Standing tall for patient care at Morton Hospital
MNA efforts propel new law to protect nurses from patient assaults

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North Adams nurses vote to authorize strike

The registered nurses of the North Adams Regional Hospital (NARH) voted overwhelmingly yesterday to authorize their union leadership to call a strike if necessary in their ongoing negotiations with hospital management. In a unified show of strength, 99 percent of the voting members voted in favor of the strike authorization.

“With this vote, the nurses at this hospital have sent a clear message. We are ready and willing to strike in the defense of our patients, our profession and the future of quality health care at NARH,” said Ruth O’Hearn, RN, a nurse in the ICU and co-chairperson of the MNA local bargaining unit at NARH. “We entered these negotiations with the understanding that the hospital is in a difficult financial position. In that spirit we didn’t ask for a wage increase and since then have dropped any proposal that would cost the hospital money. They have responded to this olive branch with a hammer.

“The hospital’s proposals would have a disastrous effect on the quality of patient care. Under their plan NARH once again would be allowed to use mandatory OT to staff the hospital and patient care would suffer. NARH also wants to eliminate contract language that allows a nurse to decline overtime if she is exhausted or sick. As experienced professional caregivers we know when we are unable to care for our patients, but the managers seem to think they know more than we do,” said Mary McConnell, RN and a nurse in the PACU and co-chair of the bargaining unit.

Management also wants to ignore the posted work schedules, to be able to cancel shifts, to mandate extra shifts at their whim, to change the hours of a shift, and to mandate staff to come in early or stay late. This will leave the nurses unable to plan their lives and child care because they essentially would be on call 24/7.

The negotiations started in January. Management put over 100 proposals on the table, many of them concessions that would serve to make the present contract meaningless. The MNA has represented the 106 nurse-bargaining unit for over 30 years and bargained numerous contracts over those years but never faced these types of proposals. The hospital has hired a noted “union avoidance” law firm, spending thousands of dollars in legal fees that could have been spent to maintain the quality of patient care.

“We don’t want to strike, but they are leaving us no choice if they continue to insist on their abusive and unreasonable demands,” said O’Hearn. “It is our hope that they will come to their senses and finally treat this community and their employees with the dignity and respect we deserve.”

The RNs of Quincy Medical Center deserve better

The nurses at Quincy Medical Center are continuing in their fight to protect their patients, their practice and their hospital. Over the last month, the bargaining unit has been cooperating with the National Labor Relations Board in its investigation of the nurses’ charge of unfair labor practices, specifically management’s decision to declare impasse in their ongoing contract negotiations. The hospital’s MNA members have also been working to inform the public about their concerns for safe staffing and the hospital’s abhorrent behavior in these negotiations. Supportive letters to the editor have been placed in local newspapers and lawn signs are sprouting up in gardens everywhere.
MNA Board of Directors takes position opposing specific bylaw changes

At its June meeting, the MNA Board of Directors voted to take a position in opposition to a few specific bylaw proposals put forward for debate and a vote at this year’s annual business meeting. While any number of proposals may come forward from structural units, the Board feels it is important for the membership to be aware of proposals assessed by the Board to be potentially harmful.

All the proposed bylaw changes can be found on pages 18-24 of this issue of the Massachusetts Nurse. The Board firmly opposes amendment 5 which contains a number of provisions that would alter voting procedures, how the MNA determines and implements positions, and the scope of the authority of the Board of Directors. The Board believes the changes to our bylaws will severely limit the ability to respond to any number of serious issues our members may face, particularly in the current turbulent health care climate. We also believe the proposed changes will unnecessarily add to the cost of doing the MNA business, at a time when our resources will be better spent responding to challenges confronting the members.

The changes proposed in amendment 5 will further limit the ability of well-informed and committed MNA members to develop policies and directives for the Board of Directors, by enforcing costly requirements for a mail ballot referendum by the entire membership on any and all issues considered at the business meeting.

The MNA business meeting provides for a decision-making process to formulate and pass bylaw changes and policy positions to the Board of Directors in a democratic assembly. It is characterized by an open member convention structure that enables a broad range of opinions by providing member participation in both the crafting of positions and the decision-making process itself.

Bylaw amendment 5 would not only undermine the deliberative process on the issues before the members, it carries the potential to decrease member involvement in the direction and focus of the Association, by encouraging members to vote in a ballot process in lieu of actively engaging in the debate among members and crafting the final outcome on the basis of that participatory process. Under this proposal, the membership attending the business meeting assembly, who are active leaders of your bargaining units—having debated and deliberated over a sound position to address an important issue at the business meeting—will have their decisions delayed and put at risk of being overturned by a vote of members who did not participate in the debate, nor fully understand the arguments for the position, and/or the compromise position finally agreed upon by the members.

Ultimately the bylaw proposed is an ineffective method to move the work of the Association, weakening the Association while our members’ nursing practice and contracts are under assault in this environment.

The current MNA structure features an open and transparent election process that allows all members to select their own leadership, nearly all of whom come from the ranks of the local bargaining units. The MNA Board is reflective of the membership. Board members work in the bargaining units as union leaders and activists. The MNA bylaws have been crafted to ensure that on the state and regional levels, active, direct-care nurses—chosen by the members—can make decisions on a real-time basis in order to meet your needs.

The issues confronted by our membership are complex and time sensitive, and they require a process that provides for the opportunity for well-reasoned deliberation and engagement by a membership fully invested in the issues. Given our experience in walking through the bargaining units every day, we are validated that the efforts and direction taken by the Board reflect the goals of the members.

Another major problem with changes called for under amendment 5 is that the amendment seeks to put into the bylaws what is currently handled under Board policy. Again, the assumption behind the current structure is that the membership elects members to serve on the Board to make policies and take positions in their best interests providing the ability to respond to rapidly changing conditions. If there is strong disagreement about a specific position or policy of the Board, the membership has the ability to pass a motion at convention to direct the Board on a particular matter and/or elect representatives who support a different position.

However, if the proposed changes are adopted, and policies and positions are set as part of the bylaw process, it would then require a two-thirds majority vote by the membership at the annual meeting to change course. Micro-managing through bylaws lessens the ability of the leadership elected by the members to function and meet the needs of the very membership that elected them. Certainly, MNA bargaining units cannot be expected to function this way, nor can the MNA.

Finally, with regard to the proposal that the convention’s business meetings be held on a Saturday, many of you may be familiar that when the MNA held a Saturday business meeting for disaffiliation from ANA in 2001, it resulted in a lawsuit for discrimination by a small group of members. While discrimination certainly was not the intent of the prior Board, we are nonetheless circumspect with regard to this issue going forward. Additionally, feedback from members in the current environment indicates that nearly one-half of the membership would be excluded due to weekend work schedules.

It is our belief the proposed bylaw changes, specifically those proposed under amendment 5, are unnecessary, and would severely limit our organization’s ability to be timely and responsive to your needs. We encourage you to study these issues, to call us to discuss your thoughts and concerns, and most important of all, to attend the MNA annual business meeting on Oct. 14 in Worcester and participate in this debate.
Nursing on Beacon Hill: Legislative Update

Patrick signs bill to stiffen penalties for those who assault nurses

Surrounded by registered nurses and legislators, on July 2 Gov. Deval Patrick signed into law a bill that will stiffen the penalties for those who assault nurses and other health care workers, one of a series of measures the MNA proposed to address the growing problem of workplace violence in health care settings. The signing followed unanimous votes to approve the measure in both chambers of the Legislature.

“This law gives us the tools to further protect the many health care professionals who work tirelessly to ensure the care of all residents of the commonwealth,” said Patrick, who signed the legislation at a ceremony attended by two dozen MNA members inside his State House office.

“We applaud the governor and the Legislature for its support of this measure, as it recognizes the increasing levels of violence that nurses are facing on the job,” said Donna Kelly-Williams, president of the MNA. “In fact, nurses are assaulted on the job to the same degree as police officers and prison guards, and earlier this month the Joint Commission, which provides accreditation to health care providers, issued an alert to the health care community specifically highlighting a dramatic rise in the level of violence in our health care system.”

State law already treats any assault on an emergency medical technician while the technician is providing care as a more serious crime with its own set of penalties. The new law, which was sponsored by Sen. Michael Moore (D-Millbury) and Rep. Michael Rodrigues (D-Westport), extends those same protections to nurses.

According to MNA Vice President Karen Coughlin, RN, who has been a victim of a number of assaults during her years working at one of the state’s mental health facilities, “This law helps send the message that violence against health care workers will be treated seriously.”

A June 2008 study showed that workers in the health care sector are 16 times more likely to be confronted with violence on the job than any other service profession. A study by the Emergency Nurses Association in the spring of 2007 found that more than half of emergency nurses reported experiencing physical violence on the job. In a 2004 survey of Massachusetts nurses, 50 percent indicated they had been punched at least once in the last two years, and 25-30 percent were regularly pinched, scratched or spit on or had their hand twisted. Yet most hospitals and health care employers in the state fail to adequately address the issue of workplace violence and very often provide little or no support to employees who are attacked on the job.

“This is a day that we have been working towards for some time, and I am very proud to see it come,” said Moore. “This bill, which has been filed every session for six years, will lead to corrective action being taken against those who would harm a nurse on the job, and it will communicate to the public and the medical community the severity of this problem.”

“I applaud Gov. Patrick for joining us in sending a message that violence against nurses and other health care professionals cannot and will not be tolerated,” said Rodrigues.

The bill passed both chambers of the Legislature and was signed by Patrick after a year of intensive lobbying by MNA members. Members attended small meetings with over 20 legislators in their districts, regularly went to the State House to drop off literature, participated in a March 31 lobby day, and generated hundreds of phone calls to the governor as soon as the bill reached his desk. It was this grassroots advocacy by MNA members that resulted in such overwhelming support for the measure.

According to Kelly-Williams, the new law is an important first step in a broad-based effort to make health care settings safer for nurses and for patients. “As we celebrate today’s achievement, we also continue to push for two other measures that we hope the Legislature will act on to fully address this crisis. This includes a much-needed law that calls upon health care providers to put in place policies and procedures to prevent workplace violence from occurring in the first place. We also continue to seek passage of legislation to set safe patient limits for nurses, as the lack of staff to adequately respond to patients and their families is a major factor leading to these types of incidents.”


MNA members outside the State House after the signing ceremony. Inset, MNA President Donna Kelly-Williams (second from left) and Vice President Karen Coughlin, with (from left) Rep. Mark Falzone, Gov. Patrick, Sen. Michael Moore, lead Senate sponsor, and Rep. Jennifer Callahan, RN.
State issues unfair labor practice complaint against Cambridge Hospital

The State Labor Relations Commission has issued a formal complaint against Cambridge Health Alliance, citing the organization for bargaining in bad faith and depriving nurses of their union rights following CHA’s decision to prematurely cease negotiations, declare impasse and unilaterally slash nurses’ retiree health benefits. The SLRC will schedule hearings on the complaint issued against CHA in mid-July.

“We are encouraged and vindicated that the labor commission has sided with the nurses and is holding the hospital accountable for its illegal and reprehensible behavior in its dealings with our members,” said Betty Kaloustian, co-chair of the local MNA bargaining unit, who has worked at the hospital for more than 36 years. “It is our hope that management will finally do the right thing, restore our rights and get back to the table to negotiate a fair settlement.”

The registered nurses of the Cambridge Hospital campus of CHA filed an unfair labor practice charge with the SLRC against the hospital on July 1 for its refusal to engage in good faith negotiations with the nurses in their effort to reach agreement on a new union contract. A fact finding hearing before the SLRC was held on July 8.

The nurses were outraged by management’s earlier decision to cease talks and declare impasse after only five sessions, while issuing their “last and final” offer on June 24. That offer included a 40 percent cut to the nurses’ retiree health benefit, an action that was in direct violation of state labor law and that requires parties to move to mediation and fact finding prior to seeking a declaration of impasse.

According to Julie Pinkham, MNA executive director, “Our organization cannot accept such a flagrant refusal to honor the rule of law, and we intend to use every means at our disposal to ensure that a true negotiation takes place that respects the rights of these nurses. This will cause irreparable harm to labor relations at the CHA facilities at a time when a positive working relationship is of paramount importance.

Cambridge Hospital nurses hold informational picket.
We cannot understand how the hospital board of trustees can condone such reckless behavior and we sincerely believe the CEO and the director of human resources, who implemented this strategy, should be held accountable for this egregious action.”

The MNA represents more than 400 nurses at Cambridge Hospital. Donna Mondeau, a long-time nurse at the hospital and co-chair of the bargaining unit, believes the retiree health benefit was a promise made to the nurses, many of whom have worked for years at the public sector facility, forgoing higher wages they could have made at nearby private sector hospitals. They stayed on at Cambridge in large part due to the retiree health and pension benefits.

MNA Board of Directors
June 2010 BOD meeting highlights

- The BOD Finance Committee and the director of finance presented the FY 2011 budget for the BOD’s approval. The BOD reviewed and passed a balanced budget for FY 2011.
- Naomi Gerstel and Dan Clawson, professors from UMass Amherst, presented a research project that they are doing regarding negotiations about work hours. Their research will “examine union contracts and contract negotiations to understand what matters to nurses and management about vacations, personal days, sick days, holidays, overtime, on-call, shift scheduling, reductions in force, and other issues related to the hours and schedules that nurses work.” The BOD endorsed and supports this research project. Gerstel and Clawson will be looking to conduct interviews with nurses and to sit in on contract negotiations. Stay tuned for more information.
- Bill Fyfe, bylaws committee chair, presented the bylaw amendments proposed by various groups to the BOD. After the presentation, the BOD reviewed each of the proposed bylaws and discussed their impact on the Association and voted on opposing and endorsing the various proposals. The Bylaws Committee brings the proposed amendments to the annual business meeting.
- Andi Mullin, director of legislation, updated the BOD on the assault bill. The Senate has moved the House vehicle and they will now ask the House to concur with the Senate version. Once that is done, we need to get it enacted in both chambers (normally a formality). Andi will keep the BOD posted on the progress.
- Mullin also reported that the Mass. Nurses PAC endorsed Ed Coppinger for Mike Rush’s House seat; Tackey Chan for Steve Tobin’s House seat; and Margot Barnet for Robert Spellane’s House seat. In addition, the Mass. Nurses PAC endorsed a number of supportive incumbent legislators.

Massachusetts Nurse July/August 2010 5
MNA Region 2 members had a blast standing out in support of their good friend and champion, Congressman Jim McGovern. From left, Mary Colby, Mike D’Intinosanto, Cathy Watterson, Deb Vescera, Beth Amsler, Sandy Ellis and Bill Lahey. Interested in working with the MNA to support McGovern’s re-election campaign? Contact Sandy Ellis at 508-756-5800, ext. 103 or SEllis@mnarn.org.

Worcester public school nurses honored for their hard work: Denise Khalili (left), a nurse at Woodland Academy, received the Worcester Public Schools Nurse of the Year Award and was recognized by the Worcester School Committee. Nancy Quintela (right), a nurse at Jacob Hyatt Magnet School, received the prestigious city-wide Thomas Jefferson Award.

Region 5 members and family took part in the Dorchester Day Parade on June 6, joining this community event for fun, exercise and to increase the visibility of nurses. Standing, from left, Brian Moloney (MNA staff), Donna Dudik (Boston Medical Center), Susan Wright Thomas (Cambridge Health Alliance), Donna Kelly-Williams (Cambridge Health Alliance), Betsy Prescott (St. Elizabeth’s Hospital), Barbara “Cookie” Cooke (MNA Staff), Barbara Tiller (Tufts Medical Center), Deirdre O’Brien (Faulkner Hospital). Kneeling is Fabiano Bueno (Boston Medical Center).
Organizing

Solidarity: when the ‘ah ha moment’ hits

Jeanine Hickey, RN
Associate Director, Division of Organizing

You hear it all the time, “In solidarity.” But what does it really mean? The actual dictionary definition of solidarity describes it as the mutual support and agreement among individuals in a group that usually takes the form of collective action for something.

Over the past several months displays of solidarity and collective action have been evident at many MNA and NNU events where nurses have come together to fight for issues like preventing pension takeaways, mandatory overtime and benefit cutbacks as well as preserving affordable health care. In most cases the nurses have come away with the “ah ha moment” where they realize just how empowered they are while standing together to fight.

The nurses at Morton Hospital stood together recently as they faced contract issues that led them to the brink of striking. For them, solidarity meant they found the collective strength to stand up to their employer to protect their pensions and to get strong language protections on mandatory overtime. They stood united for the safety of their patients and for a just contract. And they were encouraged by the outpouring of support from community organizations, political leaders, other unions, and other MNA bargaining units—all of who supported them in their fight. Solidarity with their bargaining unit, yes!

The nurses at Tufts and Boston Medical Center (BMC) stood together to hold an informational picket over patient safety and safe staffing. The picket brought nurses from both campuses together to walk at BMC in the morning and in the afternoon at Tufts. At both events they were joined by MNA leadership and members from other MNA bargaining units as well as community and political leaders. The nurses at these two facilities found unity in a common issue and stood together to fight for their patients. Solidarity for safe patient care, yes!

The nurses at Quincy Medical Center (QMC) held an informational picket to call attention to the unfair treatment they are receiving from management in their current contract fight. The QMC nurses are taking a firm stand to fight cutbacks in wages, increases in health insurance costs, and the freezing of their pension benefits. In a great show of unity and solidarity, MNA members from other bargaining units as well as members of other unions and community groups joined the QMC nurses on their picket line. Their fight continues, but by empowering themselves they can continue the fight for a fair settlement. Solidarity against unfair treatment, yes!

The NNU job action at the Staff Nurse Assembly in May.

In Washington, D.C., at the first NNU Staff Nurse Assembly the nurses at Washington Medical Center staged an informational picket to protest staffing and benefit cutbacks. Imagine the sense of support and solidarity they felt when busload after busload of NNU nurses showed up on their picket line. It was an unbelievable sight to see a picket line of about 70 Washington Medical Center nurses grow within minutes to well over 1,000! The nurses at Washington Medical Center had a big “ah ha moment” with the solidarity of over 1,000 NNU nurses walking the line with them chanting “Your fight is our fight.” The management team at this hospital must have experienced a big “oh no moment” when those buses unloaded in front of the hospital. Solidarity for nurses across the United States, yes!

The week of May 24 brought support and solidarity to our United Food and Commercial Workers (UFCW) brothers and sisters at Shaw’s warehouse who have been on strike for several weeks. The striking workers staged a five-day walk from Methuen to the State House in Boston to protest the unfair treatment they are receiving from their employer. Community groups and other unions, including the MNA, joined them to support their struggle, to bring attention to their strike and to help them win a fair contract.

The MNA supported the UFCW workers on Monday, Tuesday and Wednesday by making the MNA mobile unit and provisions available to them as they walked many miles in record heat and humidity. Solidarity and unity were evident not only from the MNA but from other unions and community groups as their five-day walk culminated in a mass rally outside the State House on May 27, followed by a march to the Shaw’s at the Prudential Center.

These workers were unified in their struggle and their work to gain public support for a just settlement to their contract fight. They were so appreciative of the MNA’s assistance and support on their journey that they publicly thanked the MNA during both a speech at their rally and by a rousing chant of “thanks to MNA.” Solidarity and unity with other workers, yes!

Unity and solidarity: The “ah ha moments” of empowerment! Have you had your “ah ha moment” yet? Try it! You will likely find that it feels great. ■

Upcoming: Process for selecting delegates for NNU convention

In accordance with the motion passed at last year’s MNA business meeting, the MNA Board of Directors will be bringing forward a policy proposal to the 2010 business meeting on when and how delegates from the MNA membership will be elected for NNU delegate conventions. Once the Board completes the recommended policy, it will be provided to members for review prior to being taken up at the business meeting. ■
Editor's note: These bios were provided by the candidates and appear exactly as submitted.

Vice President
Karen Coughlin, RN, BC
Mansfield, MA
Employment: Department of Mental Health, Taunton State Hospital
Education: Associates, Massasoit Community College, 1984
Present/Past MNA Activities: MNA BOD: Vice President Nov ’09-present, MNA BOD: Directors Oct ’05-Nov ’09, Unit 7 Executive Board; Vice President, Taunton State Hospital-Vice Chair, MNA Stat Team, MNA finance committee, MNA PAC, Recipient of MNA Elaine Cooney Labor Relations Award 1995.
Candidate Statement: This is what we have been seeing in our workplaces: Profits before patients, greed before need, and working conditions that place your professional license at risk and endanger the health and safety of not only your patient, but frequently, that of you and your colleagues. These are the issues that we see not only across our state but across our nation. As a RN of 26yrs, I continue to be an active MNA member. I have stood with you on your picket lines, repeatedly testified and lobbied on your behalf at the State House. I have worked extensively on and will continue to actively pursue solutions to the escalating problem of workplace violence, whether it is at the local unit level, through the media, the court system or our legislature. I am proud of our MNA, the work that we have done, and as your Vice President, will continue to address your issues as we move forward. I respect you and the work that you do. I know that in supporting each other, we can still face whatever challenges may lie ahead of us. I am inspired by the MNA members who seek and work for change collectively not only at their own facility but in collaboration with others within our Union, across the state and this nation. Together we can change our present conditions and create a better future for those who are just coming into our honored profession. I respectfully request your vote. Thank you.

Barbara Norton, RN
Portsmouth, RI
Employment: Brigham & Women’s
Education: Associate, Laboure Jr College, 1983
Present/Past MNA Activities: Chairperson, BWH, BOD 2000-2008
Candidate Statement: Democracy, transparency and free speech should be the foundation of our union. If elected, I pledge to work on behalf of all members throughout our Association and will support policies that secure a fair and equal process that will encourage all members to speak out and have their voices be heard.

Treasurer
Ann Marie McDonagh, RN
Canton, MA
Employment: Tufts Medical Center
Education: BSN, Northeastern University, 1996
Candidate Statement: I have been a member of the MNA since 1997 when I began working at Morton Hospital and Medical Center. In 2001, I moved to Tufts Medical Center. I attended my first MNA convention in 2004. My experience at that convention opened me up to a world of activism both in my profession and in the larger labor movement that I have eagerly remained committed to.
My first leadership role was serving on the Region 5 council as a Director-at-Large. I then became treasurer of Region 5 Council. As treasurer of the MNA Board, I have worked with the MNA Finance Department and board to maintain the fiscal health of our organization so we can continue to be the voice of nursing and healthcare in our Commonwealth.
As hospitals and healthcare institutions continue to push towards corporate based agendas, it is more important than ever that we as an organization remain united, not only within MNA but with direct care nurses across the country. As a participant in the early negotiations to found our national union, I felt an urgency to successfully complete our task. We needed to empower the collective voice nurses present and future to combat the industry.
In partnership with our brothers and sisters in the NNU, I believe that we can effect real change that will allow us to provide safe care to our patients, defend our collective bargaining rights and bring the benefits of union membership to the unorganized in our Commonwealth and beyond.

Director, Labor
Region 1
Sandra Hottin, RN, MS
Agawam, MA
Employment: Mercy Medical Center
Education: MS, UMass Amherst, 2005; BS, American International College, 1997; Diploma, Baystate Medical Center, 1973
Present/Past MNA Activities: Congress on Health Care Policy & Legislative, BOD, Co-chair Legislation Committee, Regional 1 Council
Candidate Statement: First I would like to say thank you for electing me to the Board of directors, two years ago. It is a very exciting time to be on the Board and I appreciate the opportunity to represent my region, Region one, as well as the rest of the state.
We joined National Nurses united, which made us a stronger organization and will continue to make us strong and benefit our members. Being a member of the NNU has given us a national voice. We, staff nurses, will have input into the national debate on healthcare and staffing issues. Having the Massachusetts Nurses Association be part of this national discussion is an absolute necessity in today’s healthcare environment.
Partnering with NNU is the fulfillment of a request from the membership. With that partnering we have not lost our own identity as MNA. We are just as strong and powerful as always. We continue to negotiate, implement, and monitor individual contracts. MNA has negotiated good contracts in spite of difficult economic times. The Workplace Violence Prevention Bill has just passed thanks to Congress on Health and Safety with the support of our Legislative Department.
We are also continuing in our commitment to Single Payer Health Care in Massachusetts and on the national level with NNU.
With your vote I hope to continue to work for our members, look for ways to involve more members and listen to concerns of the whole organization.

Region 2
Ellen Smith, RN
Douglas, MA
Employment: UMass Memorial-University
Education: ADN, Cape Cod community College, 1994
Present/Past MNA Activities: Board of Directors 2008-2010, VP of Region Council 2, Awards Committee 2009, Region Council BOD since 2000, Negotiating Team (UMass University), Grievance Co-chair-UMassUniversity.
Candidate Statement: There are many challenges in healthcare in nursing today. Many of these are affecting our patients in Massachusetts and in the United States. Patients deserve better quality of care than what they are receiving with all the cutbacks that have been done.
As an RN working in a hospital in Worcester, MA I feel that nurses need to get back to more patient care and less paperwork. The bedside nurses are getting more work put on them and less staff to help take care of our patients in our hospitals.

There are many current issues that are affecting the nurses in Massachusetts and in the United States. We face challenges on a daily basis on how our patients are going to get the best quality of care and how to do it safely and effectively with what the hospitals give us to work with.

If re-elected to this position on the MNA Board of Directors I will continue to fight for patients rights to quality care. I will also continue to fight to help the nurses in Massachusetts and the united States so they can provide safe quality patient care.

Region 3
Donna Dudik, RN, BSN
Weymouth, MA
Employment: Boston Medical Center
Education: BSN, Thomas Edison State College, 2010; Diploma, St. Peter’s School of Nursing
Present/Past MNA Activities: Congressman on Health Care Policy & Leg; PAC- STAT TEAM; BOD Director at Large
Candidate Statement: I am running again with the attitude of no, no to unsafe staffing for our patients, no to the adding of technology without adding some one there to use it, no to work place violence, no to unsafe patient lifting, and no to take aways. No when nurses are losing their jobs and administrators are getting bonuses. No to hospitals, who are making profits, and then try to open contracts and freeze wages or cut pensions. I have walked pickets at various hospitals with the understanding that to fight for one is to fight for all.

This year has brought personal and professional accomplishments. I have completed my BSN and working along with the staff of MNA and nurses from around the state for the three bills in the violence protection package, our efforts were rewarded with the passage of one of the bills. With great excitement, I witnessed the founding of the NNU in Arizona. Seeing bedside nurses come together gives me hope as a front line nurse that this collective body of nurses will be able to influence health care policy nationally.

I will continue work hard for MNA nurses and our issues. The mission of the leadership of the MNA is and always will be the members. I ask for your vote. I urge you to vote for those who are doing likewise, for it is through collective action that we meet the needs of our nurse members and the patients that they serve.

Michael Savoy, RN, BSN
Dartmouth, MA
Employment: Brigham & Women's Hospital
Education: BSN, University of Massachusetts Boston, 1996
Present/Past MNA Activities: Brigham Negotiating Committee at Large 2003-Present, MNA Diversity Committee.
Candidate Statement: Democracy, transparency and free speech should be the foundation of our union. If elected, I pledge to work on behalf of all members throughout our Association and will support policies that secure a fair and equal process that will encourage all members to speak out and have their voices be heard.

Region 4
Tiffany Diaz Bercy, RN, MSN
Lynn, MA
Employment: North Shore Medical Center
Education: MSN, University of Phoenix, 2005; BSN, Salem State College, 2000
Present/Past MNA Activities: Bargaining unit Secretary
Candidate Statement: I am running for a seat on the Board of Directors because I believe in the profession of nursing and as a young, energetic RN of 10yrs, I feel I can reach out to the younger nurses and help them to get involved and become excited about the future of nursing. Nursing as a profession is still evolving and I want myself and other nurses like me to be an active part of that evolution. I believe all nurses have a voice and some may just need a hand in getting that voice heard. Nursing is such a great and respected profession; it is flexible, independent, and incredibly necessary to health care and the changes it will see in the near future. As an educator I pride myself in teaching student nurses that there is so much more to nursing than vital signs and administering medications, it’s a sisterhood and brotherhood of amazing people from many backgrounds from which you can learn. The MNA is a great and strong organization that gives a voice to nursing and I am proud to be a part of that organization. I want to be a part of that voice for nursing. As a member of the Board of Directors I hope to learn from other board members as well as offer fresh, new points of view and hopefully serve the members of MNA to the best of my ability.

Barbara S Tiller, RN, BSN
Wrentham, MA
Employment: Tufts Medical Center
Education: BSN, Alfred University, 1986
Present/Past MNA Activities: Board of Director 08-10
Candidate Statement: I am running for the MNA Board of directors, having served my first term as a director and having been active in my local bargaining unit for several years, currently as Chair at Tufts Medical Center. I would like to continue to work for nurses in our local bargaining units, across our state and nation for better working conditions and a stronger voice in health care. Nurses need to have a voice in how patients are cared for, and as a director on the Board I will continue to work hard to support and empower nurses at every level to work towards better working conditions and contracts that reflect protections and compensation for the hard work that they do every day. Nurses, standing together, at the local, state and national level, can make this happen. MNA, having been a significant part of the formation of National Nurses United (NNU), has been completely empowering for me and the nurses who have attended our first nurses Rally in Washington, D.C. I have attended many different functions and met many different nurses from across this state and this country. Times in healthcare are tough, sharing and utilizing what has been successful in other places and standing together, we can only be stronger than we have ever been here in Massachusetts and abroad for our patients and ourselves.

Director At-Large, Labor
Mary Lou Stock, RN
Pembroke, MA
Employment: Brigham & Women’s
Education: Associates Science Nursing, Massasoit Community College, 1992; Whitman-Hanson Regional High School; Indian Head/Hanson
Candidate Statement: Democracy, transparency and free speech should be the foundation of our union. If elected, I pledge to work on behalf of all members throughout our Association and will support policies that secure a fair and equal process that will encourage all members to speak out and have their voices be heard.
Beth Amsler, RN
Ashland, MA

Employment: Newton-Wellesley Hospital
Education: Diploma, The Jewish Hospital of St. Louis School of Nursing, 1969


Candidate Statement: I am a staff nurse in the special Care Nursery at Newton Wellesley Hospital. I have been a nurse for over forty years and a member of MNA since 1982. For the last ten years I have been actively involved in MNA in various capacities, both local and statewide. I represent the Special Care Nursery Unit for our local bargaining unit, member board of directors for the Massachusetts Nurses PAC, and for eight years I was on the Congress for Nursing Practice. I’m currently completing my first term as a member of the Board of directors. It has been my privilege to work with nurses from across the state. It is clear that we face similar issues and demands although we work for different types of institutions. MNA’s role as a founding member of National Nurses united has made this challenging and exciting for me. We need to stand together and speak with a united voice. When elected I will continue to work passionately to improve working conditions. Your vote would be greatly appreciated.

Marie Rittacco, RN
Auburn, MA

Employment: St. Vincent’s Hospital
Education: ADN, Q.C.C., 1983

Present/Past MNA Activities: BOD, At-Large, Labor 2008-2010, Negotiating Team, SVH(x3), Past Grievance Chair (6yrs)

Candidate Statement: It has been an honor for me to serve as a board member for the MNA since October, 2008. I seek a second term because I believe I can help to advance the work that has been started on the state and national level. Nurses have much to add to the debate over how best to care for our patients and I am passionate about being part of the voice for bedside nursing, not only in Massachusetts, but in Washington and beyond.

It is my sincere desire to help this organization build its membership and embrace all points of view, as each of us has something of value to add to the discussion. I believe a board member is a guardian of the welfare of an organization as a whole. If elected, I will continue to fight for safe and appropriate staffing in all of our facilities. Patients and nurses everywhere deserve this. We must also continue to focus on our membership and its ability to effectively negotiate contracts that ensure that our working lives are enhanced by fair and equitable agreements, including the provision of adequate and sustainable retirement benefits that other larger unions have enjoyed.

We are all the beneficiaries of a professional organization that has a dynamic and respected presence in the state of Massachusetts, and beyond. We must now embrace our national identity. I hope to have the opportunity to serve our membership again.

In Solidarity,
Marie Rittacco, RN
MNA Board of Directors, (At-Large-Labor) 2008-2010

Jean G. Cabral, RN, BSN
Belmont, MA

Employment: Brigham & Women’s Hospital
Education: BSN, University of Massachusetts/ Boston, 2002; Diploma Peter Bent Brigham School of Nursing, 1976

Present/Past MNA Activities: Brigham & Women’s Bargaining Committee 2006-2010

Candidate Statement: Democracy, transparency and free speech should be the foundation of our union. If elected, I pledge to work on behalf of all members throughout our Association and will support policies that secure a fair and equal process that will encourage all members to speak out and have their voices be heard.

Paula Asci, RN
Plympton, MA

Employment: Brigham & Women’s
Education: Associate, Massachusetts Community College, 1976

Present/Past MNA Activities: Chair Good Samaritan Hospital

Director At-Large, General

Fabiano Bueno, RN
South Boston, MA

Employment: Boston Medical Center
Education: Lawrence Memorial/Regis College, 2001

Present/Past MNA Activities: Director At-Large, Chair Regional Council 5

Candidate Statement: Fabiano Bueno, R.N. Lawrence Memorial /Regis College. I have been a Registered Nurse at Boston Medical Center since graduating in 2001. I have also worked at TUFTS Medical Center in Boston. Staff nurse assignments have included the Step-Down, Emergency Care and Critical Care areas. An active member of MNA since graduation, I started by participating on the STAT-TEAM, picketing lines and state house events in solidarity. These early assignments with the MNA helped me understand both loyalty to my nursing colleagues and the MNA organization’s mission. This inspiration led to my involvement in the Regional Council 5 as a designee of Boston Medical Center’s negotiation committee. At the Regional Council meetings, I learned how both the officers and the structure of organization benefit all MNA nurses. I was elected to the Board of Directors at MNA as Director-at-Large where I have been active in complex discussions and decision making for the members. My major accomplishments after election included taking part in the editorial board for the Nurse Advocate and, most recently, becoming chair of Regional Council 5-Greater Boston. I have represented the interest of all nurses at the bedside to provide safer care and protection for not only today’s, but also for future nursing practices. I am running for re-election of Director-at-Large and I am seeking your vote. I am also asking you to elect from the group of candidates the ones that have a positive direction for your practices and the future of the MNA.

Deborah Donahue, RN
Newton, MA

Employment: Brigham & Women’s Hospital
Education: BSN, Emmanuel College, currently enrolled; Diploma, Newton-Wellesley Hospital, 1976

Present/Past MNA Activities: BWH Negotiating Committee 97-05

Candidate Statement: Democracy, transparency and free speech should be the foundation of our union. If elected, I pledge to work on behalf of all members throughout our Association and will support policies that secure a fair and equal process that will encourage all members to speak out and have their voices be heard.

Thomas M Adams, RN
Marshfield Hills, MA

Employment: BWH
Education: AD, Massasoit Community College, 1984

Candidate Statement: Democracy, transparency and free speech should be the foundation of our union. If elected, I pledge to work on behalf of all members throughout our Association and will support policies that secure a fair and equal process that will encourage all members to speak out and have their voices be heard.

Katie Murphy RN, BSN, CCRN, CNRN
Framingham, MA

Employment: Brigham & Women’s Hospital
Candidate Statement: The years I have spent at the bedside have given me a tremendous respect for my colleagues at that bedside. Throughout my entire career, it has been clear to me that the entire focus needs to be on the patient and the nurse is the crucial member of that team.

The issues that we face today could not make that message more profound: our patients are sicker and families are more involved and require more support than ever before. The information and technology available to us today make us constantly aware that ours is an art and science. We are called on, every day, every shift, to utilize all the science at our disposal, while the art of compassion and humanity are more critical than ever.

With historic changes to health care happening every day, it is vital that our voices, speaking for our patients and our profession, are heard at every level. We need to speak up at the bedside, in the nursing councils at our institutions, to our local legislatures and in the hall of Congress.

If elected, I would use my experience as a bedside critical care nurse, as well as that of an elected and appointed public official to work tirelessly on the issues of Safe Staffing, mandatory overtime, workplace violence, among others, and keep the needs of patients and nurses foremost in my mind.

I respectfully ask for your vote in the MNA General Election.

Ginny Ryan, RN
Marshfield, MA

Employment: Faulkner Hospital
Education: BSN, Simmons College, present; ADN, Mass Bay Community College, 1985
Present/Past MNA Activities: MNA BOD 2006-present, STAT team 2006-present, Convention Committee 2006-present, Regional Risk Force 2006, Region 5 Vice President 2009-present.

Candidate Statement: After 25 years in this profession, my philosophy on Nursing is still the same: I want to take great care of my patients and to be the best Nurse I can possibly be. It is a very exciting time in our profession with the development of the National Nurses Union and the presence of a national voice for the bedside nurse. I cannot wait to see what the future brings for MNA and for the NNU. I have been a member of MNA since 1985 and I believe that unity and solidarity begins at home in our bargaining units. I have been very active in mine as a co-chair, encouraging others to become more involved and by building up morale throughout the hospital. It’s very important to support your fellow coworkers as well as nurses in other bargaining units. As a member of the MNA STAT team, I have supported other bargaining units and other unions walking their picket lines and boycotting venues. I have been to the State House and have talked with my Representatives in the hopes to make a difference in the fight for safe staffing and safe working environments for the nurses of Massachusetts. I want to continue making positive changes in my profession with my contributions towards the future the MNA and the NNU.

Meredith Scannell, RN, CNM, MSN, MPH
Hudson, NH

Employment: Brigham & Women’s Hospital
Education: MSN, University of Medicine & Dentistry of NJ, 2007; MPH, BU School Public Health, 2006; Diploma, St. Elizabeth’s Hospital School of Nursing, 1995

Candidate Statement: Democracy, transparency and free speech should be the foundation of our union. If elected, I pledge to work on behalf of all members throughout our Association and will support policies that secure a fair and equal process that will encourage all members to speak out and have their voices be heard.

Gary Kellenberger, RN
Blackstone, MA

Employment: Westborough State Hospital-DMH
Education: ASN, Quinsigamond Community College, 1994
Present/Past MNA Activities: Finance Committee

Candidate Statement: I am a current employee of Westborough State Hospital which will cease to exist on June 30, 2010 and I will be joining the Taunton State Hospital family of nurses. I understand the upheaval in Healthcare as I am directly affected. I was part of the Department of Mental Health’s downsizing initiative and closed Medfield State Hospital. Now again, we are being downsized with the closing of Westborough State Hospital. We need to keep fighting these cuts and attacks on Unit 7 of the MNA. It directly affects our patients and fellow RN’s. Not only do we need to fight here locally but we need to look at the big picture nationally as well. I have proudly served on the Board of directors for the last 2 years as an At-Large Director. I would like to go back and continue to serve the membership. As a member of the BOD, I have attended the picket at Morton Hospital. I participated in round table talks regarding the National Union, voiced the memberships wishes to our congressional delegation in Washington D.C. and Boston. I also serve as a member of the Finance Committee and Executive Board. Please vote for me and my colleagues’, on our slate. Please send them back with me to Canton to continue this strong push towards growing our membership and getting recognized on the national stage.

Trish Powers
Dorchester, MA

Employment: Brigham & Women’s Hospital
Education: Diploma, New England Baptist Hospital, 1985
Present/Past MNA Activities: Brigham & Women’s Committee, 1995-present

Candidate Statement: My name is Tami Hale. I have been a member of the MNA since 2000. I’m proud that over the past year and a half, I have functioned in various MNA activist and leadership capacities and am eager to be able to continue to do so. I am a Worcester Public School Nurse and service as Secretary of our MNA bargaining unit. I have been a member delegate of the Region 2 Council since October 2008. I am honored to serve as an MNA delegate to and am Vice President of the Central MA AFL-CIO, Region 2 Council Delegate, Secretary for Worcester Public School Nurses bargaining unit

Candidate Statement: My involvement in the labor community. My leadership role very seriously and am dedicated to being an advocate for nurses, our patients, and for the labor community. My involvement in the MNA is a great source of pride and I look forward to continuing this work by serving as an At-Large member of the Region 2 Council.
**Cathy Watterson, RN, BSN, NCSN**  
*Worcester, MA*

**Employment:** Worcester Public Schools  
**Education:** BSN, Worcester State College, 2002  
**Present/Past MNA Activities:** Region II Board Member

**Candidate Statement:** As an at-large candidate I would bring experience as a former chairperson for one of the largest school nursing unions in Massachusetts. As a union board member (2005-2008) I worked towards negotiating pay parity for school nurses. I have just recently been appointed the vacated position of Historian on the current union board. I am a Nationally Certified School Nurse. As a council member I would bring a voice for many hardworking school nurses in the region. The MNA School Nurse Summit has brought school nurses together to share ideas and strategies with MNA support towards achieving our contract goals and building alliances with other school nurses. As a WPS/MNA member I am proud to speak on the importance that school nurses make in the lives of children every day and work with MNA on issues affecting the region. School nurses are the frontline and safety net for many children providing nursing and referral services. School nurses coordinate care with many region nurses such as St. Vincent and UMass hospitals to provide a community healthcare resource. As an at-large candidate I would bring the passion I have for my work and my colleagues to contribute towards improving communication on issues affecting all nurses and I ask for your support in my candidacy for Region II at Large position.

**Debra Holmes**  
*Auburn, MA*

**Employment:** UMass Memorial  
**Education:** ADN, Mt Wachusett Community College, 1998  
**Present/Past MNA Activities:** UMMC HHH PNU-Secretary

**Region 3**

**Peggy Kilroy, RN**  
*Centerville, MA*

**Employment:** Cape Cod Healthcare  
**Education:** Diploma, Boston City Hospital, 1968  
**Present/Past MNA Activities:** Regional Council 3, Vice Chair, Regional Council 3, Former Chair, Finance Committee

**Candidate Statement:** As a diploma graduate from Boston city Hospital, I have spent my entire career doing various types of bedside nursing. Working in the E.R. for 18 years was both rewarding and frustrating. I currently work in the Endoscopy Dept. at Cape Cod Hospital.  

I began to get involved with MNA about10yrs ago when Beth Piknick managed to muster a few brave nurses to try to revive a flailing region. The group of us worked together to rebuild an organization that stands proudly today as Regional Council 3. My varied tasks have included Board member of Region 3, Secretary, Chairperson, convention Committee, and currently Vice Chair of Region 3.  

Throughout my affiliation with MNA, I have supported the diligent effort to see Safe Staffing become a reality. By attending rallies and events to support MNA sponsored candidates, I have learned much about the political process. Attendance at convention always reminds me that MNA is an amazing group of tireless individuals who work toward a common goal: improving the health and safety of every person in our care.

If elected, I will continue to focus my energy on supporting Safe Staffing levels and work with Region Council 3 to inform our members about the numerous continuing educational programs available to them. I will encourage all nurses to work as a cohesive entity in striving to prevent and abolish Workplace Violence.

Respectfully submitted,  
Peggy Kilroy, R.N.

**Paula Asci, RN**  
*Plympton, MA*

**Employment:** Brigham & Women’s  
**Education:** Associate, Massasoit Community College, 1976  
**Present/Past MNA Activities:** Chair Good Samaritan Hospital

**Stephanie Stevens, RN, CNOR**  
*Sandwich, MA 02563*

**Employment:** Jordan Hospital  
**Education:** Diploma, Boston City Hospital, 1971  
**Present/Past MNA Activities:** BOD, Region 3 Chairperson(current), Region 3 Treasurer (interim), Region 3 Vice President

**Region 4**

**Mary Wignall, RN, BS**  
*Peabody, MA*

**Employment:** NSMC Salem Hospital  
**Education:** BS, St Joseph’s College/Maine, 1994; Diploma, Quincy City Hospital, 1958  
**Present/Past MNA Activities:** At-Large Regional Council

**Marie Freeman, RN, CCRN, BSN**  
*Goveland, MA*

**Employment:** Beverly Hospital  
**Education:** BSN, Salem State College, 1992; Associates, North Shore Community College, 1988  
**Present/Past MNA Activities:** Grievance Chair for 8 years, Co-chair for 2 years

**Region 5**

**Jim Moura, RN**  
*Dorchester, MA*

**Employment:** West Roxbury VA Medical Center  
**Education:** BSN, University of Rhode Island, 1974  
**Present/Past MNA Activities:** Secretary of MNA, MNA BOD, President Region V

**Candidate Statement:** Democracy, transparency and free speech should be the foundation of our union. If elected, I pledge to work on behalf of all members throughout our Association and will support policies that secure a fair and equal process that will encourage all members to speak out and have their voices be heard.

**Congress on Health and Safety**

**Rachel Slate, BSN, BA, RN**  
*Stoughton, MA*

**Employment:** Partners Hospice  
**Education:** ScD(c candidate), University of MA, Lowell, 2005–current; MS, University of Rhode Island, 2004; BSN, Northeastern University, 1976  
**Present/Past MNA Activities:** Congress on Health & Safety

**Kathy Sperrazza, RN, MS**  
*Wellesley, MA*

**Employment:** Partners Hospice  
**Education:** University of Rhode Island, 2004; BSN, Northeastern University, 1976  
**Present/Past MNA Activities:** Congress on Health & Safety

**Candidate Statement:** As an injured worker I was involved in the development of the MNA Health and Safety Program. My own experience with a work related illness has led me to have a unique understanding of the importance of providing prevention programs to minimize the hazardous effects of our complex work environment on nurses.  

I have been proud to be a Member of the Congress on Health and Safety and to work collaboratively with the MNA staff, and other nurses from varied backgrounds who share a passion for improving the environments we work in and minimizing the risks we face every day.

The focus of the Congress is to identify potential hazards to nurses and to share that information through programs, and articles with employers, nurses and others healthcare workers. Additional focus is on gaining better understanding of what is happening in the work environment and what we can do to prevent risk. MNA and members of the Congress collaborate with national, state, and local organizations dedicated to health and safety. We also work closely with bar-
gaining unit members in their facilities to provide support, information and resources to address identified health and safety concerns. We have made great strides to protect you in your workplace and to inform you of potentials that threaten your health, your profession and your livelihood.

I would be honored if you would re-elect me to this position so that I may represent you at MNA and continue this vital work on occupational safety and health.

Terri Arthur, BS, MS
East Falmouth, MA

**Employment:** Medical Education Systems, Jordan Hospital

**Education:** MSM, Lesley College, 1985; Diploma, Greenville Hospital School of Nursing, 1971; BS, Bob Jones University, 1967

**Present/Past MNA Activities:** Mem & former chair Congress on Health & Safety; Chair Committee for Health & Safety contract language; Nsg Dir. For SEAK seminars occupational health & safety

**Candidate Statement:** During my membership on the Congress on Health and Safety, I have been proud to be a part of making our occupational department at MNA become the best of any state nursing association. This has been achieved by the work of our leadership and dedicated members of the Congress on Health and Safety. Over the last few years we have been a strong advocate for workplace safety achieving success in the areas of preventing workplace violence and abuse, safe patient handling, assisting nurses with workers’ compensation, workplace hazards, air quality, chemical exposures, and contract language. Unfortunately our work is not done. New health and safety issues continue to affect our membership. Now, with the advent of the National Nurses union, we intend to work with them to nationalize these issues. I hope to continue working with this Congress to meet the challenges of health and safety for our nurses.

Elizabeth A. O’Connor, RN
Milton, MA

**Employment:** Brigham & Women’s Hospital

**Education:** BS, Fitchburg State College, 1976

**Present/Past MNA Activities:** Congress on Health and Safety, Past Board Region 5

Mary Anne Dillon, RN, BSN
Brookline, MA

**Employment:** Brigham & Women’s Hospital

**Education:** BSN, UMass Boston, 2003; ADN, FMCC New York, 1977

**Present/Past MNA Activities:** Member of H&S Congress

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**Bylaws Committee**

William Fyfe, RN
Berkley, MA

**Employment:** Taunton State Hospital

**Education:** AD, Massasoit Community College, 1977

**Present/Past MNA Activities:** BOD, Labor Education Task Force, By-Laws Committee

Janet Spicer, RN
Newton, MA

**Employment:** Faulkner Hospital

**Education:** BSN, BU School of Nursing, 1956

**Present/Past MNA Activities:** Convention committee, Board Policy Committee

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**Nomination Committee**

Elizabeth Kennedy
South Easton, MA

**Employment:** City of Brockton

**Education:** RN, Faulkner Hospital, 1956

**Present/Past MNA Activities:** Bylaws, Nursing Practice, Nominations Committee

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**MNA Final Ballot, 2010**

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<tr>
<th>Vice President, Labor*</th>
<th>1 for 2 years</th>
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<td>Karen Coughlin</td>
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<td>Barbara Norton</td>
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<th>Treasurer, Labor*</th>
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<td>Ann Marie McDonagh</td>
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<th>Director, Labor*, 5 for 2 years</th>
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<td>Michael Robinson</td>
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<th>Congress on Nursing Practice</th>
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<td>Linda Winslow</td>
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<td>Marianne Chisholm</td>
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<th>At-Large Position in Regional Council, 2 for 2 years</th>
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<td>Marie Freeman</td>
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*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.
Massachusetts Nurses PAC endorsements: 2010 primary election

Registered nurses and health care professionals are on the front lines of health care. They know what makes the difference between a good hospital stay and a dangerous hospital stay. Your vote for candidates who support making hospitals safer for patients, and safer for you, will make a difference.

The Mass. Nurses PAC has endorsed the following candidates and recommends that on Tuesday, Sept. 14 you support them in their bid for the state Legislature.

**Massachusetts Senate**

![Candidates](candidates.jpg)

**Candidates seeking re-election in the Senate**

**Sen. Sonia Chang-Diaz**
D-2nd Suffolk
*Boston*
- Co-sponsor of the Patient Safety Act
- Pledged to support and vote for the Patient Safety Act
- Voted in favor of the Assault and Battery on Health Care Providers bill

**Sen. Cindy Creem**
D-1st Middlesex & Norfolk
*Brookline, Newton, Wellesley*
- Voted with the MNA on the Patient Safety Act in 2008
- Voted in favor of the Assault and Battery on Health Care Providers bill
- Chair of the committee that reported out the Assault Bill favorably

**Sen. Sal DiDomenico**
D-Middlesex, Suffolk & Essex
*Boston, Cambridge, Chelsea, Everett, Revere, Saugus, Somerville*
- Elected in special election in May 2010
- Pledged to support and vote for the Patient Safety Act
- Pledged to support MNA’s workplace violence bills

**Candidates seeking open seats in the Senate**

**Rep. Katherine Clark**
D-Middlesex and Essex
*Lynnfield, Malden, Melrose, Reading, Stoneham, Wakefield*
- Open seat vacated by Sen. Richard Tisei
- Co-sponsor of the Patient Safety Act
- Voted in favor of the Patient Safety Act
- Voted in favor of the Assault and Battery on Health Care Providers bill

**Rep. Michael Rush**
D-Suffolk & Norfolk
*Boston, Dedham, Norwood, Westwood*
- Open seat vacated by Sen. Marian Walsh
- Co-sponsor of the Patient Safety Act
- Voted in favor of the Patient Safety Act
- Voted in favor of the Assault and Battery on Health Care Providers bill

**Rep. Stephen Tobin**
D-Norfolk & Plymouth
*Abington, Braintree, Holbrook, Quincy, Rockland*
- Open seat vacated by Sen. Michael Morrissey
- Co-sponsor of the Patient Safety Act
- Voted in favor of the Patient Safety Act
- Voted in favor of the Assault and Battery on Health Care Providers bill

**Dan Wolf**
D-Cape & Islands
*Aquinnah, Barnstable, Brewster, Chatham, Chilmark, Dennis, Eastham, Edgartown, Gosnold, Harwich, Mashpee, Nantucket, Oak Bluffs, Orleans, Provincetown, Tisbury, Truro, Wellfleet, West Tisbury, Yarmouth*
- Open seat vacated by Sen. Robert O’Leary
- Pledged to support and vote for the Patient Safety Act
- Pledged to support MNA’s workplace violence bills

**Rep. Kevin Aguiar**
D-7th Bristol
*Fall River*
- Co-sponsor of the Patient Safety Act
- Voted in favor of the Patient Safety Act
- Voted in favor of the Assault and Battery on Health Care Providers bill

**Rep. Ruth Balser**
D-12th Middlesex
*Newton*
- Has voted in favor of the Patient Safety Act twice, and advocated for it strongly on the Public Health Committee
- Voted in favor of the Assault and Battery on Health Care Providers bill
- Has been a strong advocate for MNA legislation with her colleagues in the Legislature

**Rep. Christine Canavan**
D-10th Plymouth
*Brockton, Easton, West Bridgewater*
- Registered nurse and long-time advocate for nurses
- Chief sponsor of the Patient Safety Act for over 10 years
- Voted in favor of the Assault and Battery on Health Care Providers bill

**Rep. Sean Curran**
D-9th Hampden
*Chicopee, Springfield*
- Voted in favor of the Patient Safety Act
- Voted in favor of the Assault and Battery on Health Care Providers bill
- Has been a strong advocate for MNA legislation

**Rep. Mark Faunce**
D-9th Essex
*Lynn, Saugus, Wakefield*
- Co-sponsor of the Patient Safety Act
- Voted in favor of the Patient Safety Act
- Voted in favor of the Assault and Battery on Health Care Providers bill

**Rep. Robert Koczera**
D-11th Bristol
*Acushnet, New Bedford*
- Co-sponsor of the Patient Safety Act
- Voted in favor of the Patient Safety Act
- Voted in favor of the Assault and Battery on Health Care Providers bill
Candidates seeking open seats in the House of Representatives

Margot Barnet  
D-13th Worcester  
Paxton, Worcester  
- Open seat vacated by Rep. Robert Spellane  
- Pledged to support and vote for the Patient Safety Act  
- Pledged to support MNA’s workplace violence bills  
- Joined MNA members in press events and demonstrations to protest cuts to the public health department

Tackey Chan  
D-2nd Norfolk  
Quincy  
- Open seat vacated by Rep. Stephen Tobin  
- Pledged to support and vote for the Patient Safety Act  
- Pledged to support MNA’s workplace violence bills  
- Fellow union member from the Screen Actors Guild

Rep. Pam Richardson  
D-6th Middlesex  
Framingham  
- Co-sponsor of the Patient Safety Act  
- Voted in favor of the Patient Safety Act  
- Voted in favor of the Assault and Battery on Health Care Providers bill

Rep. Rosemary Sandlin  
D-3rd Hampden  
Agawam, Granville, Russell, Southwick  
- Co-sponsor of the Patient Safety Act  
- Voted in favor of the Patient Safety Act  
- Voted in favor of the Assault and Battery on Health Care Providers bill

D-28th Middlesex  
Everett, Malden  
- Voted in favor of the Patient Safety Act  
- Voted in favor of the Assault and Battery on Health Care Providers bill  
- Has been a strong advocate for MNA legislation with his colleagues in the Legislature

Ed Coppinger  
D-10th Suffolk  
Boston, Brookline  
- Open seat vacated by Rep. Michael Rush  
- Pledged to support and vote for the Patient Safety Act  
- Pledged to support MNA’s workplace violence bills

Denise Garlick  
D-13th Norfolk  
Dover, Medfield, Needham  
- Registered nurse and former president of the MNA (please see inset at right)  
- Open seat vacated by Rep. Lida Harkins  
- Pledged to support and vote for the Patient Safety Act  
- Pledged to support MNA’s workplace violence bills

Paul Mark  
D-2nd Berkshire  
Ashfield, Becket, Bernardston, Buckland, Cheshire, Colrain, Cummington, Dalton, Hancock, Hinsdale, Lanesboro, Leyden, Middlefield, New Ashford, Northfield, Peru, Pittsfield, Plainfield, Richmond, Shelburne, Washington, Windsor  
- Open seat vacated by Rep. Denis Guyer  
- Pledged to support and vote for the Patient Safety Act  
- Pledged to support MNA’s workplace violence bills  
- Longtime union leader in IBEW Local 2325

Ron Patenaude  
D-Hampden  
Agawam, Chicopee, Springfield, West Springfield  
- Open seat vacated by Sen. Stephen Buoniconti  
- Pledged to support and vote for the Patient Safety Act  
- Pledged to support MNA’s workplace violence bills  
- Past president of UAW Local 2322, and has attended countless MNA pickets all over Western Mass.

Former MNA president runs for representative

By Andi Mullin  
Legislative/Political Director

Denise Garlick, RN, longtime MNA member and activist, and former MNA president (2000-2001), is running for state representative in the 13th Norfolk District (Dover, Needham and part of Medfield). Currently a member of the Board of Selectmen in Needham and a longtime Needham resident, Garlick has been energetically engaged in her community for many years. She is the former chair of the Needham Board of Health, a veteran town meeting member and the co-founder and former co-chair of the Needham Coalition for Suicide Prevention. “Denise rolls up her sleeves and gets things done in our community,” says Cathy Hogan, RN, an MNA member and Needham resident. “She is all about less talk and more action, which is what we need at the State House.”

The endorsement of Garlick was the very first endorsement that the Mass. Nurses Political Action Committee (PAC) made in the 2010 election cycle. “It is not very often that we have an opportunity to elect a former president of the MNA to the state Legislature,” said Donna Dudik, RN and president of the Mass. Nurses PAC. “Denise is a serious contender for this seat, and we cannot think of anyone in a better position to understand and advocate in the Legislature for the needs of MNA members and their patients than Denise.”

“We are so fortunate to have some outstanding advocates in the Legislature,” said Donna Kelly-Williams, RN and MNA president. “But to be able to elect a former MNA president is an amazing opportunity!”

Members interested in helping to elect Garlick should contact Riley Ohlson at 781-830-5740 or via e-mail at rohlson@mnarn.org.
By Joe Twarog
Associate Director of Labor Education

Everyone loves a vacation, and this is the time of year that we all try and take some well-deserved time off to relax and enjoy life. But it is important as union members to remember that these vacation benefits have often come after long and tough struggles with the employer. As with many other benefits in our labor contracts, there are no automatic guarantees to a vacation.

A 2007 Center for Economic and Policy Research study (“The No-Vacation Nation”) found that the United States is the only advanced economy in the world that does not guarantee its workers paid vacation through any legal rights or government standards. It also found that “almost one in four Americans have no paid vacation and no paid holidays” and that “the average worker in the private sector in the U.S. receives only about nine days of paid vacation and about six paid holidays per year.”

Another 2009 study for the travel Web site expedia.com focused on the average number of vacation days that employed adults receive worldwide. It found the U.S. ranked 11th with 13 days. This was well behind France with 38 days, Italy – 31, Spain – 30, Germany and Austria – 27, Great Britain – 26, New Zealand – 21, Canada and Australia – 19, and Japan – 15.

A similar study by the New York Times had Germany with 30 vacation days, Japan with 18 and the U.S. with only 12. Finally, the World Tourism Organization finds that Americans average 13 vacation days a year, while Italy’s average is 42 days, France’s 37, Germany’s 35, Brazil’s 34, Britain’s 28, Canada’s 26, and South Korea’s and Japan’s 25.

The number of the days in these studies varies because it is often difficult to obtain accurate data from employers, and the sample base may differ from study to study. Nonetheless, it is clear from these analyses that the U.S. consistently lags far behind many major industrialized countries in the category of vacation benefits.

Taking a look closer to home here in Massachusetts, it is clear that MNA unionized facilities fair significantly better regarding vacation leave. A review of 10 of the MNA contracts finds that almost all new employees start earning three weeks (15 days) vacation – which is above the U.S. national average for total vacation regardless of years of service from the very start – which increases over time to six weeks (30 days) and seven weeks (35 days) paid vacation.

These are benefits that have been fought hard for over the years. Employers did not simply grant these to the RNs and health care professionals. The six and seven weeks may look overgenerous to some employers, yet it only begins to approach the average vacation amounts of a number of European and South American countries.

The non-union Massachusetts General Hospital (MGH) has “work/life benefits” for its employees. Its Web site includes this: “Mass General employees accrue earned time off based on years of service and standard hours. This bank of earned time is used for holidays, illness, vacation or personal days. New full-time employees earn up to 29 days annually (this is pro-rated for part-time employees). Mass General observes nine core holidays, which are taken out of employees’ earned time bank.”

Boston Children’s Hospital has a similar earned-time plan with days off running from 30 for new employees to a maximum of 40. Other non-union facilities, such as Baystate Medical Center, Holy Family Hospital and Beth Israel Deaconess Medical Center do not list their employee benefits packages with any specifics online.

A number of MNA contracts also have paid time off in the form of “earned time off” — which usually combines holidays, sick days, vacation and personal days in one account. But again, the unionized facilities do far better than MGH. The Boston Medical Center for instance has an earned time system. But the accrual rates run from 33 days for a new employee to 43 for an employee with 20 or more years of service, including 11 holidays. Newton-Wellesley Hospital has almost an identical accrual amount in its earned time plan with 10 holidays. These are significantly better than the non-union Mass General plan.

So, as we all enjoy our vacations this year, we should be mindful that union activists before us paved the way for such benefits and that our actions today will help continue to add to those benefits for the future.
GET THE FACTS!

What are the facts about Question 3 — the ballot question that would cut the Massachusetts sales tax by more than half?

By Riley Ohlson
MNA Associate Director

Myth: This ballot question does not cost very much. We will be fine without the money.
The Facts: In truth, this ballot question would cost $2.5 billion. That is $2.5 billion less for education, local aid, health care and public safety. Massachusetts already faces a structural budget deficit in excess of $1 billion annually. An additional loss of $2.5 billion would irreparably harm our ability to provide the services upon which we all rely.

Myth: We can afford to cut the sales tax. We already pay much more in state taxes here in “Taxachusetts” than other states.
The Facts: Massachusetts’ image as a high tax state is woefully outdated and inaccurate. As a percent of personal income, Massachusetts taxes less than 37 other states and falls below the national average for combined state and local taxes. This is very different from the late 1970s when we had the third highest tax rate in the country and fell well above the national average. In fact, Massachusetts’ taxes declined more than any other state’s between 1977 and 2007—a startling 24.3 percent compared to an average national decline of 0.9 percent

Myth: The real problem is that our politicians are spending more and more money each year.
The Facts: In the decade from 1998-2008, spending has mostly stayed constant, fluctuating slightly between 8 and 8.5 percent of personal income with many areas of spending decreasing during that time. If you eliminate federal dollars and just look at how the state tax revenues are spent, the state’s expenditures have actually declined.

Myth: All I care about is education. Falling revenues will not affect the schools in my community. They will find other places in the budget to cut first.
The Facts: Unfortunately, the Legislature has already cut billions in state spending on education. K-12 education aid has fallen by 12 percent since 2001. Spending on higher education has decreased 32 percent since 2001.

Myth: Well, I do not have children in school. As long as the rest of local aid is unharmed, I will be fine.
The Facts: Overall, local aid has already seen a whopping 42 percent decrease since 2001. Additional cuts will affect community hospitals, school nursing services and public health/community health centers. It will endanger public safety and our physical infrastructure will suffer too.

► Next month: How does Question 3 affect the MNA’s bargaining units and your patients?

Mass. Taxes Lower Than U.S. Average


For these reasons, your fellow registered nurses on the MNA’s Board of Directors have voted to oppose Question 3 and they strongly urge you and your family and friends to vote NO on this question in November.
The MNA Bylaws Committee brings forward the following proposed Bylaw amendments for discussion at MNA’s Convention on October 14, 2010. Members should review these prior to the discussion and vote scheduled to take place during the Annual Business Meeting at Convention on October 14, 2010 at the DCU Center, Worcester, Massachusetts.

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

### Bylaw Amendment 1: Proposed by the Addictions Nursing Committee

#### 1: Article II – Membership, Privileges, and Dues

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| Section 3: Those eligible for MNA Member and MNA Associate Member membership include:  
  b. A nurse with impaired practice who is in recovery, who has surrendered a license to practice, may, **in accordance with MNA policies and procedures**, be included in the membership. | Section 3:  
  b. Strike the comma after “in recovery” and insert **and**; strike the comma after “may” and strike “in accordance with MNA policies and procedures,”.  
  If adopted, will read:  
  b. A nurse with impaired practice who is in recovery and who has surrendered a license to practice, **may be included in the membership.** | There are no policies and procedures to which this situation will apply. Therefore, the phrase is inappropriate.  
  Proposed by MNA Addictions Nursing Committee. |

### Bylaw Amendment 2: Proposed by Bylaws Committee

#### 2: Article III – Regional Councils

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| Section 3: Regional Councils shall:  
  d. The Regional Councils shall be responsible for establishing and maintaining regional council offices and office managers. Those regions unable to support themselves will receive support from the Board of Directors, **in accordance with the Policy adopted by the Board for their offices and staff.** | Section 3: Regional Councils shall:  
  d. Second sentence: Strike “in accordance with the Policy adopted by the Board for their officers and staff.” Change comma to a **period** after Board of Directors.  
  If adopted, will read:  
  d. The Regional Councils shall be responsible for establishing and maintaining regional council offices and office managers. Those regions unable to support themselves will receive support from the Board of Directors. | There are no MNA policies and procedures necessary to implement the provisions of this section.  
  Proposed by MNA Bylaws Committee. |

### Bylaw Amendments 3: Proposed by Board of Directors

#### 3A: Article V – Board of Directors

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| Section 2: Composition and Eligibility  
  a.(1) Officers shall be as follows:  
  (a) In order to be a candidate for President and/or Secretary, a candidate must be an MNA member who is a member in good standing.  
  (b) In order to be a candidate for Vice President and/or Treasurer, a candidate must be an MNA member who is also a Labor Program member. | Section 2: Composition and Eligibility  
  a.(1) Officers shall be as follows:  
  (a) **In order to be a candidate for the offices of President, Vice President, Secretary and/or Treasurer, a candidate must be an MNA member who is a member in good standing and who is also a Labor Program member.** | Eliminates the ability of a non-Labor Program member to seek offices on the Board of Directors.  
  Proposed by MNA Board of Directors. |
### 3B: Article V – Board of Directors

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| **Section 3:** Term of Office:  
  b. No officer or director shall be eligible to serve more than two consecutive terms in the same office or more than eight consecutive years on the Board of Directors. A member who has served more than a half a term in any office shall be deemed to have served that term. | **Section 3:** Term of Office:  
  b. Strike the first sentence.  
  If adopted will read:  
  b. A member who has served more than a half a term in any office shall be deemed to have served that term. | Eliminates term limits and limit on consecutive years of service for the Board of Directors. |

Proposed by MNA Board of Directors.

### 3C: Article VII – Elections

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| **Section 2:** Method and procedure of elections.  
  a. The method of elections shall be by secret mail ballot, unless all opened seats are uncontested and the secretary shall be directed to cast one vote for each uncontested candidate for election. | **Section 2:** Method and procedure of elections.  
  a. Insert after “secret” electronic or secret.  
  If adopted, will read:  
  a. The method of elections shall be by secret electronic or secret mail ballot, unless all opened seats are uncontested and the secretary shall be directed to cast one vote for each uncontested candidate for election. | This amendment will add the ability to vote by secret electronic ballot. |

Proposed by MNA Board of Directors.

### Bylaw Amendment 4: Proposed by Regional Council 2

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| **Section 2:** Composition and Eligibility | **Section 2:** Composition and Eligibility  
  Insert new subsection b.:  
  b. An MNA member who is a member of another union shall not be a candidate for, or serve as, an Officer, Director or in a representative seat.  
  **Proviso:** Any present member holding membership in another union shall be grandfathered as an MNA Board member for the duration of their term, or if in a representative seat, for the duration of the term for that position.  
  Current subsections b.-d. become c.-e. | Restricts ability of members holding membership in another labor union from serving as an officer, director or in a representative seat on the Board of Directors. |

Proposed by Regional Council 2.
## Bylaw Amendments 5: Proposed by Brigham and Women’s Hospital Bargaining Unit

### 5A1: Article II – Membership, Privileges, and Dues

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| Section 5: Privileges of MNA Member membership shall include full participation in the MNA and a Regional Council and the right to:  
  
  e. *Vote by secret ballot on any proposal to change dues submitted in accordance with these bylaws. A member disabled from attending such secret vote due to work schedules or religious observance may obtain a supplemental mail ballot in accordance with these bylaws.*  
| Section 5: Privileges of MNA Member membership shall include full participation in the MNA and a Regional Council and the right to:  
  
  e. Strike current text and substitute:  
  
  e. *Vote by secret ballot on substantive issues* voted upon by the assembled Voting Body subsequent to the adjournment of the annual or special business meeting. All MNA members not present and voting in person at the business meeting will be provided a ballot that allows them to vote Yes, No, or Abstain on each of the decisions made by the Voting Body at a business meeting.  
  
  *“Substantive issues” shall mean all issues which significantly impact MNA membership, including policy decisions and proposed changes in dues.*  
| All absentee members will be provided the opportunity to vote on substantive issues voted on by the Voting Body at the business meeting.  
| Proposed by Brigham and Women’s Hospital Bargaining Unit. |

### 5A2: Article II – Membership, Privileges, and Dues

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| Section 7: Dues  
  
  c. *Supplemental secret mail ballots defining any proposed change in dues must be requested in writing to the MNA not later than seven (7) days prior to the annual business meeting and will be mailed to the residential address of any MNA member in good standing requesting 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.*  
| Section 7: Dues  
  
  c. Strike current text and substitute:  
  
  c. *Supplemental secret mail ballots defining any proposed change in dues will be mailed to the residential address of all MNA members not present and voting in person at the business meeting.*  
| All absentee members will be provided the opportunity to vote on dues voted on by the Voting Body at the business meeting.  
| Proposed by Brigham and Women’s Hospital Bargaining Unit. |

### 5B1: Article V – Board of Directors

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| Section 1: Definition  
  
  The Board of Directors, a corporate body composed of elected members, serves as the agent for the Voting Body.  
| Section 1: Definition  
  
  Insert after “Voting Body” **between business meetings.**  
  
  If adopted, Section 1: Definition will read:  
  
  The Board of Directors, a corporate body composed of elected members, serves as the agent for the Voting Body **between business meetings.**  
| This amendment clarifies current language.  
| Proposed by Brigham and Women’s Hospital Bargaining Unit. |
### 5B2: Article V – Board of Directors

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<tr>
<td><strong>Section 5: Responsibilities</strong></td>
<td><strong>Section 5: Responsibilities</strong></td>
<td><strong>Impact Statement</strong></td>
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<tr>
<td>b. The Board of Directors shall: (7) Assess the needs of membership.</td>
<td>b. The Board of Directors shall: (7) Strike current text and substitute: (7) Conduct a systematic and thorough assessment of the needs, priorities and goals of the members and the bargaining units of the Association at least every five years. The assessment results will be published. The goals and priorities of the members will serve as the foundation of planning by the Board.</td>
<td>If adopted, this amendment would provide for a five-year needs assessment of the members and published results. Proposed by Brigham and Women’s Hospital Bargaining Unit.</td>
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### 5B3: Article V – Board of Directors

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<tbody>
<tr>
<td><strong>Section 8: Quorum</strong></td>
<td>Insert new Section 8: Meetings of the Board of Directors</td>
<td><strong>Impact Statement</strong></td>
</tr>
<tr>
<td>a. The Board of Directors shall hold no fewer than ten (10) regularly scheduled meetings each year.</td>
<td>b. The Board of Directors shall: (7) Strike current text and substitute: (7) Conduct a systematic and thorough assessment of the needs, priorities and goals of the members and the bargaining units of the Association at least every five years. The assessment results will be published. The goals and priorities of the members will serve as the foundation of planning by the Board.</td>
<td>Sections a. and b. reiterate current policy.</td>
</tr>
<tr>
<td>b. The agenda, date, time and location of MNA Board of Directors meetings will be published regularly in the “Members Only” section of the MNA web site.</td>
<td></td>
<td>Section c. reiterates current policy and furnishes meeting materials to member guests.</td>
</tr>
<tr>
<td>c. All Board of Directors meetings shall be open to any MNA member who wishes to attend. Members who advise the Board of Directors in advance of their intention to attend a Board of Directors meeting shall be furnished with all materials pertinent to the meeting.</td>
<td>d. The Board of Directors is prohibited from creating rules of confidentiality restricting members’ access to information discussed at Board meetings.</td>
<td>Section d. prohibits the Board of Directors from confidential discussion.</td>
</tr>
<tr>
<td>d. The Board of Directors is prohibited from creating rules of confidentiality restricting members’ access to information discussed at Board meetings.</td>
<td>e. The only portions of meetings of the Board of Directors closed to members are those which include privileged discussion with MNA legal counsel, or collective bargaining preparation and reporting with MNA staff, or matters involving the privacy rights of employees.</td>
<td>Section e. prohibits the Board of Directors from confidential discussion, with exceptions.</td>
</tr>
<tr>
<td>e. The only portions of meetings of the Board of Directors closed to members are those which include privileged discussion with MNA legal counsel, or collective bargaining preparation and reporting with MNA staff, or matters involving the privacy rights of employees.</td>
<td>f. Executive Committee meetings shall be strictly limited to matters of a true emergency nature.</td>
<td>Section f. reiterates current policy.</td>
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<tr>
<td>f. Executive Committee meetings shall be strictly limited to matters of a true emergency nature.</td>
<td>g. Minutes of all Board of Directors meetings, including Executive Committee meetings, shall be posted on the “Members Only” section of the MNA web site, along with the voting records of Board members, within one week of the Minutes being approved/accepted.</td>
<td>Section g.: This section would require minutes of the meetings of the Board of Directors to be posted within one week of the minutes being approved and accepted. It would also require a roll call vote on every motion. Proposed by Brigham and Women’s Hospital Bargaining Unit.</td>
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Current Section 8 will become Section 9
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<th>Section</th>
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<tr>
<td>1c1:</td>
<td>Section 1: The MNA shall hold an annual business meeting of the membership at such time and place as shall be determined by the Board of Directors.</td>
<td>Section 1: Insert after “membership”: in conjunction with the Annual Convention on the Saturday following each Annual Convention. Add second sentence: Since Annual Convention historically has taken place at the same time as Annual Meeting, Convention will be scheduled just before the Annual Meeting, i.e., on Thursday and/or Friday preceding the Saturday of Annual Meeting. If adopted, Section 1 will read: The MNA shall hold an annual business meeting of the membership in conjunction with the Annual Convention on the Saturday following each Annual Convention at such place as shall be determined by the Board of Directors. Since Annual Convention historically has taken place at the same time as Annual Meeting, Convention will be scheduled just before the Annual Meeting, i.e., on Thursday and/or Friday preceding the Saturday of Annual Meeting.</td>
<td>If adopted, the annual business meeting will be held on Saturday following the Annual Convention. Proposed by Brigham and Women’s Hospital Bargaining Unit.</td>
</tr>
<tr>
<td>1c2:</td>
<td>Section 2: Special business meetings of the MNA may be called by the Board of Directors or upon written request of the majority of the regional councils. The business to be transacted shall be limited to that stated in the call to business meeting.</td>
<td>Section 2: Add third sentence: Special business meetings of the MNA shall always be held on Saturday. If adopted, Section 2 will read: Special business meetings of the MNA may be called by the Board of Directors or upon written request of the majority of the regional councils. The business to be transacted shall be limited to that stated in the call to business meeting. Special business meetings of the MNA shall always be held on Saturday.</td>
<td>If adopted, special business meetings of the MNA shall always be held on Saturday. Proposed by Brigham and Women’s Hospital Bargaining Unit.</td>
</tr>
<tr>
<td>1c3:</td>
<td>Section 6: The Voting Body shall take positions, determine policy, and set direction on substantive issues of a broad nature.</td>
<td>Section 6: Add the following text after the first sentence: Such substantive issues* voted upon by the assembled Voting Body shall, subsequent to the adjournment of annual or special business meetings, be submitted, for ratification votes, by mail or by electronic means, to all MNA members not present and voting in person at the business meeting. These members will be provided a ballot that allows them to vote Yes, No, or Abstain on each of the decisions made by the Voting Body at a business meeting. No decisions of the Voting Body at a business meeting will be considered binding, or will be implemented by the Board of Directors or the staff of the MNA, until all votes submitted by mail or electronic means within a reasonable time period** are tallied.</td>
<td>If adopted, this section would provide for ratification votes by all MNA members not in attendance at the business meeting on substantive issues which is herein defined.</td>
</tr>
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</table>
**Substantive issues** shall mean all issues which significantly impact MNA membership, including policy decisions and proposed changes in dues.

***A reasonable time period** shall mean within two (2) weeks from the date on which ballots are sent, by US Mail, to all members eligible to vote.

If adopted, Section 6 will read:
The Voting Body shall take positions, determine policy, and set direction on substantive issues of a broad nature. Such substantive issues* voted upon by the assembled Voting Body shall, subsequent to the adjournment of annual or special business meetings, be submitted, for ratification votes, by mail or by electronic means, to all MNA members not present and voting in person at the business meeting. These members will be provided a ballot that allows them to vote Yes, No, or Abstain on each of the decisions made by the Voting Body at a business meeting. No decisions of the Voting Body at a business meeting will be considered binding, or will be implemented by the Board of Directors or the staff of the MNA, until all votes submitted by mail or electronic means within a reasonable time period** are tallied.

**Substantive issues** shall mean all issues which significantly impact MNA membership, including policy decisions and proposed changes in dues.

***A reasonable time period** shall mean within two (2) weeks from the date on which ballots are sent, by US Mail, to all members eligible to vote.

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### 5C4: Article XIV – Meetings and Voting Body

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<td><strong>Section 9:</strong> Electronic Meetings</td>
<td><strong>Section 9: Electronic Meetings</strong></td>
<td>If adopted, this amendment would add Business Meetings to those MNA meetings authorized for telephone or other electronic participation.</td>
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<td>a. Participation in meetings of the Board of Directors, Standing Committees, Congresses, Task Forces, the Center for Ethics and Human Rights and Regional Councils may be via telephone or other electronic means provided all members participating can hear and speak to each other simultaneously.</td>
<td>a. Insert <strong>MNA Business Meetings</strong>, after “Participation in”.&lt;br&gt;&lt;br&gt;<strong>If adopted, will read:</strong>&lt;br&gt;&lt;br&gt;a. Participation in MNA Business Meetings, meetings of the Board of Directors, Standing Committees, Congresses, Task Forces, the Center for Ethics and Human Rights and Regional Councils may be via telephone or other electronic means provided all members participating can hear and speak to each other simultaneously.&lt;br&gt;&lt;br&gt;b. <strong>(1) Insert MNA member</strong>, before “director”.&lt;br&gt;&lt;br&gt;<strong>If adopted, will read:</strong>&lt;br&gt;&lt;br&gt;b. Procedural rules for meetings which involve attendance by telephone or other electronic media will be promulgated by the Board of Directors and will include systems that:&lt;br&gt;&lt;br&gt;(1) verify the legitimacy of those present to participate in the particular meeting (e.g., director, member of committee).</td>
<td>Proposed by Brigham and Women’s Hospital Bargaining Unit.</td>
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</table>

Proposed by Brigham and Women’s Hospital Bargaining Unit.
### 5D: Article XVII – Official Publication

<table>
<thead>
<tr>
<th>Current</th>
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<tbody>
<tr>
<td>THE MASSACHUSETTS NURSE shall be the official bulletin of the MNA. Notices shall be published as required by these Bylaws and such publication shall constitute official notice.</td>
<td>In first sentence, strike “bulletin” and insert publication. Add second sentence: Letters to the Editor of THE MASSACHUSETTS NURSE shall be printed in the unedited form in which letters are submitted or with minimal changes, agreed to by both the Editor and the submitting member, only to comply with reasonable limits of available space and to protect the organization and its members from legal liability, as determined in a written opinion by the Association’s legal counsel.</td>
<td>This amendment provides for reprinting letters to the editor in THE MASSACHUSETTS NURSE.</td>
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If adopted, Article XVII will read:
THE MASSACHUSETTS NURSE shall be the official publication of the MNA. Notices shall be published as required by these Bylaws and such publication shall constitute official notice. Letters to the Editor of THE MASSACHUSETTS NURSE shall be printed in the unedited form in which letters are submitted or with minimal changes, agreed to by both the Editor and the submitting member, only to comply with reasonable limits of available space and to protect the organization and its members from legal liability, as determined in a written opinion by the Association’s legal counsel.

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### 5E1: Article XIX – Amendments and Revisions

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<tr>
<td>Section 1: These Bylaws may be amended by a two-thirds vote at any regular or special business meeting if the proposed amendment has been reviewed by the Board of Directors, and has either been published in the official bulletin or has been distributed by mail to the last known address of the officers and members at least 30 days prior to the business meeting.</td>
<td>Section 1: Insert with ratification by the voting body after “special business meeting”. Substitute official publication, THE MASSACHUSETTS NURSE, for “official bulletin”.</td>
<td>All absentee members will be provided the opportunity to vote on bylaws voted on by the Voting Body at the business meeting.</td>
</tr>
</tbody>
</table>

If adopted, Section 1 will read:
These Bylaws may be amended by a two-thirds vote at any regular or special business meeting with ratification by the voting body if the proposed amendment has been reviewed by the Board of Directors, and has either been published in the official publication, THE MASSACHUSETTS NURSE, or distributed by mail to the last known address of the officers and members at least 30 days prior to the business meeting.

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### 5E2: Article XIX – Amendments and Revisions

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<tr>
<td>Section 2: Unless otherwise ordered by the business meeting or in the motion to adopt, an amendment to these Bylaws shall become effective at the close of the business meeting at which it was adopted.</td>
<td>Section 2: Strike current text and substitute: An amendment to these Bylaws shall become effective only after all votes on ratification have been counted and a clear two-thirds vote of all those voting on the amendment has voted in favor.</td>
<td>Amendments will become effective after ratification votes.</td>
</tr>
</tbody>
</table>

Proposed by Brigham and Women’s Hospital Bargaining Unit.
Save the Date
October 13-15
MNA℠
Massachusetts Nurses Association
2010 CONVENTION
DCU Center
Worcester, Massachusetts
Shaping Our Future Together
Go to www.massnurses.org for more information to come.
Notice to members and non-members regarding MNA agency fee status

In private employment under the National Labor Relations Act

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

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

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

Section 8(a)(3) of the National Labor Relations Act provides, in pertinent part:

It shall be an unfair labor practice for an employer—
(3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other statute of the United States, shall preclude an employer from making an agreement with one or more labor organizations, or the effective date of such agreement, whichever is the later. If such labor organization is the representative of the employees as provided in Section 9(a), in the appropriate collective bargaining unit covered by such agreement when made...

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

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

1. When to object

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

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

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

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

2. How to object

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

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

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

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

3. How to challenge MNA’s accounting

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

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

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

MNA membership dues deductibility for 2009

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

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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 2010 Convention in October at the DCU Center in Worcester.

**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 you can mail or deliver your donation to the MNF, 340 Turnpike St., Canton, MA 02021.

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**Mediation De-Mystified**

*Guest Speaker: Josh Flax*

Federal Mediation and Conciliation Service

**Thursday, August 19, 2010**

- 5 p.m. Dinner & Registration
- 5:30–7:30 p.m. Class
  - What is the mediation process?
  - What is a federal mediator?
  - What is “impartiality”?
  - Why is mediation important?
  - When should I call a federal mediator?

*It is preferred that registrants have completed MNA Labor School Track 3, Collective Bargaining.

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**Chemical Sensitivity:** Scents may trigger responses in those with chemical sensitivities. Men and women are requested to avoid wearing scented personal products when attending this meeting/program.

Register by contacting the Region 5 Office:

340 Turnpike Street, Canton, MA • 781-821-8255 • region5@mnarn.org

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**3rd Annual MITSS Hope Award**

Nominations are now being accepted for the **Third Annual MITSS HOPE Award**. The MITSS HOPE Award was established in 2008 to recognize people — patients, families, healthcare providers, hospitals (or teams or departments), academic institutions, community health centers, grass roots organizations, EAP programs, etc.— who exemplify the mission of MITSS: Supporting Healing and Restoring Hope to patients, families and clinicians impacted by adverse medical events, medical errors, or unexpected outcomes. This year’s award is being sponsored by rL Solutions, and the winner will receive a $5,000 cash prize to continue their work.

The award will be presented at the MITSS 9th Annual Dinner at the Westin Copley Place on Nov 4. Visit [www.mitsshopeaward.org](http://www.mitsshopeaward.org) for eligibility criteria, submission requirements, deadlines, and more. Nominate someone who is doing great work (including yourself)!
MNA elections are fast approaching. By voting in this election, you will have an opportunity to focus on the future direction of MNA. In the future, MNA will either continue to move ahead and grow stronger as part of the exciting national movement of RNs that shares our goals, or we will be left behind, divided within the state and isolated from nurses around the country.

We have a Vision:

- We believe that in tough economic times, with employers on the offensive, unity is more essential than ever.
- We believe that when nurses are divided, only our employers benefit.
- We believe that we are stronger in Massachusetts when we stand united, alongside 155,000 nurses from across the country.
- We believe that true democracy requires an informed and engaged membership and a Board of Directors that includes nurses from diverse regions and facilities.

We believe that together as MNA & National Nurses United, we can win:

- Improved retiree health benefits/pensions
- Safe patient staffing/staffing ratios
- A ban on mandatory OT
- Safe patient handling to protect nurses from injuries
- Union rights for unorganized nurses in Massachusetts and across the country
- Workplace violence prevention legislation

Support this VISION by voting for the following nurses for the MNA Board of Directors:

Beth Amsler • Newton-Wellesley Hospital
Tiffany Diaz Bercy • North Shore Medical Center
Fabiano Bueno • Boston Medical Center
Karen Coughlin • Taunton State Hospital
Donna Dudik • Boston Medical Center
Sandra Hottin • Mercy Hospital
Gary Kellenberger • Westboro State Hospital
Diane Michael • Providence Hospital
Ann Marie McDonagh • Tufts Medical Center
Katie Murphy • Brigham & Women’s Hospital
Marie Ritacco • St. Vincent’s Hospital
Ginny Ryan • Faulkner Hospital
Ellen Smith • UMass Memorial University
Barbara Tiller • Tufts Medical Center

Sponsored by: The Committee for Vision - Not Division