Wayne Gavryck, 413-774-2351, Elliott Smolensky, 413-774-2871. Wednesdays, 7–8 p.m.

### Other Areas
- **Maguire Road Group, for those employed at private health care systems.** John William, 508-834-7036 Mondays.
- **Nurses for Nurses Group, Hartford, Conn.** Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Thursdays, 7–8:30 p.m.
- **Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I.** Sharon Goldstein, 800-445-1195. Wednesdays, 6:30–7:30 p.m.
- **Nurses Recovery Group, VA Hospital, 6th Floor Lounge, North 650, Manchester, N.H.** Contacts: Janet K., 978-975-5711, Sandy, 603-391-1776. Tuesdays, 7:00–8:00 p.m.

---

**Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems**

- Are you a nurse who is self-prescribing medications for pain, stress or anxiety?
- Are you a nurse who is using alcohol or other drugs to cope with everyday stress?
- Would you appreciate the aid of a nurse who understands recovery and wants to help?

Please call us at 781-821-4625, ext. 755 or 800-882-2056 (in Mass. only) peerassistance.com

All information is confidential

*The MNA Peer Assistance Program is a confidential program provided by the MNA to assist chemically dependent nurses.*
ARE YOU A NURSE STRUGGLING AFTER A BAD PATIENT OUTCOME?
WE UNDERSTAND — WE CAN HELP.

MITSS support team members are aware of the difficult emotional, social and professional issues a nurse has to deal with following an adverse event.

Nurses may experience:
- Feelings of loss
- Shame and guilt
- Depression
- Anxiety
- Feelings of isolation and being alone
- Doubts about professional competence
- Difficulties at work and at home

MITSS provides confidential:
- Telephone “hotline” support
- Short-term individual counseling
- Support groups for nurses led by a licensed clinical psychologist
- Referral services for emotional support

You chose a caring field. Maybe it’s time to take care of yourself.

MITSS services are available to any nurse and are not restricted to MNA members. Call us toll free at 888-36MITSS or visit www.mitss.org.

MNA membership dues deductibility for 2008
The table below shows the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

<table>
<thead>
<tr>
<th>Region</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Regions</td>
<td>$39.00</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

* Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes, fuel tax and travel insurance are NOT included in the listed prices. For more information on these great vacations and to be placed in a database to receive yearly flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing address.
MNA Member Discounts

Log onto “myMNA,” the new members-only section of the Web site

Personal & Financial Services

PROFESSIONAL LIABILITY INSURANCE
Nurses Service Organization ........................................ 800-247-1500

CREDIT CARD PROGRAM
Bank of America ......................................................... 800-847-7378
Exceptional credit card at a competitive rate.

TERM LIFE INSURANCE
Lead Brokerage Group ................................................. 800-842-0804
Term life insurance offered at special cost discounts.

LONG TERM CARE INSURANCE
William Clifford .......................................................... 800-878-9921, x110
Flexible and comprehensive long-term care insurance at discount rates.

SHORT TERM DISABILITY INSURANCE
Insurance Specialist LLC ............................................ 888-474-1959
Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE
Lead Brokerage Group ................................................. 800-842-0804
Provides income when you are unable to work due to an illness or injury.

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

DISCOUNT TAX PREPARATION SERVICE
TaxMan Inc ............................................................... 800-7TAXMAN
20% discount on tax preparation services.

HOME MORTGAGE DISCOUNTS
Reliant Mortgage Company ....................................... 877-662-6623
Save on your next home loan/mortgage with discounts available to MNA members and their families. Receive free mortgage pre-approvals.

LIFE & ESTATE PLANNING
Law Office of Dagmar M. Pollex ................................. 781-535-6490
10-20% discount on personalized life & estate planning.

BLUE CROSS BLUE SHIELD
For details on health insurance plans, call 800-422-3545, ext. 65414

Products & Services

AUTO/HOMEOWNERS INSURANCE
Colonial Insurance Services, Inc ................................. 800-571-7773
MNA discount available for all household members. No service changes with convenient EFT payment.

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

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

DISCOUNT DENTAL & EYEWEAR PROGRAM
Creative Solutions Group ........................................ 800-308-0374
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyecare and chiropractic expenses.

CONSUMER REFERRAL SERVICE
Mass Buying Power ................................................... 866-271-2196
Before you make your next purchase visit www.massbuy.com for any new products and services.

DISCOUNT PRODUCTS BY MEMBER ADVANTAGE
MEMBER ADVANTAGE ....................................... 781-828-4555 or 800-232-0872
Discount prices on a broad range of products. Register at mnadiscountproducts.com

OIL BUYING NETWORK DISCOUNT
OIL BUYING NETWORK ........................................... 800-660-4328
Lower home oil heating costs by 10–25 cents/gallon or $150 per year.

WRENTHAM VILLAGE PREMIUM OUTLETS
Present your MNA membership card at the information desk to receive a VIP coupon book offering hundreds of dollars in savings.

CAMBRIDGE EYE DOCTORS
Obtain your Slight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World.

HEALTH CARE APPAREL
WORK’n GEAR DISCOUNT ........................................ 800-WORKNGEAR
Receive 15% discount off all regularly priced merchandise. Visit www.massnurses.org for a printable coupon to present at time of purchase.

BROOKS BROTHERS DISCOUNT

Travel & Leisure

CAR RENTAL
AVIS CAR RENTAL ............................................... 1-800-331-1212
Discounts can be used for both personal and business travel.

Hertz Car Rental ......................................................... 800-654-2200
MNA members discounts range from 5 – 20%. (For MNA discount CDP, call 781-830-5726.)

EXCLUSIVE TRAVEL DEALS
MNA Vacation Center .................................................. www.mnavacations.com
Powered by TNT and Goahead tours. Get exclusive access to travel specials at prices not available to the public.

DISCOUNT MOVIE PASSES ......................................... 781-830-5726
Discounted tickets to Walt Disney World and Disneyland along with other Florida attractions. Call 800-331-6483.

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

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT
Obtain Adventure Card to receive discounts to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

UNIVERSAL STUDIOS FAN CLUB ............................ 888-777-2131
Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices.

WORKING ADVANTAGE

SIX FLAGS NEW ENGLAND
One day pass only $25. Contact MNA’s Division of Membership at 800-882-2056, x726.

For more information call member discounts at the MNA, 800-882-2056, x726. All discounts are subject to change.