

the Massachusetts

nurse



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ADVOCATE



Candlelight vigil at Tufts Medical Center puts spotlight on safe patient care

February/March 2011

MNASM

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Top 10 reasons why the health repeal vote is inane

By Rose Ann DeMoro

Executive Director, National Nurses United

At a time when so many Americans continue to fall through the gaping holes in our health care system, it is hard to imagine a more dysfunctional debate in Washington than the charade last month over the Republican effort to repeal President Obama's health care law.

Consider these points:

- The number of officially uninsured tops 50 million.
- Half of all Americans are considered to have pre-existing conditions and thus subject to rampant insurance denials (and ways big insurers will surely find to game the system even if the law remains as is).
- Arizona is denying life-saving transplants to poor people on Medicaid.
- Blue Shield is ignoring protests and pushing through premium rate hikes in California of up to 59 percent for individuals.
- A UNICEF report ranked the U.S. a pathetic 22nd in health well-being for our children.

Yet Congress put on a Kabuki performance that will end without repeal or real, comprehensive solutions to the ongoing health care crisis.

Here is a "Top 10 List" specific to the inanity of this recent repeal debate:

1. The public is already rightfully confused. A Kaiser Family Foundation poll last month found that nearly as many people (20 percent) favor expanding the law as favor repealing it entirely (26 percent). And, perhaps most significantly, 43 percent of the public said they were still "confused" about the law.

2. Despite the rhetoric from the right, the law was not a "government takeover," much less "socialized medicine." In fact, it serves to prop up and protect the broken private system from a more fundamental reform, single-payer/expanding Medicare to cover everyone, just as President Nixon pushed HMOs as an alternative to single-payer 40 years ago.

3. Many Republicans do not really care if people "are covered"; they care about businesses making money. The "alternatives" discussed by the repeal crowd would unleash more of the same "magic" of the market that created the current crisis in access, cost and quality.

4. Democrats and liberals have, ironically, become the foremost champions of "the individual mandate," a concept first proposed by Republicans and adopted in Massachusetts by Republican Gov. Mitt Romney (a law that has been steadily unraveling due to rising costs, with the state reducing eligibility and cov-

ered services as a result). Yet Democrats now promote the deception that forced purchase of private insurance constitutes "universal" health care, while Republicans wail that the idea they once loved is unconstitutional.

5. Though the Republicans publicly say they oppose the law in part because it is unfriendly to business, nearly all the giants in the health care industry backed the law.

6. Despite a desperate need for fundamental change, proponents of the most far-reaching reform are dismissed as "naive" and "not serious." Only those who support an unsustainable status quo in corporate control of our health care were granted a seat at the table by the Democrats, and anything more than the most token coverage in the media.

7. In an environment where "objectivity" is defined as letting both sides have their say—as long as you stay within the parameters of the story as defined by the media—the side that is willing to tell bigger lies wins the most ink. Thus the debate was distorted by deliberate deceptions about "death panels," seniors being cut off from Medicare, and similar fantasies.

8. Challenging the efficacy of health care as a commodity is off the table no matter how many lives are compromised and discarded. Thus, we have a law that is not universal, does little to control costs in rising premiums and un-payable medical bills, improve quality or reduce disparities. And the repeal fans want it to do even less.

9. Few are discussing that the health care crisis will grow if the law is repealed or left alone. Insurers, drug companies and providers will continue to price gouge. Insurers will continue to cherry-pick healthier customers and find pretexts to deny needed care. The medical technology both sides promote as a panacea will put more patients at risk by eroding professional caretaker judgment. Long waits for care will remain. And the ongoing recession will produce a further shredding of the frail safety net, especially as more public hospitals and clinics are forced to close.

10. While everyone talks about a global economy, no substantive consideration was given by policy makers or the media to the way other industrialized countries assure health coverage with lower costs and better outcomes through national or single payer systems, all while failing to challenge those who falsely claim "we have the best health care system in the world." (We don't.)

Instead of repealing the law, we need to urge Congress to expand it by opening up the cost-efficient, universal, equitable Medicare program to everyone. ■

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Photographers: Amy Francis, Charles Rasmussen

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

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Say no to the race to the bottom

By Julie Pinkham
MNA Executive Director

Watching the media coverage on Wisconsin Gov. Scott Walker's attempt to gut collective bargaining rights for public employees—including teachers, firefighters and social workers—helps bring clarity to the centerpiece of a growing feud about the direction we are heading. Who should have the final say about the costs of social and economic policies and how should those costs be shared between those who control the nation's wealth and those who produce that wealth?

The class argument has now made its way front and center. But now the battle has been widened to include not just the poor, but pretty much anybody not in the top 5 percent of the nation's economic strata. There is a bitter irony in the Supreme Court's decision last year to treat corporations as individuals for the purposes of political persuasion while individual rights for those who wish to form collective groups for protection of their economic interest (i.e. unions) are rapidly eroding. In short, corporations can spend millions to elect officials to give them government tax breaks—helping to place Wisconsin in a huge deficit which is then used by the governor as an argument for not only cutting employee benefits, but eliminating their right to form unions—and to negotiate for those benefits again.

As one individual described the approach, "Heads I win, tails you lose" for the workforce. The uprising by employees and those that support them in protest at their capitol is refreshing as is the dialogue that is beginning to question why the general working population is facing the brunt and blame for Wall Street speculation and subsequent economic meltdown caused not by the workers, but by the corporate executives who saw profit and greed at every opportunity. In a fitting irony to the view from

corporate suites, working people were asked to bail them out with our tax dollars, while those same corporate elites are now attacking working people and trying to strip them of their hard-earned rights and benefits. The lack of factual information is appalling in this regard. Apparently if you say something three times on the internet it is fact.

The fact is most public pensions are not Cadillac plans. Moreover, most public employees get them instead of Social Security. They do not get both and public employees are required to pay into the pensions. In Massachusetts, wages of public sector health professionals lag significantly behind those in the private sector. In large part, favorable health insurance benefits and defined benefit pension plans were the salve for this disparity. Over the past few years, however, the health insurance cost share is no longer markedly better than in the private sector, and the increasing cost share of public pensions have made these offsets less appealing and in doing so made public sector positions less marketable for the skilled health care workforce.

Most concerning is how the lack of an appropriate labor policy and regulation in this country has resulted in the low percentage of a unionized work force. Without unionization, there are no checks and balances on corporations and the disparity between the haves and have-nots widens further, helping to eliminate the middle class. This social economic policy is disastrous to the health and prosperity of the



Julie Pinkham

public. We already see the devolving health insurance benefits with outrageous co-pays bankrupting middle class Americans who are working. With \$1,000 and \$5,000 deductibles being pushed—on top of huge and rapidly escalating premiums—the choices are untenable.

How we approach the standards will determine whether we are to improve our lot and the quality of our lives. If we focus only on what we have in small fractured groups and evaluate our success or failure by whether our benefits are better than another's and maintain the "them vs. us" approach we will all lose in the end. If those around you begin to see reduction in their benefits and working conditions, the measure of the standard for all is reduced. Soon the good benefit looks extraordinary and is the target for reduction as "over reaching."

The concern, that others receiving a decent benefit will somehow reduce our power to create and hold better standards requires the belief that you are without bargaining power. That is clearly not the case for nurses. You not only have significant bargaining power but you have tremendous public respect. As a result, if there is any organized group that should raise the larger social and economic issues questioning the efficacy of what is happening to union rights of the general work force against the money and power of the corporations—the robber barons of the 21st century—it should, and must be, nurses. So if you have not been following the Wisconsin struggle, do so. If you have not been following a similar assault on worker's rights in New Hampshire, you should be.

This is a golden opportunity for working people in our country, especially nurses, to raise the level of debate and to stand up and take on the corporate interests for the good of all of us. It is time to get involved and organize for a better future. Now! ■

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Protecting Massachusetts patients: fighting for safer hospitals

Following on the heels of the MNA's successful passage of legislation enhancing penalties for assaulting health care workers last year, the MNA this year is introducing a package of legislation designed to improve patient safety in the commonwealth's hospitals. The three bills in this package will help to foster a safe hospital environment where bedside RNs can focus on their top priority, caring for their patients.

The Patient Safety Act

The Patient Safety Act (also known as Safe RN Staffing) will protect hospital patients and nurses, as well as strengthen our health care system by directing the Department of Public Health to set a limit on the number of patients a nurse is forced to care for at one time in an acute care hospital. The bill will also require hospitals to report on a number of nurse-sensitive measures so we can obtain better information about the effect of nursing care on patient safety. By addressing and improving the environment in which registered nurses work, both the quality of patient care and the recruitment and retention of critical nursing staff will improve. The Patient Safety Act was filed by Rep. Christine Canavan, RN (D-Brockton) and by Sen. Marc Pacheco (D-Taunton).

An Act Prohibiting the Dangerous Practice of Mandatory Overtime

Nurses working at the bedside around the state are seeing employers drastically increase the use of mandatory overtime as their primary staffing strategy. This practice endangers patients and leads to costly, preventable medical errors and complications. This legislation would protect patients and help reduce costs by eliminating the dangerous practice of mandatory overtime in hospitals. This legislation was filed by Rep. Jim O'Day (D-West Boylston) and by Sen. Jack Hart, (D-Boston).

An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence

This bill would require all health care facilities to perform annual risk assessments about the factors that put their employees—and their patients—at risk of workplace violence and to use those assessments to develop written prevention plans to mitigate those risks. Creating a safe environment for health care workers automatically makes patients safer. It will reduce the risks of violence in the hospital and help RNs and health care professionals worry less about violence and focus on their top priority: keeping patients safe. This bill was filed by Rep. Michael Brady (D-Brockton) and by Sen. James Timilty (D-Walpole).

Together, these three bills will make hospitals safer!

Get involved!

This year, 39 new state representatives and eight new state senators have been sworn in. It's the largest freshman class of legislators in decades. Step one for our Patient Safety Package is to educate new members of the legislature about these important issues. They need to hear from bedside nurses in their district. Accordingly, we will be conducting meetings in legislative districts with a number of new legislators so they can hear directly from YOU about the issues you face every day at the bedside. To find out who your legislators are, go to www.capwiz.com/massnurses. Then contact your community organizer to see how you can get involved in educating your elected officials on YOUR issues:

Region 1: Leo Maley, lmaley@mnarn.org

Region 2: Sandy Ellis, sellis@mnarn.org

Region 3: Barbara "Cookie" Cooke, bcooke@mnarn.org

Region 4: Lainey Titus, ltitus@mnarn.org

Region 5: Brian Moloney, bmoloney@mnarn.org

And to visit the State House to advocate for patient safety, contact political organizer Riley Ohlson, rohlnson@mnarn.org ■



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Tufts nurses hold candlelight vigil; call for restoration of safe patient care

Forming a block-long line of flickering candlelight, several hundred nurses joined by hundreds more supporters from the greater Boston community held a vigil outside the main entrance of Tufts Medical Center on Feb. 15. The demonstration was part of their efforts to pressure management to enact desperately needed improvements in patient care conditions at this level one pediatric trauma and level two adult trauma center.

"The public needs to know that nurses at Tufts Medical Center love this hospital. Most of us have spent the bulk of, if not all of, our careers as proud members of the clinical team, knowing we provided excellent care," said Barbara Tiller, RN, a nurse at the hospital and chair of the Massachusetts Nurses Association local bargaining unit of 1,200 nurses. "Participating in an event like this is not what we want to do; it is something we have to do, because in the end, it is our moral and ethical responsibility to advocate for the patients under our care. And right now, they are not safe."

The nurses have serious concerns about recent cuts in RN staffing levels and other changes in how they deliver care that has

resulted in nurses being forced to care for more patients at one time on nearly every unit. To compensate for chronic understaffing, Tufts is using mandatory overtime, and is forcing nurses to "float" from one area of the hospital to another where they might not be competent to provide appropriate care.

"Those changes transformed this hospital from being one of the best staffed hospitals in Boston to the worst staffed hospital in the city," Tiller explained. "No other institution in the city is operating ICUs where their nurses are expected to care for three patients, nor are they expecting their medical surgical nurses to carry assignments of up to seven patients on a regular basis."

Tiller added that staffing changes have caused a dramatic deterioration in both the quality of care nurses are delivering and, in some cases, have resulted in serious lapses in care. In the past year alone nurses have filed more than 520 reports of incidents that jeopardized patient care.

"I see nurses all over the hospital going home late and in tears over how bad their shift was, and hear that they spend sleepless nights won-

dering what they missed, or feeling horrible about not being able to provide the level of care they know their patients deserve. Even one of these occurrences is unacceptable, but to have it happening nearly every day is disgraceful, and it is patently dangerous," Tiller added. "Issues that are occurring from larger patient assignments include delays in nursing assessment, delayed administration of medications and tests, nurses missing significant changes in patients' health status, poor patient outcomes, patients falling due to lack of assistance in getting up and moving and patients being left in soiled beds for hours at a time."

The 1,200 RNs at Tufts, who are currently in negotiations for a new contract, are seeking contractually guaranteed, safe staffing levels, and prohibitions against forced overtime and the inappropriate floating of nurses—all of which are needed to ensure that patients at Tufts Medical Center receive the safe care they deserve.

"As of today, the hospital has shown no interest in addressing our concerns for your safety," said Tiller. "We have organized this event to shine the light on this crisis in the hopes that with the community's support, something will finally be done to protect our patients."

Joining the nurses at the vigil were representatives from a number of civic, religious and labor groups, including a number of union leaders from across the U.S. and throughout the world who were participating in the prestigious Harvard Trade Union Program at nearby Harvard University.

"We are gratified by the outpouring of support we have received for our cause," Tiller said. "The public understands that it is the community that has the most to lose in this struggle. For our patients, this is truly a matter of life and death."

The nurses began negotiating a new contract with Tufts Medical Center management last September. The current contract expired on Dec. 31, 2010 and it has been extended by agreement of both parties through the end of March. ■



St. Vincent RNs picket on Valentine's Day to ensure safe staffing, secure future

Holding signs that read, "Vanguard has no heart for safe staffing," and "Nursing at St. Vincent Hospital is no box of chocolates," several hundred RNs and their allies celebrated Valentine's Day on the picket line in an effort to pressure their for-profit owner to agree to contractually mandated improvements in RN staffing levels at the Worcester-based medical center.

For over a year, the 740 nurses of St. Vincent Hospital have been attempting to negotiate a new contract with Vanguard Health Care. These nurses, who voted to go out on strike over poor staffing conditions in 2007, are again locked in a protracted dispute over deplorable working conditions and a growing crisis in the quality and safety of patient care.

"It is with the utmost concern for the safety of our patients that we are out here today," said Marlena Pellegrino, a medical surgical RN at St. Vincent and chair of her bargaining unit. "While nurses are at the heart of patient care, our employer has shown us no love and has failed to give us the resources we need in order to provide patients with the quality care they deserve."

In 2009, the Department of Public Health released a report showing that St. Vincent Hospital had more serious medical errors and patient care mistakes than any hospital in the state. Last year nurses filed more than 800 official reports of unsafe conditions at the facility (an average of more than two a day). To address this crisis, the nurses are seeking contract language to guarantee safer staffing levels in the hospital.

"I am ashamed of these results, and I can tell you without equivocation that our nurses and patients are being placed in jeopardy in this hospital every day and on every shift. It is only because of the true grit of our nurses that there haven't been more serious incidents at this hospital," Pellegrino said.

The MNA pointed to a significant body of research demonstrating the link between poor staffing and the use of forced overtime to a variety of poor patient outcomes and an increase in preventable patient deaths in the nation's hospitals. For example, one study found that every patient above four assigned to a registered nurse resulted in a 7 percent increase in the risk of death for all patients under that nurse's care. In other words, when a St. Vincent nurse complains about having seven patients at one time, the science demonstrates that all of those patients are at a 21 percent greater risk of death. Additionally, these same studies demonstrate that when nurses have fewer patients, there are significantly fewer complications, patient satisfaction increases and nurse retention improves, with no negative impact on the hospitals' financial performance.

The nurses are also seeking an improved pension benefit, as Vanguard's retirement benefit is the worst of all employers in Central Massachusetts. They also are trying to fight off Vanguard's attempt to reduce their health insurance benefit. Specifically, the nurses are attempting to convince the hospital to participate in the recently created Nurses Pension Fund, a multi-employer defined benefit pension plan the MNA has established to provide retirement security to nurses, while providing hospitals with a proven tool for nurse recruitment and retention.

Vanguard is a multi-billion dollar corporation that has posted nearly \$50 million in profits at St. Vincent Hospital over the past two years. Despite this, they are skimping on patient care resources, refusing to provide adequate staffing and applying an assembly-line mentality to the delivery of patient care, while providing their caregivers with below market wage and benefits. This combination is endangering patients, safe nursing practice, and the ability to recruit and retain registered nurses.

"We are outraged by Vanguard's refusal to provide our patients with the care they deserve," Pellegrino said. "We are out here today to seek public support for our cause. Help us help you by joining our effort to convince Vanguard to put their love for patients ahead of their love for profits."



The nurses began negotiating a new contract with Vanguard management in December 2009, and 30 negotiating sessions have been held to date. The current contract expired on Dec. 31, 2009. ■



St. Vincent nurses organize flash mob for safe staffing

The nurses of St. Vincent Hospital, who are locked in a protracted dispute with hospital administration over their call for a new union contract that would specify RN-to-patient ratios on every patient care unit, recently employed a new tactic — a “flash mob.”

This flash mob took place in the hospital’s shopping mall-like atrium where more than 35 nurses held up letters and a banner with the message “Safe Staffing Now.”

Visitors, patients, and staff who were in the atrium immediately took out cell phones and began taking pictures of the nurses, and by the time perturbed managers arrived on the scene, the well choreographed mob of nurses dispersed.

The event has created a buzz within the hospital among the nursing staff, as more and more nurses are becoming energized to take collective action to convince management of how important this issue is for the quality and safety of patient care at the facility.

“We have been telling management for months that we cannot provide the care our patients deserve under the current conditions,” said Marlena Pellegrino, RN, a nurse on a busy medical surgical floor at the hospital and chair of the MNA local bargaining unit at St. Vincent Hospital.

“Management needs to understand that this issue is not going away, and we intend to do whatever it takes to communicate our concerns until we get what we need to protect our patients.”

In 2009, the Department of Public Health released a report showing that St. Vincent Hospital had more serious medical errors and patient care mistakes than any hospital in the state. Last year nurses filed more than 800 official reports of unsafe conditions at the facility (an average of more than two a day).

Vanguard .e, the for-profit owner of the hospital, is a multi-billion dollar corporation that has posted nearly \$50 million in profits at St. Vincent Hospital over the past two years. Despite this, they are cutting back on patient care resources and applying an assembly line mentality to the delivery of patient care, while providing their caregivers with below market wages and benefits. This combination is endangering patients, and limiting our ability to recruit and retain registered nurses.

“It’s time for Vanguard to put their concern for patients ahead of their desire for profits,” said Pellegrino. “And for that to happen they need to heed the message we have been sending – we need safe staffing, and we need it now.” ■

MNA Region 5 cookbook in the works

MNA Region 5 is planning a member-generated cookbook. Proceeds from sales will benefit The Greater Boston Food Bank. These cookbooks will be great additions to your own cooking library and great items for holiday gift giving.

Please keep in mind that we would love to have you share your best recipes. All submissions must be sent electronically

(via e-mail to region5@marn.org). Here’s what we need:

- Your name
- Your bargaining unit
- Recipe title
- Category (select one from below):

- Appetizers & Beverages
- Vegetables & Side Dishes
- Breads & Rolls
- Cookies & Candy
- Soups & Salads
- Main Dishes
- Desserts
- This & That

- List of ingredients needed (in order of use)
- Written directions in paragraph form, not in steps

Each MNA member who lives or works in Region 5 may submit a maximum of five recipes. We We would like to get as many contributors as possible so that there is a good mix of recipes. All MNA members may submit a maximum of five recipes. All contributors will be entered into a drawing for a \$100 Cheesecake Factory gift card. Hurry to get your recipe(s) to us to be in our one-of-a-kind cookbook that will benefit a good cause. ■

**Recipe
deadline:
April 1**

NLRB settlement in case involving Facebook comments

Last October, the acting regional director of the NLRB Hartford, CT, office issued an unfair labor practice complaint alleging the American Medical Response (AMR), an ambulance service, illegally terminated an employee for posting negative comments about a supervisor on the employee's Facebook page. The unfair labor practice complaint alleged that the company illegally denied union representation during the investigatory interview and enforced an overly broad policy on blogging and internet postings.

The employee posted negative comments about a supervisor following an investigation of a customer complaint. When the employee received positive feedback from co-workers, the employee posted additional negative comments about the supervisor. The employee was fired on December 1, 2010, because the employer stated that the Facebook postings violated the company's internet policy.

The company handbook contained policies that prohibit employees from making "disparaging, discriminatory or defamatory comments when discussing the company or the employee's supervisors, co-workers or competitors." The NLRB stated that the policies were overly-broad and

impinged upon the employees' rights to engage in protected concerted activity protected by the National Labor Relations Act (NLRA)—employees may discuss terms and conditions of employment with co-workers and others.

On Feb. 7, the NLRB announced that it had reached a settlement with AMR in this case. The company has agreed to revise its overly broad policies to ensure the rights of employees to discuss wages, hours and working conditions with co-workers and others while not at work. Further, the company agreed it would neither discipline nor discharge employees for engaging in such discussions. The fired employee reached an undisclosed financial settlement with AMR, but will not return to work at AMR.

Since the employee engaged co-workers in the complaints about her supervisor (working conditions), the exchange of comments became protected concerted activity protected under the NLRA. Policies that restrict an employee's right to discuss terms and conditions of employment with co-workers and others, in any forum or medium, violate the NLRA. ■

Save the Dates

NNU Staff Nurse Assembly

Washington, DC

June 5-8, 2011

To reserve a spot contact:

Eileen Norton, 781-830-5777 or ENorton@mnarn.org

Space is limited so call or email soon.

More information will be available when arrangements are finalized.

MNA membership dues deductibility in 2010

This shows the percentage of MNA dues paid in 2010 that may **not** be deducted from federal income

Region	Percent
All Regions	5.0%

taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

Reminder...



March 30-31, 2011

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For more information, please contact Donna Olson at 781-830-5721.

Also check www.massnurses.org for updates.

Weingarten Rights: protecting nurses at disciplinary meetings

By Tom Breslin

Associate Director of Labor Education

One of the basic principles that union members live by is their right to union representation in investigation meetings, known as Weingarten Rights. It is something that we teach in bargaining units, place in MNA contracts and mention to members in newsletters. I think we talk about these rights so often that we sometimes take them for granted.

Weingarten Rights became formalized after a 1975 U.S. Supreme Court case involving the National Labor Relations Board and the Weingarten Company. The case began after the company investigated an employee who it believed did not pay the full amount for a cafeteria lunch. The employee requested union representation during the interview and her request was denied. The court ultimately affirmed the right of union members to representation in the investigation process.

Tom Breslin

These days, knowing Weingarten Rights and when they apply is as important as ever. We are seeing more and more nurses getting disciplined. The discipline imposed also seems more severe now than in the past. Nurses have been called to their managers' offices with no clue about what to expect and, the next thing they know, they are being investigated or disciplined. We can speculate about why that is, but it really does not matter. What we really need to remind ourselves of are the things we can do to protect members and maintain their rights under the contract.

Because MNA members are facing so many issues these days with difficult negotiations, staffing cuts, the dangers associated with the most recent form of work restructuring, Six Sigma and lean staffing, we may forget some of the basic principles that union members need to know.

The following points should be kept in mind when advising members of their Weingarten Rights:

- The right to union representation applies to those meetings which are investigatory in nature.
- The obligation to invoke those rights rests with the employee. Unless you have contract language to the contrary, management is under no obligation to inform a member of their rights.
- If the purpose of the meeting is only to impose discipline, Weingarten Rights do not apply. The member, however, should still ask for representation.

Once the request for representation is made, the employer has options. It can grant the request for representation, deny the request and end the interview or reschedule for a time when a union representative is available.

Once the MNA representative comes to the meeting, he/she should:

- Ask management for details of the investigation

- Consult with the member prior to the meeting on their memory of the incident in question
- Serve as a witness to what is said and the subject being investigated
- Object to intimidating tactics
- Advise the member on how to answer questions
- Raise extenuating circumstances when appropriate
- Take detailed and complete notes including who attends and what they say
- Ask the employer when it expects to make a decision on discipline

Some managers might say that the MNA representative is there only to take notes and, as such, may not participate in the meeting. This is incorrect. The representative has the right to be an active participant in the meeting. Otherwise, there is very little purpose in having them attend the meeting.

It is critical to keep in mind that the standard for determining whether union representation is necessary or warranted belongs to the member. When asked to attend a meeting with management, the member should

always ask the purpose of the meeting and whether discipline might result from the meeting. If the answer is "Yes," the member should then ask for representation.

If, however, management says that no discipline will result, there is no automatic right to representation.

The member should keep in mind that if the subject of the conversation begins to change and if the member begins to feel that they may be disciplined based on what the

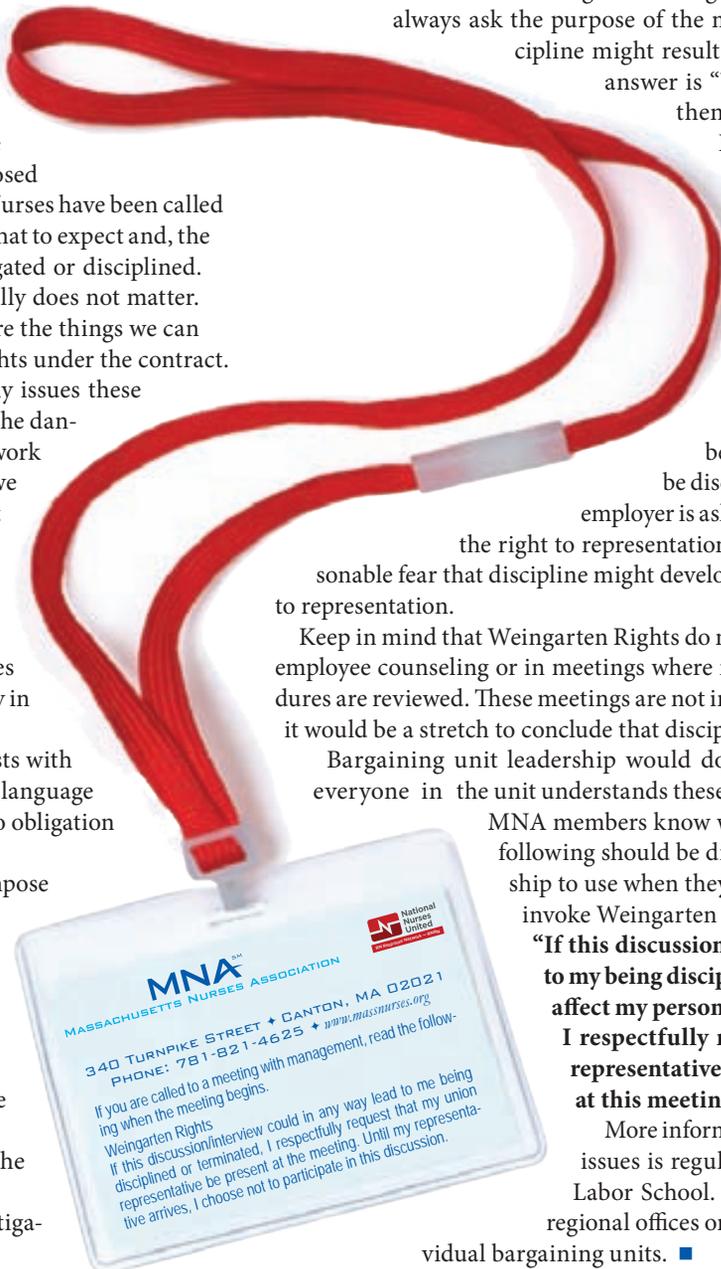
employer is asking; they can then invoke the right to representation. It is the employee's reasonable fear that discipline might develop which triggers the right to representation.

Keep in mind that Weingarten Rights do not apply in situations like employee counseling or in meetings where new technology or procedures are reviewed. These meetings are not investigatory in nature and it would be a stretch to conclude that discipline might result.

Bargaining unit leadership would do well to make sure that everyone in the unit understands these rights and ensure that all MNA members know when to invoke them. The following should be distributed to the membership to use when they believe there is a need to invoke Weingarten Rights:

"If this discussion could in any way lead to my being disciplined or terminated, or affect my personal working conditions, I respectfully request that my union representative or steward be present at this meeting."

More information about this and other issues is regularly covered in the MNA Labor School. Classes are offered at the regional offices or can be designed for individual bargaining units. ■



MNA joins solidarity rally for Wisconsin union workers

With only three days notice, 1,500 union members converged on the State House in Boston on Feb. 22 to rally in solidarity with their union brothers and sisters in Wisconsin, where a radically right wing governor and legislature are attempting to eliminate collective bargaining rights for public employees. Using the budget deficit as an excuse, Republican Gov. Scott Walker is not only claiming that public sector worker health insurance and pension benefits must be cut (concessions to which the unions there have already agreed), but is also seeking to eliminate collective bargaining rights for public sector workers completely. Make no

mistake, this ploy is not about saving money. It is about busting public sector unions in Wisconsin completely, thereby eliminating any effective political opposition to the pro-corporate, anti-worker policies of extremely right wing Republicans.

Just four days later, more than 1,000 union members in Massachusetts, including dozens of MNA members, went to the State House to support the workers in Wisconsin, and also to send a very strong message to politicians right here: any attempt to do in Massachusetts what Governor Walker is doing in Wisconsin will be met with the fiercest opposition. ■



Congressman Ed Markey (D-Malden), with colleagues Stephen Lynch (D-Boston), left, and Mike Capuano (D-Somerville), right, stand in solidarity with union members at the rally.



Greater Boston Labor Council Executive Officer Rich Rogers, a powerful MNA ally, fired up the crowd.



State Sen. Marc Pacheco (D-Taunton) can always be counted on to stand up for workers.



MNA member Karen Coughlin speaking at the Boston rally.

Standing with every union member ... wherever they live

“Good evening brothers and sisters. My name is Karen Coughlin. I am a registered nurse at Taunton State Hospital, a unionized public sector employee with the Massachusetts Nurses Association Unit 7 of RNs and health care professionals, and most important of all, I am a proud union member who is here today to say the Massachusetts Nurses Association and National Nurses United will stand with our brothers and sisters in Wisconsin, we will stand with our brothers and sisters in Massachusetts, we will stand with each and every union member wherever they live and work. We will not back down; we will not allow anyone to strip from us our hard-fought union rights—no matter what it takes.

We do not apologize for our collective voice, we do not and will not accept any effort to weaken our ability to stand up for ourselves, or the patients and clients we serve and protect through the power of our union.

We are here to say we are the people who make this government and this society run, we are the ones who keep you safe, we are the ones who care for and protect you, particularly the most vulnerable among us.

We are nurses, and physicians, and physical and occupational therapists, who are joining with firefighters, and policemen, and teachers and social workers and thousands of other public servants who work hard every day on your behalf. We are your friends and your neighbors who protect and care for you. We are not the enemy.

And to the Wisconsin legislators and those that agree with them; we are here to warn you, do not play politics with our future. You have a choice, kowtow to the corporate interests that have created the crisis we now face and punish the victims of their greed and mismanagement, or side with the working people in this country and restore a sense of fairness to our broken system. It comes down to that old adage from an earlier time of turmoil, which begs the question: “which side are you on?” Whatever side that is, you can be sure that there is a movement growing right now, a movement of working people from coast to coast, and continent to continent, and this we know:

We will not be silenced ... We will continue the fight ... And we shall overcome!”

From the Berkshires to Boston, MNAers rally in support of Wisconsin's public sector unions



That's Mike D'Intinasanto sporting his MNA jacket!



Region 2 members in the crowd.



Region 2 members gather with one of their champions, state Rep. Jim O'Day (D-West Boylston).



Region 2 members with fellow Central Mass. AFL-CIO delegates.

...in Boston (again)



Nancy Gillman, RN/Tufts Medical Center.



On Feb. 26 a second rally was held in support of the Wisconsin workers and once again the MNA turned out in force. MNA member Susan Wright-Thomas from Cambridge Health Alliance spoke to the crowd of over 1,000. (Photo: Jessica Matts)

...in Western Mass.



Community activists, labor supporters and students came out in force at a March 2 rally outside the student center at UMass Amherst.

Quincy Medical center nurses call for mediation in contract dispute

The 300 registered nurses of Quincy Medical Center, who are represented by the MNA, have filed for mediation in an attempt to move negotiations forward for a new union contract. The key sticking point for nurses and management revolves around staffing and patient care conditions. The hospital has come to the table demanding that nurses give up their contractual right to enforce mutually agreed upon staffing guidelines that both parties carefully negotiated to ensure patients receive safe patient care.

The nurses called for mediation after the hospital refused to extend the nurses' contract at their Feb. 25 negotiation session. The current contract expired on Feb. 28. The hospital is also demanding changes that would weaken protections against using mandatory overtime as a staffing mechanism, and proposes the unilateral right to cancel hours or shifts, essentially taking away a nurse's right to a guaranteed work schedule.

"Our goal is to reach an equitable settlement as quickly as possible that allows nurses to provide the care our patients deserve," said

Paula Ryan, a nurse at the hospital and chair of the MNA local bargaining unit. "Last year we fought hard to protect language in our contract that requires the hospital to meet appropriate staffing standards on a daily basis, which is key to keeping patients safe. Now they want to avoid any accountability for providing appropriate care for our patients."

Ensuring safe staffing levels has been an ongoing problem at the hospital for more than two years, and the problems escalated under new leadership installed in 2009 and 2010. During that period the nurses wrote three letters to the hospital's board of trustees requesting a meeting to discuss their concerns. The board refused to meet with the nurses. Last April, after the hospital abruptly ceased negotiations after only five sessions, hundreds of nurses conducted informational picketing outside the hospital. Late last summer the nurses took out a full-page ad in local newspapers warning the public about the staffing conditions, which finally prompted a settlement of the contract. In that agreement, nurses agreed to a number of concessions in light of the hos-

pital's tenuous financial condition, including a 3 percent wage cut, along with a freeze to their pension and restrictions to the nurses' earned time benefit.

Last fall, 96 percent of the nurses cast a vote of no-confidence in their senior nursing leadership and tensions have increased since the hospital has implemented cuts to nurse staffing levels in a number of areas. In the last six months, nurses have filed a number of grievances and three arbitrations are in process over staffing-related violations of the nurses' contract. Now the hospital is seeking to take away the nurses' rights to file grievances or utilize arbitration as a means of holding the hospital accountable.

"As always, the nurses have agreed to make sacrifices for the good of the hospital," Ryan said. "All we are looking for is to be treated with respect and for conditions that allow us to provide quality patient care. Right now, that is not happening. We are hoping that with the help of a federal mediator, we can reach a settlement that addresses our serious concerns so that we can provide safe care to our patients." ■

Boston MedFlight votes to affiliate with the MNA



The nurses and paramedics at Boston MedFlight voted on Feb. 23 to join the MNA. Boston MedFlight, which has locations in Bedford and Plymouth, has 38 nurses and paramedics in its newly formed bargaining unit and they are looking forward to a long relationship with the MNA. From left are Kristin Gallagher, John Camuso, MNA President Donna Kelly-Williams and John Pliakas.

Briefing the new state senator



MNA nurses from Cape Cod and Falmouth Hospitals met with newly elected Sen. Dan Wolf (D-Harwich) to discuss the MNA's legislative agenda. The nurses explained how conditions at their hospitals would

be improved by the MNA's legislative priorities and related bills: safe RN staffing, prohibiting mandatory overtime and requiring hospitals to implement workplace violence prevention programs.

Region 4 CE program rescheduled

Wound Care: Dressing for Success

originally scheduled for May 19, 2011 has been postponed until the fall. Please watch for the new date in the Fall 2011 CE Brochure, in the *MassNurse* and on the Web!



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Noteworthy news from the negotiating table

Nurses at Morton Hospital hold tight to original pension proposal

The MNA leadership at Morton Hospital continues its talks with management regarding the pension benefit. Management still wants to move to a defined contribution plan, while the nurses at Morton do not intend to move away from a defined benefit pension plan.

The nurses' current proposal—to move to the MNA's Nurses Pension Fund, the new multi-employer defined benefit plan—is a reasonable compromise that would allow nurses to keep their benefit while providing a number of advantages to the hospital.

Tufts management finally presents its proposals: Seeks significant takeaways; add insult to injury

After nine negotiating sessions, management at Tufts Medical Center finally introduced the bulk of its proposals and they were outrageous. Specifically, they proposed a number of concessions and takeaways including:

Cuts to health insurance benefit: The hospital wants to increase all nurses' health insurance premiums to 20 percent (50 percent for part time nurses) while also taking away nurses' access to the current health plan choices and forcing all nurses into the Tufts plan only.

Cuts to overtime pay: The hospital wants to take away the nurses' right to be paid time and one half for overtime worked beyond eight hours. Under this proposal, overtime pay would only be eligible after 40 hours of work. Nearly 80 percent of our nurses work 36 hours or less and would be affected by this concession. Not only do they want to force nurses to work extra hours, they do not want to compensate them for it.

Cuts to benefit accruals: Management wants to cut the accrual for benefit time (holiday, vacation, etc.) by basing accruals on hours worked, as opposed to the current practice of basing it on scheduled hours. Their rationale is that this will force nurses to pick up more hours (as if the extra hours are actually available).

Mandatory shift cancellation: It wants the right to cancel any nurse's shift at any time, which would mean every nurse would be a flex nurse.

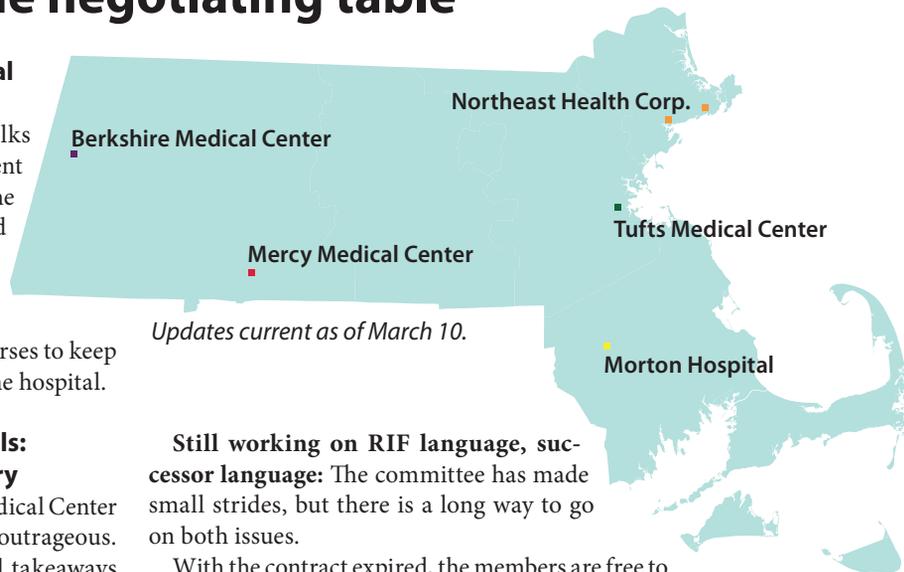
After presenting these proposals, management also used the session—which was the same day as the vigil for safe staffing—to formally reject the bargaining unit's staffing proposal out of hand; to reiterate its desire to continue the "temporary assignment" policy; and to state that mandatory overtime will be used as "part of their toolkit" for staffing the hospital.

Committee at Northeast Health Corp. discusses possible job actions, next steps

After recently completing their ninth session with management, the bargaining committee at Northeast Health Corp. could see that negotiations were beginning to wind down. And although they had reached a number of tentative agreements on non-economic issues, they are stalled on many other issues of greater importance. These issues include:

Cutting steps in half, plus NO cost of living increase: For all nurses below the top step, the hospital wants a two-year contract that would reduce full-step increases to half-step increases. Meanwhile, nurses at the top would receive a "one-time 2 percent lump sum payment." The same scenario would play out in year two, with the exception being that nurses at the top would receive a 2 percent increase.

Pension plan: For nurses who are part of the "Legacy Beverly or Addison Pension Plans," the hospital is asking that they contribute 3.5 percent (approximately \$80 per week) out of pocket for that plan. Currently, there is no nurse contribution required.



Still working on RIF language, successor language: The committee has made small strides, but there is a long way to go on both issues.

With the contract expired, the members are free to explore their options on how to move ahead. Possibilities that were discussed at a recent union meeting included conducting informational picketing, leafleting and other similar job actions that will show their solidarity on these issues.

Nurses at Berkshire Medical refuse to be intimidated; reschedule strike authorization vote

The MNA bargaining unit at Berkshire Medical Center recently postponed a strike authorization vote that was scheduled for March 9. The vote will now take place on March 22 from 8 a.m. to 9 p.m. (visit the MNA's Web site for the outcome and updates).

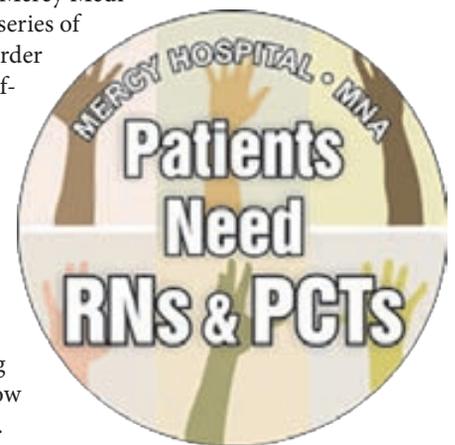
The negotiation committee made the decision to reschedule the vote after hospital administrators began calling nurses away from their bedside duties in order to spread misinformation about the union, its negotiations and the strike authorization vote in an effort to create fear and to intimidate MNA nurses.

RNs at Mercy Medical Center work in solidarity to fight for PCTs, patient safety

The MNA members at Mercy Medical Center recently held a series of "safe staffing forums" in order to discuss the various difficulties they face when providing safe patient care under the medical center's current conditions. These forums have resulted in Mercy nurses becoming more unified and more vocal in meetings, as well as in showing greater support to fellow nurses and unit assistants.

Members, in conjunction with MNA staff, are also strategizing and planning job actions that they hope will ultimately improve conditions. These actions include:

- A petition drive
- Regularly wearing black scrubs as a way of mourning the loss of the hospital's PCTs and safe patient care
- Wearing buttons that say, "Patients Need RNs and PCTs"
- Filing more unsafe staffing forms ■



Contract ratifications: highlights and updates

Jordan Hospital. In February, the nurses at Jordan Hospital in Plymouth ratified a one-year agreement that adds a new half-step to the top of the scale and adopts a new health insurance plan. The contract will expire on Feb. 26, 2012.

MetroWest Medical Center. Nurses at Natick-based MetroWest Medical Center recently ratified a two-year contract that includes two half-steps at the top of the scale and new language specific to filling vacant shifts and workplace violence prevention. The contract expires Dec. 31, 2011.

Tobey Hospital. The nurses at Tobey Hospital in Wareham ratified a two-year contract on Feb. 2. The agreement includes an economic reopener during the contract's second year.

Visiting Nurses Association of Boston. The nurses recently ratified a one-year contract that includes language protecting the unit's Baylor program. A new 2 percent step was added to the top of the scale, and improvements were made to the nurses' sick time language. The

bargaining unit also agreed to pilot a new caseload management tool that includes guidelines. Under the pilot program, different categories of patients (i.e., re-visits, new admissions, etc.) will be assigned a "unit value," with the nurses' caseloads not to exceed a given number of units per week. It is the hope that this approach will allow nurses to provide their patients with top-notch clinical care while still having time to complete all related administrative tasks within the framework of a regular workday. The committee will pay close attention to how the pilot program is working and will discuss it regularly at its labor-management meetings.

Merrimack Valley Hospital: The MNA members at Merrimack Valley Hospital recently ratified a new two-year contract that includes both RIF language and successor language, two very important details for which the nurses fought long and hard. Both new pieces of contract language were settled right in time, as Steward Health Care will become the new owner and operator next month. ■

Bargaining unit status report

At the table

Region 1

- Baystate VNA
- Berkshire Medical Center
- Cooley-Dickinson Hospital

Region 2

- St. Vincent Hospital
- UMass Medical School

Region 3

- Brockton VNA
- Cape Cod Hospital
- Falmouth Hospital
- Martha's Vineyard Hospital
- Morton Hospital
- Nantucket Cottage Hospital

Region 4

- Gloucester School Nurses
- Lawrence Public Health Department
- Northeast Hospital Corporation
- Salem Hospital

Region 5

- Cambridge Hospital
- Newton Public Health
- Quincy Medical Center
- Tufts Medical Center
- Whidden Memorial Hospital

Close to a reopener

Region 1

- Kindred Health Care (Parkview – Springfield)

- West Springfield School Nurses

Region 23

- Burbank Hospital
- Wachusett School Nurses

Region 3

- Brockton Hospital
- Cape Cod VNA
- Taunton School Nurses

Region 5

- American Red Cross
- Faulkner Hospital
- Kindred Health Care (Natick)
- Radius Specialty Hospital – Boston
- Somerville Hospital
- Visiting Nurses Association of Boston

Updates current as of March 10.

Cooley Dickinson RNs use NIOSH stats for safe patient handling advocacy

By Sally Surgen, RN

Chairperson, Cooley Dickinson Hospital

While doing some online research last summer for a workers' compensation issue, I came across testimony by Capt. James Collins of the National Institute for Occupational Safety and Health (NIOSH) given before Congress on May 11, 2010. He provided testimony specific to the issue of safe patient handling.

As part of his testimony, NIOSH investigated musculoskeletal disorders (MSDs) in health care workers and found that they experience these types of injuries at a far greater rate than other workers. NIOSH also develops and evaluates interventions to prevent such injuries. One area of focus is to prevent lifting injuries in the health care setting. Of major concern is the obesity epidemic and the age of the nursing population.

Collins explained that MSDs that result from patient handling are due to the high internal forces created in the spine when a person lifts a heavy object. Health care workers are at greater risk because of the type of lifting they do. A patient may be far away from us or on a bed where the major lifting is done with the upper body, and repeated lifting of this type results in scarring that causes more damage.

Because of this, "NIOSH recommends that no caregiver should manually lift more than 35 pounds of a person's body weight for a vertical lifting task. NIOSH further recommends that when the weight to be lifted exceeds this limit, assistive devices should be used."

I brought this information to our labor management meeting and, after several months of discussion and investigation, they have agreed to change the lift requirement in our job description from 50 to 35 pounds. We

are hoping that this, along with the new lifts that were recently purchased, will prevent MSDs in our nurses as we so gracefully age. ■



An update: Haiti relief efforts by MNA members

By Ketline Edouard, RN

This is our success story of the mission we recently completed in St. Raphael, Haiti. The team included MNA members and fellow RNs from Boston Medical Center and an MNA colleague from Cambridge Health Alliance.

Between Oct. 21 and 26, 2010, a team of 25 medical and non-medical volunteers put their skills together to run a mobile clinic and provide basic medical care evaluation and treatment in the village of St. Raphael and surrounding communities. With the support of family and friends and the MNA, we were able to travel to Haiti for a week to see about 400 people at the mobile clinic.

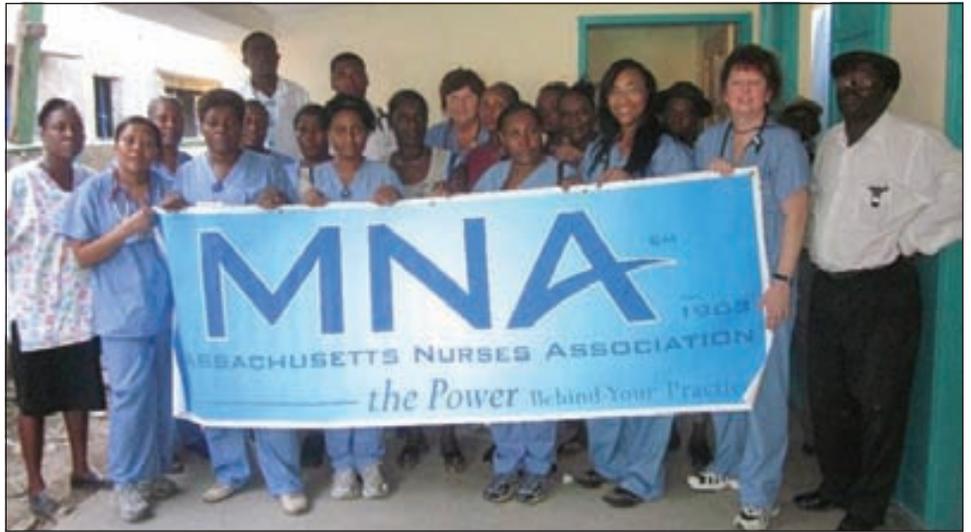
More than half of those seen were treated for hypertension, a few for diabetes (with 30 days worth of medication administered) and many others for general malaise such as infections, pneumonia, bronchitis, cough, pain, fever, ulcer and worms. Also men, women and children were able to receive multivitamins and calcium for daily use and a few sessions of hand-washing teaching were given to tend to the outbreak of cholera that started upon our arrival.

With the crisis in Haiti, this mission was special in many ways. Not only was this our first trip to St. Raphael, but it was also, for some of us, the first time we witnessed an entire nation living in a state of despair. This trip was an opportunity for us to be able to go and offer our assistance to those in need.

This mission marked the beginning of a partnership between Dedicated Hands for Health (the name we have given ourselves) and St. Raphael and its surrounding communities. It was through this group and through the overwhelming amount of help and support we received that we were able to reach out to patients across three different communities, St. Raphael included. With such a great beginning, we are hoping to continue to work with MNA and our supporters in order to reach out to more people in need across these communities.

A mission is only successful with a great team and we were very fortunate to have such an unbelievable team of volunteers on this mission. Our team reflected a perfect combination of energy, expertise and experience. It was the tireless efforts of the team that set an excellent example of care and compassion. Of course, our mission would not have been possible without the efforts of all our supporters especially the MNA. On behalf of Dedicated Hands for Health, we thank you all for your constant support and guidance.

The next scheduled trip to Haiti is Oct. 19, 2011. ■



The entire team, which included MNA members: Ketline Edouard, RN; Sheila Greally, RN; Guina Jean, RN; and Virginia Coen, RN (all of Boston Medical Center); and Judith Laguerre, RN from Cambridge Health Alliance.



Virginia Coen, left, and Guina Jean, showing children how to use hand sanitizer.



Second day of the clinic.



Ketline Edouard with a patient on day three.

MNA members travel to Germany and Austria

By Carol Mallia
Nurse and Avid Traveler

MNA has enjoyed nine wonderful years of offering European tours to our members and their friends and families. This past autumn, I had the pleasure of leading a group of 33 travelers to Austria and Bavaria. We departed on Sept. 15 and flew to Munich through Zurich on Swiss Air.

We were greeted in Munich by our first tour escort and set off for our hotel in Innsbruck, Austria, via the beautiful countryside of Bavaria to see the Alps of Tyrol. We checked into the Hotel Grauer Bar (Gray Bear) for some rest before our welcome reception and dinner. The hotel was located in the heart of Innsbruck and just steps from the city's old center square. Many of us enjoyed an evening walk in the large park located behind the hotel before retiring for the night.

After a hearty buffet breakfast the next day, we set out to explore the valley of Innsbruck. We first visited "Crystal World" at the Swarovski Factory to view its impressive modern art collection, including its amazing glass and crystal displays. We then returned to the old town to meet up with our local guide, Alexandra, for a walking tour that included the Hofburg Palace, Innsbruck's ornate cathedral, and the famous "Golden Roof." We had free time in the afternoon to explore the town's cobbled streets and



shops at leisure. Some of the passengers visited the Olympic ski jump, which offered spectacular views of the city. A three-course dinner was offered at the hotel that evening.

The next day we headed out to the magical city of Salzburg, home of Mozart and The Sound of Music. We met up with another local guide who showed us the city, shared with us the history of Mozart, expanded on the city's wonderful architecture and historical sites, and led us to countless beautiful shops. Many of us used our free time in the afternoon to ride the



cable car up to the monastery at the top of the hill, which was featured in *The Sound of Music*. We later returned to the hotel for another wonderful three-course dinner.

Next up were tours of Vipiteno and the Dolomites. We traveled along the magnificent Dolomite Mountains to Lienz for lunch and on the way we passed Austria's highest peak, Grossglockner, and the famous ski resort of Kitzbuehel. Later, we stopped in Vipiteno for some shopping before heading over Europe's highest road bridge, the Brenner Pass, to return to Innsbruck for dinner and a leisurely night.

Our next day was the highlight of the trip for many MNA travelers: our visit to Munich during Oktoberfest. The day began with a tour of Munich center with some free time for exploring the markets and local sites. In the afternoon, we headed to Oktoberfest. The event was even larger than expected since it was the 200th anniversary of this annual two-week festival. It is one of the city's most famous events and it is the world's largest fair, with some 6 million people attending annually. We had a reserved section in the Hippodrome tent and enjoyed the impressive variety of food and beer that was available. We ate, danced, mingled and shopped and returned to the hotel late in the evening.

The weather was perfect for our trip to the Eagle's Nest in Obersalzberg and Lake Konigsee. The Eagle's Nest, which was the summer retreat of Adolf Hitler, is perched high in the Bavarian Alps and it provided us with amazing views of both Germany and Austria. We then headed to Lake Konigsee, known as the King's Lake, which is the deepest and cleanest lake in Germany. We took a charming boat cruise on Konigsee, to eat lunch at an outdoor restaurant. The quiet, electric-powered boat returned us back to the wonderful shopping area and we explored the countryside before heading back to the hotel for dinner.

On our last full day in the region, we crossed

the border into Germany and traveled to the fairytale-like castle of Neuschwanstein. This magnificent castle is probably the best known of King Ludwig's many monumental achievements. It was also the castle where the movie *Chitty Chitty Bang Bang* was filmed. We took a guided tour of the castle and then many of us enjoyed a horse and buggy ride back to the base of the mountain to meet the



bus. From there, we headed to the town of Garmisch Partenkirchen and the home of the Passion Play, Oberammergau. We wandered the quaint shops and after picking up a few treasures returned to Innsbruck and enjoyed a special farewell dinner with our traveling companions.

Our trip home was calm and smooth, with everything running on schedule and as promised. Thinking back, this tour had the right combination of natural beauty, historic sightseeing and just pure fun. Staying in the beautiful city of Innsbruck at a wonderful hotel only added to the value of the tour.

If you missed this tour and would like to participate in the next MNA trip, e-mail Carol Mallia at cmallia@mnarn.org and request a 2011 flyer. We head next to Sorrento in May and Paris/the French countryside in October. ■

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Vice President, Labor

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Secretary

Rosemary O'Brien, 2009-2011

Treasurer

Ann Marie McDonagh, 2010-2012

Director, Labor

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Sandra Hottin, 2010-2012

Region 2

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Ellen Smith, 2010-2012

Region 3

Karen Gavigan, 2009-2011

Donna Dudik, 2010-2012

Region 4

Patricia (Patty) Rogers Sullivan, 2009-2011

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Dan Rec, 2009-2011

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Katie Murphy, 2010-2012

Ginny Ryan, 2010-2012

Nora Watts, 2009-2011

Paula Ryan, 2009-2011

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Care Professional

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Elizabeth Kennedy, 2010-2012

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William Fyfe, 2010-2012

Patricia Healey, 2009-2011

Kathleen Marshall, 2009-2011

Elizabeth Sparks, 2009-2011

Janet Spicer, 2010-2012

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Patricia O'Neill

Tina Russell

Colleen Wolfe

Deborah Woods

MNA Board of Directors Meeting highlights Jan. 20, 2011

- Alan McDonald, MNA's legal counsel, gave an overview of the fiduciary responsibilities of BOD members. He cited Massachusetts corporate law and federal labor laws that pertain to BOD members of non-profit labor organizations. He reviewed duty of care and duty of loyalty.
- Julie Pinkham, executive director, updated the BOD on current issues facing the bargaining units. North Shore Medical Center/Salem Hospital reached a tentative agreement. Newton Wellesley ratified its contract.
- Roland Goff, labor counsel/Unit 7 administrator, provided an update on the Evergreen legislation. He reported that legislation had been drafted and a coalition had been formed. The bill will be filed as a free standing bill.
- Julie and Roland updated the BOD on the Partners' lawsuit settlement and the impact to our bargaining units.
- Andi Mullin, director of legislation, made a presentation on the political action committee (PAC). It has been updated to include the NNU PAC, which is a federal PAC.
- The BOD approved proposed changes to the Peer Assistance Policy and approved two appointments to the Awards Committee.
- **Save the date—March 30-31:** The next Leadership Summit is scheduled for Thursday, March 31, 2011 (with a reception the night before). Brochures and sign-up information will be mailed out to bargaining unit committees within the next few weeks.
- **Save the date—June 5-8:** The 2nd NNU Staff Assembly will be held in Washington, D.C., from June 5-8. More than 100 members signed up to go at Convention.

Consent to Serve for the MNA 2011 Election

I am interested in active participation in Massachusetts Nurses Association.

MNA General Election

- | | |
|--|--|
| <input type="checkbox"/> President, Labor*, 1 for 2 years
<input type="checkbox"/> Secretary, Labor*, 1 for 2 years
<input type="checkbox"/> Director, Labor*, (5 for two years) [1 per Region]
<input type="checkbox"/> Director At-Large, General*, (3 for 2 years)
<input type="checkbox"/> Director At-Large, Labor*, (4 for 2 years)
<input type="checkbox"/> Labor Program Member*, (1 for 2 years)
<input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] | <input type="checkbox"/> Bylaws Committee (5 for 2 years)
<input type="checkbox"/> Congress on Nursing Practice (5 for 2 years)
<input type="checkbox"/> Congress on Health Policy (5 for 2 years)
<input type="checkbox"/> Congress on Health & Safety (5 for 2 years)
<input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years)
<input type="checkbox"/> At-Large Position in Regional Council
(2-year term; 2 per Region) |
|--|--|

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

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

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

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 31, 2011
 Final Ballot: June 1, 2011

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

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

Rules for MNA state and regional elections and campaigns

Constitution and bylaws

The nominations and election of MNA officers will be conducted in accordance with the MNA Bylaws and policies, as well as the Labor-Management Reporting and Disclosure Act of 1959, as amended.

Term of office

As defined by MNA Bylaws.

Eligibility to hold office

As provided in the MNA Bylaws, any MNA and/or MNA Labor program member who is current in dues who is in good standing and eligible to run for office.

Nomination notice

A nomination notice and consent to serve forms will be posted in the Massachusetts Nurses Association's official newsletter mailed to all members and posted on the MNA official website.

Nominations

Nominations for vacant offices will be made in writing to the Nominations and Elections Committee and must be received by June 1.

Nomination acceptances

A candidate must accept a nomination in writing to the Nominations and Elections Committee by completing a consent to serve form received no later than June 1 of the relevant election period. A statement from each candidate, if provided will be printed in The Massachusetts Nurse Association's official newsletter. Such statements should be limited to 250 words.

Candidate eligibility

The Nominations and Elections Committee will review MNA dues and membership records to determine eligibility of all nominees. Eligible nominees will be notified of their eligibility for office(s), mailed a copy of the MNA nomination and elections rules, and asked how they wish their names to appear on the ballot. Ineligible nominees will be advised of the reason(s) they are not eligible to run for office. If a nominee has not received confirmation from the Nominations and Elections Committee that her/his consent to serve form has been received within seven (7) days of sending the Consent to Serve form, it is the nominee's responsibility to contact the Nominations and Elections Committee regarding the state of his/her nomination.

Inspection of the member list

Each candidate may inspect (not copy) the MNA membership list once within 30 days prior to the election. No candidate is entitled to receive a copy of the list.

The membership list will be available for

inspection at the MNA office between 8:30 a.m. and 4:30 p.m., Monday through Friday. Any candidate who wishes to inspect the list should contact the Director of the Division of Membership between June 15 and July 15 of the election year.

Distribution of campaign literature

MNA will honor any reasonable request by a candidate to distribute campaign literature to members at the candidate's expense. Requests will be honored in the order received. Campaign literature must be provided to the Nominations and Elections Committee ready for mailing. The cost of postage will be paid by the candidate. MNA will make arrangements for office staff to address the campaign literature. Candidates are solely responsible for any and all materials contained in their campaign literature.

All costs for space in the official newsletter of the Massachusetts Nurses Association will be at a specific advertising rate.

Candidates may not utilize any "personal" mailing list which was created or obtained as a result of a candidate or a supporter serving or employed in an MNA position. Candidates should contact the Nominations and Elections Committee and the Director of the Division of Membership to arrange for mailing campaign literature.

Campaign restrictions

Federal law prohibits the use of any MNA, MNA structural units (Regional Councils, Local Bargaining Units, Committees or any other entity recognized by MNA bylaws or policies) or employer funds to promote the candidacy of any person in an MNA officer election. This prohibition applies to cash, facilities, equipment, vehicles, office supplies, etc., of MNA, MNA structural units and any other union, and of employers whether or not they employ MNA members. MNA officers and employees may not campaign on time paid for by the MNA.

Federal law also provides that candidates must be treated equally regarding the opportunity to campaign and that all members may support the candidates of their choice without being subject to penalty, discipline, or reprisal of any kind. Members may endorse candidates, however no endorsement may carry the identification of the MNA office or position held by the endorser or the MNA logo. The use of MNA, MNA structural units or employer funds or facilities is a violation of federal law even if MNA or the employer do not know about or approve the use.

Request from candidates for campaign time on structural units must be in writing to the Nominations and Elections Committee. The

Nominations and Elections Committee will notify the Labor Associate Director assigned to the unit, Division Director and chair of such request within 5 business days of receiving the request, and will also notify all other candidates for the same office that they are eligible for the same opportunity upon request. All candidates for specific office must be provided with equal access and time.

MNA structural units may invite candidates to speak at a meeting, by submitting such request in writing to the Nominations and Elections Committee. All candidates for a specific office must be provided with equal access and time. The Nominations and Elections Committee will then notify all candidates for the same office(s) that they are invited to speak at a meeting of the requesting structural unit(s), and will notify all candidates of the date, time and location of the meeting.

Voter eligibility

As provided in MNA bylaws, any member in good standing as of seven (7) days prior to the date of ballots being mailed will be eligible to vote.

Election

Ballots will be mailed to the last known home address of each eligible MNA member, at least fifteen (15) days prior to the date which it must be received by the election administrator. Members are responsible for mailing ballots in sufficient time to be received by the administrator.

Eligible voters are permitted to vote for any candidate per the instructions on the ballot. However, write-in votes are not valid and will not be counted. Ballots should not be marked outside of the identified areas.

Ballots must be completed (as per the instructions on the form) and enclosed in an envelope (marked **BALLOT RETURN ENVELOPE**), which does not identify the voter in any way, in order to assure secret ballot voting. **ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE.** The ballot return envelope must be returned in an outer envelope addressed to MNA Secretary, c/o Contracted Election Administrator

(address)

In the upper left-hand corner of this envelope you must:

Print your name

Sign your name (signature required)

Write your address and zip.

IF THIS INFORMATION IS NOT ON THE MAILING BALLOT, THE SECRET BALLOT INSIDE IS INVALID AND WILL NOT BE COUNTED.

If the mailing envelope has been misplaced, another mailing envelope can be substituted

provided that all the required information is provided by the voter in the return envelope.

All returned mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed, to assure that a ballot can in no way be identified with an individual voter. Mailing envelopes containing voter's name and address will be checked off on a master membership list.

Ballots must be at the office of the election administrator no later than the end of business day of the date indicated by the election administrator.

Observers

Each candidate or her/his designee who is an MNA and/or Labor Relations Program member in good standing may be permitted to be present at the stuffing of the ballots, observe delivery to the post office and be present on the day(s) of the opening and counting of the ballots. Notification of the intent to be present or have an observer present must be received in writing or electronic message to the Nominations and Elections Committee from the candidate five (5) working days prior to the ballot counting date for space allocation purposes.

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

No observer shall be allowed to touch or handle any ballot or ballot envelope. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.

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

Tally of ballots

Ballot counting will be overseen by the contracted election administrator.

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

Election results

Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. Hard copies of the election results shall be sent to each candidate. Results of the MNA election will be kept confidential until all candidates are notified. Results will include the number of total ballots cast for the office in question; the number of ballots cast for the candidate in question and the election status of the candidate (elected/not elected). Any MNA member may access these numbers by written request to the Nominations and Elections Committee.

Only the names of those elected will be posted on the MNA website when all candidates have been notified after the ballot procedure is completed and certified. The election outcome will be posted at the annual meeting. The Department of Public Communications shall check the information on file for accuracy/currency with the elected candidate prior to issuing a press release.

Storage of election records

Pre Election: All nominations forms and all correspondence related to nominations shall be placed in a container secured with tape and signed off by the election administration and stored in a locked cabinet at MNA headquarters. The Nominations and Elections Committee and MNA Division of Membership staff assigned to the committee shall have sole access to the cabinet and its contents.

Post Elections: All election materials including ballots (used, unused and challenged),

envelopes used to return marked ballots, voter eligibility lists shall be placed in a container, secured with tape and signed off by the election administrator, be stored in a locked cabinet at MNA headquarters for one year and then destroyed. The Nominations and Elections Committee and Division of Membership staff assigned to the committee shall have sole access to the cabinet and its contents.

Questions/ problems

Candidates and members with questions about the nomination or election procedures should contact a member of the Nominations and Elections Committee or appropriate staff at MNA. Any violation of these rules should be reported promptly to the Nominations and Election Committee and Director of Division of Membership so that corrective action can be taken, if necessary.

Protests

Per MNA Bylaw any member may challenge an election by filing a protest in writing with the Nominations and Elections Committee within 10 days after election results are posted.

Contacting the Nominations and Election Committee

All correspondence to the Nominations and Elections Committee should sent to:

Mail: MNA Nomination and Election Committee, 340 Turnpike St., Canton MA 02021

Fax: MNA Nominations and Elections Committee, 781-821-4445

Email: MNA Nominations and Elections Committee, TBA

Phone: MNA Nominations and Elections Committee, TBA

*Approved: BOD 3/18/10
Corrected edition: 6/7/10*

Massachusetts Nurses Association 2011 positions available

President, Labor*, (one for two years)

Secretary, Labor*, (one for two years)

Director, Labor*, (five for two years), (one per Region)

Region 1

Region 2

Region 3

Region 4

Region 5

Director At-Large, Labor*, (four for two years)

Director At-Large, General*, (three for two years)

Nominations Committee, (five for two years), (one per region)

Region 1

Region 2

Region 3

Region 4

Region 5

Bylaws Committee, (five for two years)

Congress on Nursing Practice, (five for two years)

Congress on Health Policy (five for two years)

Congress on Health and Safety (five for two years)

Center for Nursing Ethics & Human Rights (two for two years)

At-Large Position in Regional Council (two per Region for two years)

Region 1

Region 2

Region 3

Region 4

Region 5

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

2011 MNF scholarships available



► Scholarship

► Research

► Education

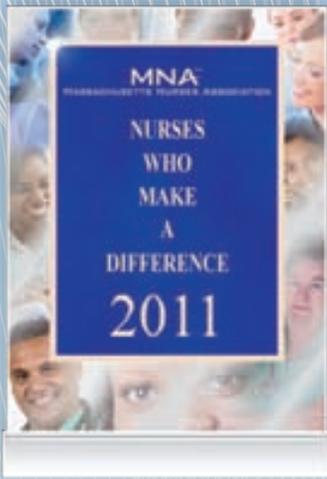
Massachusetts Nurses Foundation, Inc.

- **Rosemary Smith Memorial Scholarship** for MNA members seeking advanced degree in nursing, labor studies or public health policy (\$1,500)
- **School Nurse Scholarships** for MNA members enrolled in an accredited program related to school health issues (\$1,500)
- **Unit 7 Scholarship** for RN pursuing higher education (\$1,000)
- **Unit 7 Scholarship** for health care professional pursuing higher education (\$1,000)
- **Regional Council 5 Scholarship** for child of an MNA member pursuing higher education (other than nursing) (5 available) (\$2,000)
- **Regional Council 5 Scholarship** for child of an MNA member pursuing a nursing degree (5 available) (\$2,000)
- **Regional Council 5 Scholarship** to an MNA member's spouse/significant other pursuing nursing degree (\$1,000)
- **Regional Council 4 Scholarship** for MNA member pursuing nursing degree/higher education (5 available) (\$1,500)
- **Regional Council 3 Scholarship** for MNA member pursuing BSN (3 available) (\$1,500)
- **Regional Council 3 Scholarship** for MNA member pursuing MSN/PhD (3 available) (\$1,500)
- **Regional Council 3 Scholarship** for MNA member's child pursuing BSN (4 available) (\$1,000)
- **Regional Council 2 Scholarship** for MNA member pursuing nursing degree/higher education (3 available) (\$1,000)
- **Regional Council 2 Scholarship** for MNA member's children pursuing nursing degree (5 available) (\$1,000)
- **Carol Vigeant Scholarship** for entry level nursing student in Worcester area (\$2,000)
- **Kate Maker Scholarship** for entry level nursing student in Worcester area (\$2,500)
- **Janet Dunphy – MNA Regional Council 5 Scholarship** for member pursuing baccalaureate degree (5 available) (\$2,000)
- **Janet Dunphy - MNA Regional Council 5 Scholarship** for member pursuing master's degree (3 available) (\$2,000)
- **Janet Dunphy – MNA Regional Council 5 Scholarship** for member pursuing doctoral degree (2 available) (\$2,000)
- **Regional Council 1 Scholarship** for MNA member's children pursuing nursing degree (\$1,000)
- **Annual Faulkner Hospital School of Nursing Alumnae Scholarship** (2 available) (\$1,000)
 1. An entry level scholarship for students pursuing and AD or BS degree. Preference for this scholarship will be given to applicants who are lineal descendants of alumnae of FHSON; second preference will be given to all others.
 2. The Connie Moore Award is for RN's pursuing a BSN or MSN degree. First priority will be given to FHSON alumnae, then to lineal descendants, then to all other RN's.

Printable applications with instructions and eligibility requirements are available at www.massnurses.org. To have an application mailed, call the MNF voice mail at 781-830-5745.

• Application Deadline: June 1, 2011 •

2011 MNA ANNUAL AWARDS



You know nurses who have made a difference. You can identify individual contributions that go beyond the ordinary. You recognize excellence in nursing practice, education, research and service.

Now it's your turn to make a difference! You can nominate candidates for a 2011 MNA Annual Award. Help give MNA the opportunity to reward and applaud outstanding individuals. Let them know that you care about their important contributions to the profession of nursing.

Deadline for submission of nominees to the MNA Awards Committee is May 10, 2011.

Completed forms and other requested materials must be received by the Awards Committee by the deadline; late or incomplete applications will not be reviewed by the Committee.

To receive nomination papers for any of the MNA Annual Awards or for additional information or questions regarding the 2011 MNA Annual Awards, please contact Liz Chmielinski, Division of Nursing, at 781-830-5719; or toll free in MA at 1-800-882-2056, x719 or via email at EChmielinski@mnarn.org. You may also visit: <http://www.massnurses.org/about-mna/awards>

- **Doris Gagne Addictions Nursing Award:** Recognizes a nurse or other healthcare provider who demonstrates outstanding leadership in the field of addictions.
- **Elaine Cooney Labor Relations Award:** Recognizes an MNA Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.
- **Judith Shindul Rothschild Leadership Award:** Recognizes a member and nurse leader who speaks with a strong voice for the nursing community at the state and/or national level.
- **Kathryn McGinn-Cutler Advocate for Health and Safety Award:** Recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.
- **MNA Excellence in Nursing Practice Award:** Recognizes a member who demonstrates an outstanding performance in nursing practice. This award publicly acknowledges the essential contributions that nurses across all practice settings make to the health care of our society.
- **MNA Human Needs Service Award:** Recognizes an individual or group who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.
- **MNA Advocate for Nursing Award:** Recognizes the contributions to nurses and the nursing profession by an individual who is not a nurse.
- **MNA Image of the Professional Nurse Award:** Recognizes a member who has demonstrated outstanding leadership in enhancing the image of the professional nurse in the community.
- **MNA Nursing Education Award: Professional Nursing Education:** Recognizes a member who is a nurse educator and who has made significant contributions to professional nursing education.
- **MNA Nursing Education Award: Continuing Education/Staff Development:** Recognizes a member who is a nurse educator and who has made significant contributions to continuing education or staff development.
- **MNA Research Award:** Recognizes a member or group of members who have effectively conducted or utilized research in their practice.
- **MNA Bargaining Unit Rookie Of The Year Award:** Recognizes a Labor Relations Program member who has been in the bargaining unit for five or less years and has made a significant contribution to the professional, economic and general welfare of a strong and unified bargaining unit.
- **Retired MNA Member Award:** Recognizes a retired MNA member who continues to make a significant contribution to the MNA and the patient community through volunteerism and advocacy.

Full member (75 percent) reduced dues

Subject to verification, members who qualify for one of the following categories may elect to pay 75 percent of the annual dues:

1. Health professional labor program member—any health care professional, other than a registered nurse, who is represented for purposes of collective bargaining by MNA;
2. Limited hours labor program member—any labor program member who is represented for purposes of collective bargaining by MNA and who has 988 or fewer hours paid in the preceding calendar year.

It is the responsibility of any registered nurse and/or other health care professional to verify to the satisfaction of MNA on an annual basis his/her eligibility for 75 percent dues category within any of the foregoing categories by April 1 of each year. Upon receipt of such verification of eligibility in the prior calendar year, the member shall receive the reduced dues rate effective the following July 1 through June 30. ■



Application for Minimum Hours Reduced Dues Category

Please print clearly and submit to the Membership Division of MNA by April 1.

Name _____ MNA Membership ID # _____

Address _____

City _____ State _____ Zip _____

Telephone: Daytime _____ Evening _____

(An email confirmation of receipt of this form will be sent to your MNA e-mail address.)

This is to certify that I _____, RN

was paid for a total of _____ hours in the year January 1, 2010 through December 31, 2010*

at the following MNA facility (facilities) of employment for the year of application:

1. _____
2. _____
3. _____

List each MNA facility separately

I certify under penalty of perjury that the information herein is true and complete to the best of my knowledge.

Signed _____

Date _____

**MNA reserves the right to verify this information to determine eligibility*

MASSACHUSETTS NURSES ASSOCIATION • 340 TURNPIKE STREET • CANTON, MA 02021

MNA Member Discounts **Save You Money**

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

Personal & Financial Services

AMERICAN GENERAL FINANCIAL GROUP/VALIC

Retirement program.

BANK OF AMERICA CREDIT CARD

Get the Bank of America MNA member Platinum Plus® Visa® credit card.

BLUE CROSS BLUE SHIELD

Call our personal representative for information in regard to the plan.

COLONIAL INSURANCE SERVICES, INC.

Auto/Homeowners Insurance. Discount available for household members.

H&R BLOCK

Receive a discount coupon for your tax preparation.

INSURANCE SPECIALISTS, INC.

Sickness/Accident Disability Insurance

JOHN HANCOCK LIFE INSURANCE COMPANY

Long Term Care Insurance

LAW OFFICES OF DAGMAR M. POLLEX, PC

Estate Planning Services.

LEAD BROKERAGE GROUP, INC

Long Term Disability Insurance and Term Life Insurance.

MEMBERSHIP BENEFITS GROUP

Short Term Disability.

NURSES SERVICE ORGANIZATION

Professional Liability Insurance.

RELIANT MORTGAGE COMPANY

Save on your next home loan/mortgage.

Products & Services

ASSOCIATED EDGE (FORMERLY MEMBERS ADVANTAGE)

Discount prices on Audio/Video Products, Home Appliances, & more!

AT&T

Save 24% on qualified voice and data plans with AT&T Wireless.

BJ'S WHOLESALE CLUB

Check website for special rates and offers throughout the year.

BROOKS BROTHERS DISCOUNT

Enroll online to receive 15% discount at Brooks Brothers.

CAMBRIDGE EYE DOCTORS

Vision care at rates discounted down from our regular retail pricing.

CAPE CLOGS

MNA Members receive 10% off.

DELL COMPUTERS

7% discount is waiting on you!

FINESSE FLORIST

10% discount to all MNA members.

GET SCRUBS MEDICAL APPAREL AND ACCESSORIES

Show your MNA Membership card and receive 20% discount.

HEWLETT-PACKARD

HP & Compaq consumer products at discounts typically up to 10% off.

OIL NETWORK DISCOUNT

Lower your heating costs by 10-25 cents a gallon.

SPRINT NEXTEL COMMUNICATIONS

Up to 30% off equipment, up to 15% off plans & up to 10% off accessories.

T-MOBILE

10% on qualifying monthly recurring charges for new & existing customers.

VALVOLINE

Instant Oil Change & AAMCO centers 15% discount on total purchase.

WORK 'N GEAR

You'll save 15% off all regularly priced merchandise every day.

WRENTHAM VILLAGE PREMIUM OUTLETS DISCOUNT

Receive a VIP coupon book offering hundreds of dollars in savings.

Travel & Leisure

AVIS CAR RENTAL DISCOUNT

Low, competitive corporate rates and discounts on promotional rates.

BOSTON BRUINS & TD GARDEN

The Boston Bruins have exclusive online deals.

CANOBIE LAKE PARK (SEASONAL)

Discounted park tickets sold at MNA.

CITI PERFORMING ARTS CENTER | SHUBERT THEATER

MNA members get a savings on tickets to various shows.

DCU CENTER WORCESTER

MNA members get a savings on tickets to various shows.

DISNEY WORLD & MORE — TICKETS AT WORK

Discounts to theme parks & entertainment in Florida and other locations.

GO AHEAD TOURS, TNT VACATIONS AND CRUISES ONLY OFFERS

Save an additional \$150 per person on regular tour package prices.

CRUISES ONLY OFFERS THE LOWEST PRICES IN THE INDUSTRY.

TNT Vacations save an additional 5% on already low prices.

HERTZ CAR RENTAL DISCOUNT

Discounts offered to MNA members range from 5-20%.

MOVIE PASSES

Showcase Cinemas/National Amusements \$7.75 each

AMC Theatres \$6.00 each

Regal Cinemas \$6.50 each

Rave Motion Pictures \$7.50 each

MR. JOHN'S LIMO

All members are entitled to minimum 10% discount.

SIX FLAGS NEW ENGLAND (SEASONAL)

Discounted park tickets sold at MNA and online.

UNIVERSAL STUDIOS FAN CLUB

Discounts at Universal Studios and Universal's Island of Adventure.

WATER COUNTRY (SEASONAL)

Discounted park tickets sold at MNA and online.

THE WORCESTER SHARKS

Discounted rates on tickets to select home games at the DCU Center.

WORKING ADVANTAGE

Discounts on skiing, Broadway theaters, online shopping & more.

THE MNASM SALUTES NURSES FOR THE MONTH OF MAY WITH

NURSES' APPRECIATION WEEK

EVENTS

WRENTHAM
VILLAGE
PREMIUM
OUTLETS[®]

Wrentham Village Premium Outlets - May 7, 2011

MNA Members show your MNA ID at the Information Center

- First 50 MNA Members to register will receive a free Premium Outlets Tote Bag
- Free VIP Coupon Book, worth hundreds of dollars in added savings
- Register to win a \$100 shopping spree
- MNA members receive added savings and gifts at Uniform Destination
- \$50 Gift Certificate to Ross-Simons

LEGACY
place

Legacy Place Scavenger Hunt and Legacy Loves Nurses Contest - May 15-22, 2011

LEGACY PLACE MNA SCAVENGER HUNT:

Stop by Legacy Place Guest Services desk between May 15-22, show your MNA ID, and pick up a Legacy Place scavenger hunt clues. Along the hunt you will get a warm welcome, special offers, discounts and treats from Legacy Place businesses. Complete the hunt, and you'll be entered to win a \$100 Legacy Place Gift Card and other great prizes! (Guest Services is located street level below the cinema).

HONOR YOUR MENTOR:

Who was your inspiration to become a nurse? MNA members are invited to tell us about their mentor! Select responses will be published (with permission) in the MassNurse and on Legacy Place Website and/or other social media accounts. See the MNA Website for a link to the entry form (coming soon).



Six Flags[®]

Save the Date! July 23, 2011

MNA DAY at Six Flags New England

Tickets \$39.50 includes park admission, picnic, and parking

MNASM
MASSACHUSETTS
NURSES ASSOCIATION

NATIONAL NURSES DAY · MAY 6, 2011

 National
Nurses
United