Keeping all the pieces in place:
MNA fights to keep psychiatric inpatient unit open in Fitchburg
Nurses’ Guide to Single Payer Health Care

What’s to come now that Election Day is behind us?

By Sandy Eaton, RN

This past November I had the honor of attending the strategy meetings of the “Leadership Conference for Guaranteed Healthcare” and “Healthcare-Now” in Philadelphia. While attending, I heard many people thank Massachusetts for the ballot campaigns it ran on Nov. 2 in 14 of its communities. Each of those questions passed by a significant margin, which proves that single payer is still the people’s choice.

But I also heard numerous post-election reports from all over the country about the status of single payer in the existing environment. From these reports, I can see that our path ahead is both complex and flexible. We need a two-pronged strategy: one that is defensive and forward moving.

Our defensive strategy starts with combating the federal deficit commission’s proposals to attack Social Security, Medicare and Medicaid. On Sept. 30, the Capitol switchboard was swamped by callers demanding, “Hands off Social Security, hands off Medicare.” We must continue to be aggressive about these efforts. Word is that, at the national level, John Conyers’ H.R. 676 and Bernie Sanders’ S. 703 will be re-filed in the coming session.

In terms of being forward moving, I believe that the pendulum has swung back to the states. What a tremendous boost it will be when the first state passes and enacts single payer! Which will be first? Vermont? California? Or maybe Hawaii?

My money is on Vermont—and the good news is that we are close enough to help!

MNA membership dues deductibility in 2010

This shows the percentage of MNA dues paid in 2010 that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

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<th>Region</th>
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MNA in 2011—a new year of challenge and opportunity

By Donna Kelly-Williams
MNA President

A new year dawns for nurses in Massachusetts and the MNA, the power behind your professional practice. The year ahead promises to be a mixed bag of tremendous challenges and some real opportunities for nurses to make great strides in our efforts to protect our profession, our patients, our health and safety and our economic security.

Make no mistake about it. We are in for a year of tremendous change as the consolidation of the health care industry continues in the wake of health care reform. Steward Health Care, the new owner of the Caritas system, is already on the move seeking to purchase other hospitals in the state, including Merrimack Valley Hospital in Haverhill and Nashoba Valley Medical Center in Ayer, with other target facilities on the horizon. Many other hospitals and health care systems in the state are also vying and jockeying for position, and you can expect more mergers and acquisitions to take place in the near future.

As you may have read in the last issue of the Massachusetts Nurse, the MNA has established a master agreement with Steward and the Caritas facilities, which included the creation of a multiemployer pension plan. As Steward expands and takes on new facilities represented by the MNA, the opportunity exists to bring them into the pension plan. In addition, a number of other MNA hospitals, including St. Vincent in Worcester, Cooley Dickinson in Northampton and Morton in Taunton, each have proposals on their negotiating tables to become part of the Nurses Pension Fund, a defined benefit pension plan that will provide a lifetime retirement benefit for nurses, a rarity in this economic environment. Part of the Steward master agreement is a commitment by management to stand neutral in campaigns to organize new nurses. You can expect to see a dramatic increase in the MNA’s efforts to organize more nurses into MNA bargaining units, an effort which will only increase our power.

In all our hospitals, we are facing tough fights to protect our current benefits, and efforts by management to impose dangerous practices and policies on our bargaining units. Staffing continues to be the number one concern, as hospitals have laid off staff, are refusing to fill vacant positions or are pursuing new models of care that increase nurses’ patient assignments and/or decrease support staff, further inhibiting nurses’ ability to care for their patients. Many hospitals continue to push for mandatory cancellation policies that allow them to cut nurses hours or shifts based on census. Still others are using floating as a staffing mechanism, and at Tufts Medical Center, management is forcing all nurses to float.

Most of our hospitals are engaging “scripting” consultants, who institute Walmart/Disney World-like customer service approaches where nurses are forced to use specific language and phrases to boost patient satisfaction scores.

The MNA and the NNU are responding to all these issues aggressively, with focused campaigns to undo the damage the industry is attempting to perpetrate on nurses. This month, nurses at Tufts Medical Center and St. Vincent Hospital are holding special events to highlight their staffing problems and the need for safe staffing levels at the hospital. They are going to the State House in Boston to solicit co-sponsors to our safe staffing bill. Staffing continues to be the number one concern, as hospitals have laid off staff, are refusing to fill vacant positions or are pursuing new models of care that increase nurses’ patient assignments and/or decrease support staff, further inhibiting nurses’ ability to care for their patients. Many hospitals continue to push for mandatory cancellation policies that allow them to cut nurses hours or shifts based on census. Still others are using floating as a staffing mechanism, and at Tufts Medical Center, management is forcing all nurses to float.

Most of our hospitals are engaging “scripting” consultants, who institute Walmart/Disney World-like customer service approaches where nurses are forced to use specific language and phrases to boost patient satisfaction scores. The MNA and the NNU are responding to all these issues aggressively, with focused campaigns to undo the damage the industry is attempting to perpetrate on nurses. This month, nurses at Tufts Medical Center and St. Vincent Hospital are holding special events to highlight their staffing problems and the need for safe staffing levels at the hospital. They are going to the State House in Boston to solicit co-sponsors to our safe staffing bill and new legislation we have filed to ban the practice of mandatory overtime. Their message is simple: “Legislators, without a legislative fix we are forced at some point to strike for what our patients need.”

To deal with the consolidation of the health care industry, the MNA is mobilizing and preparing to reorganize how we do business to work across these new networks, to work strategically and in unison to outflank the industry.

We continue to provide cutting-edge labor and nursing education programs to keep nurses up to speed and current both in their clinical practice and in their activism. Our winter/spring CE courses, free to all members, are filling up, and our highly popular clinical conference, scheduled for May 13 at the DCU Center in Worcester, is bound to be full before you know it, so call our nursing division today or visit the MNA Web site to get your seat as quickly as possible.

At the end of March, the MNA will hold its annual Leadership Summit, where activists and union leaders from across the commonwealth will gather to plan our strategies for the coming battle. In June, MNA will once again send hundreds of members to the National Staff Nurse Assembly in Washington, D.C., to share ideas and network with NNU nurses from across the nation, while also marching on Capitol Hill for our national safe staffing bill.

As you can see, there is so much going on, locally, statewide and nationally, and all of these activities have a common requirement—the need for nurses to think and act strategically and collectively, to marshal our collective will and our collective might to achieve our goals: for safe staffing, for a safer workplace, for strong contracts with no takeaways, for sane health reform that acknowledges the value of nurses instead of attacking them.

As with all of our work, none of it is easy, or fast or simple. Changing the world for the better for our patients and ourselves is complex work but fear not, because we are smart, complex people, with an organization battle-tested and more than able to do the work that needs to be done. I invite you to embrace the challenge and seize our opportunities.
As the MNA looks to 2011, we anticipate a very busy year. Many contracts are up for renegotiation and we expect many of them to be contentious. Undoubtedly, we will need the help of elected officials to put pressure on employers to bargain reasonably. We also expect the Legislature to take up critical issues that will affect the entire health care industry. As always, the MNA will pursue an aggressive legislative agenda to protect patients and health care professionals. Our national union, the NNU, will also be fighting for patient safety and to protect assaults on our practice and our retirement at the federal level.

Strengthening our political power in 2011 is more important than ever. How can you help? We encourage all our members to make at least one New Year’s resolution that will strengthen your union’s political influence. Here are some ideas.

I resolve to …

1. Find out who my state representative and senator are—even if I think I already know
The 2010 election resulted in more significant turnover in the Legislature than we have seen in over a decade. There are eight new members of the senate, and a whopping 39 new members of the House of Representatives! All MNA members should know the names of their state legislators. Go to www.capwiz.com/massnurses to find yours. Give them a ring and introduce yourself, and let them know you hope they will support bedside nurses in their struggle to improve the quality of patient care.

2. Educate my legislators on the dangerous practice of mandatory overtime
This year, for the first time, the MNA has filed stand-alone legislation that will prohibit the dangerous practice of mandatory overtime. We regularly take small groups of MNA members—wearing scrubs—through the State House to distribute information on our bills and to educate legislators about why these issues are so important to us and our patients. Contact Riley Ohlson at 781-830-5740 or rohlson@mnarn.org to volunteer to lobby for our mandatory overtime bill.

3. Meet with my state legislators to talk about safe staffing
The most effective lobbying strategy the MNA uses is to conduct
meetings with elected officials in their local districts with MNA members. This helps to educate them about what we see every day at our hospitals and lets them know that people in their community care about these issues. We have conducted dozens of these meetings over the last four years with great results. The MNA has filed legislation to require safe RN staffing in the commonwealth’s hospitals again this year. Contact your MNA community organizer to participate in a meeting with your state legislator on this issue.

4 Call my congressman and tell him/her that cuts to Social Security should be OFF THE TABLE
Registered nurses and other health care professionals exert themselves physically every day, moving and lifting patients, reaching and stretching for equipment, and running from room to room on hard hospital floors. Many RNs suffer musculoskeletal injuries from this activity. RNs have a hard enough time as it is making it to the Social Security’s retirement age. Now there are elected officials in Washington who want to raise the retirement age and cut benefits. It is not right, and your senator and congressional representative need to hear from you! You have worked hard and paid into the system. You deserve to retire at a reasonable age and receive the benefits you have earned. To find your senators’ and congressional representative’s phone numbers go to www.capwiz.com/massnurses and enter your address or zip code. It only takes a few minutes but it can make a huge difference.

5 Find out who my district attorney is and educate him/her on MNA’s efforts to pass workplace violence prevention legislation
Last year, the MNA successfully led the effort to pass legislation that increased the penalties faced by those who assault nurses and health care professionals providing care. This year, we have again filed a bill that would require hospitals to implement procedures to prevent this horrific violence in the first place. In the past, some district attorneys have helped us advocate for this kind of legislation by speaking with other elected officials and providing testimony, and we are hoping to involve even more DAs this session. Contact your MNA community organizer to find out who your DA is and how you can help.

6 Sign up to go to Washington, D.C., in June to participate in the NNU Staff Nurse Assembly
On June 5–8, 2011, the National Nurses United—the national union of over 160,000 bedside RNs we affiliated with last year—will have a Staff Nurse Assembly in Washington. During this empowering event, nurses will hear from numerous speakers, engage in action at the local level, and lobby members of Congress on NNU bills, including our federal safe staffing and safe patient handling bills. Last year, over 150 members volunteered their time to travel to D.C. for this event and they universally reported a magnificent experience. To sign up, call your MNA community organizer.

7 Register to vote
As an RN, you advocate for your patients at the bedside and through your contract negotiations. However, your voice needs to be heard by elected officials too. Decisions they make every day affect your hospital and your ability to provide patient care. The most fundamental way to ensure that your voice is heard is to register to vote so that on Election Day you can support those who work hard for you and vote for change when an elected official does not have the best interests of the patients and health care workers at heart. To register visit the Massachusetts secretary of state Web site (sec.state.ma.us) and follow the links to the Elections Division “How to Register to Vote.” You can also register in person at your city or town clerk’s office and at the Registry of Motor Vehicles when you renew your driver’s license.

8 Become a sustaining donor to the Mass Nurses Political Action Committee (PAC)
The PAC board of directors is a group of bedside RNs elected by the MNA membership to review candidates for office and support those who embrace the patient safety goals of registered nurses and health care professionals. We need to provide financial support to new candidates for office who will advocate strongly for our issues as well as support those who are already on Beacon Hill fighting for us every day. By law, dues money cannot be given to candidates directly—only the political action committee can do this, and the PAC can only help candidates if members support it. So give today by contacting Maryanne McHugh at 781-830-5713 or mmchugh@mnarn.org.

9 Become a sustaining donor to the NNU Political Action Committee (PAC)
The NNU PAC does on the federal level what the Mass Nurses PAC does on the state level. It supports candidates for Congress who support our issues and our members. In this past election, the NNU PAC helped to elect Bill Keating to fill the congressional seat being vacated by William Delahunt. Keating supports our federal safe staffing bill, and pledged to vote against any increase in the Social Security retirement age. Keating’s opponent, on the other hand, voted against our safe staffing bill in Massachusetts twice, and pledged to support an increase in the retirement age. Keating won that congressional seat by a narrow margin, in part due to the support of the NNU PAC. Again, the PAC is only successful to the extent that our members support it. To find out how to become a sustaining donor to the NNU PAC, contact Andi Mullin at 781-830-5716 or amullin@mnarn.org.

10 Get involved in my local AFL-CIO Labor Council
Local labor councils have supported nurses through difficult contract negotiations by coming to informational pickets, walking on the strike line with us and putting pressure on hospital management. They have also supported our efforts to prevent workplace violence and pass safe staffing up at the State House by testifying on our behalf and coming to our rallies and lobby days. In order to give back, and to ensure that our priorities remain among their priorities, we need RNs to get involved with their local council and let them know what we are working on, where we need help and how we can help out our brothers and sisters in other unions. Contact your MNA community organizer to find out how to get involved.

Contact your community organizer:
Region 1
Leo Maley
413-584-4607 or lmaley@mnarn.org
Region 2
Sandy Ellis
508-756-5800 x 103 or sellis@mnarn.org
Region 3
Barbara “Cookie” Cooke
508-345-9219 or bcooke@mnarn.org
Region 4
Lainey Titus
781-584-4032 or ltitus@mnarn.org
Region 5
Brian Moloney
781-830-5704 or bmoloney@mnarn.org
MNA decries leadership at UMass Memorial Health Care for boasting of record profits after cutting care and services

The MNA recently issued a statement condemning management at UMass Memorial Health Care for its misguided decisions that are negatively affecting the quality of patient care within the health care network. The statement came after the UMass system posted record profits of more than $85 million for 2010—an amount that has rattled the network’s 2,500 MNA nurses given that “profitability” has been one of reasons management has used to justify its poor decision making.

Specifically, the nurses’ statement cited:

- The closure of a 28-bed medical surgical floor in October at its UMass Memorial hospital campus, at a time when patients are regularly forced to wait hours for care in the hallways of the systems’ emergency rooms.
- The planned closure of a 15-bed psychiatric unit at Burbank Hospital, which will leave hundreds of severely mentally ill patients without access to appropriate care, while overburdening the entire mental health care system for the region.
- A demand last fall to cut home care nurses’ salaries by 10 percent, while making veiled threats to close the home care service because it wasn’t “profitable”.
- The layoff of dozens of employees who deliver care to patients, which has forced existing staff to work shorthanded, and patient care to be delayed or compromised.
- Its practice of spending several thousand dollars to hire high-priced models at shopping malls to solicit candidates for bone marrow testing, which the state of New Hampshire is investigating for potential criminal violations of insurance and consumer laws.

“Nurses, who are working harder and faster under increasingly strenuous conditions, are appalled at the behavior of our administration,” said Kathie Logan, a member of the MNA Board of Directors and chair of the local bargaining unit for the University Hospital campus of UMass Memorial. “They have been boasting of record profits that have been made at the expense of the safety of patients.”

“How can an organization that calls itself a non-profit get away with posting $165 million in profits over the last two years, while they are closing services and beds that our patients desperately need?” said Colleen Wolfe, a member of the MNA Board of Directors and a nurse at the Memorial Hospital campus of UMass Memorial. “There are no words to describe the disgust nurses at our hospital feel when they learn that this system is spending thousands of dollars to hire models to patrol shopping malls, while closing desperately needed acute care beds.”

“Every week, our hospital issues an alert to all staff because there aren’t enough beds to take care of patients, leaving patients languishing in hallways waiting for care, yet they have closed one of our medical/surgical units on the cusp of the flu season,” said Lynne Starbard, chair of the MNA local bargaining unit at UMass Memorial. “I’m quite sure our patients aren’t getting a break on their insurance bill for their care in hallways. It’s nothing short of disgraceful.”

MNA Executive Director Julie Pinkham points to UMass as just another example of the unbridled arrogance of the health care industry in Massachusetts, where large health care systems engage in misguided management practices borrowed from other industries to boost profits. For example, UMass CEO John O’Brien has touted the system’s adoption of “Six Sigma” and “Lean Manufacturing,” the latest management fads being touted by high-priced health care consultants.

“At a time of economic crisis for most residents of Massachusetts, many health care providers are making enormous profits, while neglecting their core mission, which is to provide high quality care to the communities they serve,” Pinkham explained. “We want to know, where is the Board of Trustees in this process? Whose job it is to monitor the behavior and practices of these administrators? The application of production methods and manufacturing strategies originally developed for automakers and consumer products to the care of patients is inappropriate and dangerous. The system is out of control, and nurses are not going to remain silent while our patients suffer. In a factory, if you make a mistake, there is recall. In health care, there’s a funeral.”

Closings at hospital belie bottom line

UMass Memorial plans the closing of the psych facility at its Burbank Campus. Like its recently announced plans to lay off many staff and close some in-patient units, this reduction is not done by a hospital that is losing money hand over fist. Look at the new buildings you see rising at the UMass campus. And it is not simply because in-patient units are underutilized. At the UMass campus, emergency room patients are lining the corridors and hallways waiting for hours due to a lack of in-patient beds.

But they are closing units there, too? These closings seem to be a business decision by the hospital administration based primarily on the bottom line, not on concern for the public’s health needs. State Rep. Stephen DiNatale of Fitchburg pointed this out at the hearing. As a retired registered nurse, I agree with state Sen. Jennifer Flanagan and Donna Kelly-Williams, president of the Massachusetts Nurses Association, that the ER is no place for mental health patients to linger for days waiting for a psychiatric bed – somewhere. This is not fair to the patient, the staff of the ER, or the other patients in the ER. The ER is fundamentally a medical unit, not a psych unit.

UMass Memorial should think again about how it wants to be seen by the communities it serves.

- Joan Dlug, RN

This letter appeared in the Worcester Telegram on Dec. 10.
MNA wages campaign to protect psych beds in Central Mass.

HealthAlliance plan to close inpatient unit in Fitchburg will hurt access to care

MNA members, along with mental health advocates, concerned patients, family members, community leaders and elected officials, packed a recent state Department of Public Health hearing at HealthAlliance Hospital Burbank campus in Fitchburg to voice strong opposition to the proposed closing of its 15-bed adult psychiatric unit.

The MNA and the National Alliance on Mental Illness Massachusetts have made the Burbank closing a rallying cry to draw public and legislative attention to the issue of access to mental health services, attracting significant media attention to the cause, placing ads in local newspapers and mobilizing policy makers to focus on this growing crisis.

In an effort to decide how it will address the plans of the hospital’s corporate owners, HealthAlliance Hospital (which is part of the UMass Memorial Health Care System), the state DPH took more than four hours of testimony from public officials, nurses, community members and people who have used, or are using, mental health services. “There is a great need for secure inpatient facilities. Our patients deserve to be cared for close to their homes,” stated Yvonne Senecal, RN, a psychiatric nurse on the Burbank unit and chair of the MNA local bargaining unit. “The staff at Burbank Behavioral Health Unit is made up of skilled and caring professionals. We are capable of safely dealing with mental health emergencies and acute care treatment. We have the skill; HealthAlliance needs to have the will to provide this vital service for our patients.”

State Sen. Jennifer L. Flanagan, D-Leominster, chairwoman of the Joint Committee on Mental Health and Substance Abuse, said she is concerned that, if Burbank closes its mental health unit, it will set a trend and spill over into other hospitals. She said that as more facilities close, it would become more difficult for patients to get to where they can receive treatment and for their families to visit them.

“We don’t have a bus to get them to where they are going to send them,” she said.

State Rep. Steven L. DiNatale, D-Fitchburg, echoed Flanagan’s concerns about the lack of transportation in the area and said the people involved are vulnerable. “We’re talking about the people of our communities who are forgotten except by their family members,” he said.

DiNatale said the plans by the hospital strike him as more out of concern for the bottom line and less out of concern for people with severe mental illness.

MNA President Donna Kelly-Williams also spoke against closing the mental health unit. She said there is no financial or clinical justification for closing the Burbank facility. “If it happens, local people who are experiencing an acute mental health crisis will receive substandard care, travel long distances for care or go without care altogether,” she said. “Some will end up homeless, some will end up in our correctional facilities and some will end up dead.”

The DPH also heard from Fitchburg Deputy Police Chief Philip Kearns, who read a statement from Police Chief Robert A. Demoura advocating to keep the mental health unit open, saying people with mental illness who are left untreated and out on the streets may end up arrested by police officers who are not trained to identify them as mentally challenged.

“Our officers take more than 1,000 people into custody each year,” he said. “We uphold the law and take criminals off the streets. Mental health patients need emergency workers to take them to a hospital—not a jail cell.”

After two stints in the HealthAlliance Hospital Burbank campus inpatient psychiatric unit in 1998, Fitchburg resident Pat Lozeau returned to the campus Wednesday for the first time in 12 years to fight against proposed plans to close the facility.

“This is a big move on my part. I’m overwhelmed by the whole situation, but I really wanted to have my say,” Lozeau said. “Fortunately, I got the help I needed, when and where I needed it and I’m here today. However, I don’t want to see anyone have to travel miles and miles to get the help they need, when they need it.”

“If and when these services end, the cities of Fitchburg and Leominster will be left without local inpatient and partial hospitalization services,” said Guy Beales, president of the National Alliance on Mental Illness in North Central Massachusetts. He added that the next closest inpatient psychiatric units are located in Gardner, Clinton, Worcester and Marlboro.

Judy Smith-Goguen, an MNA member and psychiatric nurse at another area hospital, testified that her employer’s claims of being able to “absorb” Burbank’s patients are questionable. She pointed out that her unit is full every day with patients from across the state and she questioned the economic justification for the closing. “I find it deplorable that this hospital system is now saying that they are closing this unit because they feel that their alternative will provide better care for patients. This is a hospital system that has reported a profit to the state of over $130 million over the last 18 months. They can well-afford and have a duty to provide this vital and necessary service to patients with mental illness rather than cast them aside.”

The MNA is using this closing as a springboard for an ongoing effort with policymakers and advocates to prevent future closings and as a rallying cry for a campaign to repair the state’s mental health care safety net.
A Gallup poll has once again ranked nurses at the top of their survey on the public’s view of what professionals are the most honest and ethical. This poll result mirrors extensive polling the Massachusetts Nurses Association has done over the years concerning the opinion of Massachusetts residents about which professionals are the most trusted on health care issues. As with the Gallup poll, a nurse is always ranked as the most trusted voice on health care issues.

“Nurses, particularly those on the front lines of our health care system, have earned the trust of the public because of their commitment, first and foremost, to the welfare of their patients,” said Donna Kelly-Williams, RN, president of the Massachusetts Nurses Association. “In hospitals, nurses provide 90 percent of the clinical care patients receive, and they are there every day, on every shift advocating for their patients, listening to their patients, and educating their patients when they are the most vulnerable. The public sees how hard nurses work in every health care setting and it is clear from this and other surveys that they appreciate it.”

The key, Kelly-Williams added, is to convince employers of nurses to acknowledge the value of nurses and to provide them with the working conditions nurses need to provide the quality and safety of care patients expect and deserve. “In the current economic climate, this is becoming harder and harder to achieve,” Kelly-Williams said. “In hospitals and in other settings, staffing levels have been cut, resources and support to care for patients are being slashed, and nurses are being asked to do more with less at a time when patients are sicker than ever before.”

Kelly-Williams points out that it is the work of the Massachusetts Nurses Association, along with National Nurses United, the recently formed national nurses union, to mobilize nurses across the state and across the nation to work with the public to convince health care employers to provide nurses with the tools they need to provide first-rate care.

### Honesty and Ethics of Professions

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**Source:** Gallup, Nov. 19-21, 2010

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**Reminder...**

9th Annual MNA Labor Leader Summit

**March 30-31, 2011**

Doubletree Hotel • 5400 Computer Drive • Westboro, MA

For more information, please contact Donna Olson at 781-830-5721. Also check www.massnurses.org for updates.
Unfair labor practices and the National Labor Relations Act

By Joe Twarog
Associate Director of Labor Education

Union members are familiar with the process of when and how to file a grievance. A grievance addresses employer violations of the contract. However, in the private sector, workers are also able to file unfair labor practice (ULP) charges if the employer violates the National Labor Relations Act (NLRA). In the public sector in Massachusetts, employer violations are addressed in the state labor law, or Chapter 150(e).

The grievance procedure is an internal process, unique to that particular contract and between the parties: the union and the employer. The process remains internal until the final step of the procedure in which an arbitrator hears the case and makes a final ruling on the matter.

A ULP charge claims that there has been a violation of labor law, and is litigated in an entirely different forum. The NLRA is administered and enforced by the National Labor Relations Board (NLRB or Board), a federal agency.

The difference between a grievance and a ULP is that a grievance involves a violation of the collective bargaining agreement while a ULP involves a violation of Federal law. Both a grievance and an unfair labor practice charge can be filed simultaneously and pursued at the same time through separate avenues. However, not all contract violations are violations of the NLRA and vice versa. However, the NLRB all too often defers a ULP charge to arbitration (the so-called Collyer doctrine).

This NLRB deferential doctrine means that if there is a contract violation, the NLRB directs the union to complete the grievance and arbitration procedure before the NLRB continues its investigation of the charge. Once the arbitration award is final, the NLRB may continue pursuing the charges alleged in the ULP charge. This always means extensive delays in the ULP process.

Filing a ULP is not any more difficult than filing a grievance form. The ULP form calls for (in addition to the usual basic identification information) a statement of what the union believes occurred that is a violation of the law and a citation of what section of the NLRA was violated.

Examples of NLRA violations are:

- Failure to provide information requested by the union to investigate a grievance or for collective bargaining
- Unilateral changes of working conditions
- Discrimination for union activity
- Threatening employees of a loss of jobs if they support the union
- Questioning employees about their union sympathies in such a manner that impacts their rights
- Formation of a “company union” that undercuts the exclusive representative of the workers by a real union

Private sector employer violations

Section 8(a) of the NLRA defines employer violations. Five types of conduct are prohibited. The examples listed above fall under one of these sub-sections of the law.

(1) Interference, restraint, or coercion directed against union or other collective activity
(2) Creation or domination of a labor organization
(3) Discrimination against employees to discourage support for a union
(4) Retaliation for filing ULP charges or cooperating with the NLRB
(5) Refusal to bargain in good faith with union representatives

Timelines for filing

A charge claiming a violation of labor law must be filed within six months of the event giving rise to the violation. However, it is always advisable to file the charge as early as possible after the event, especially in the case of a unilateral change in working conditions instituted by the employer.

The procedure for filing a charge with the NLRA begins the process. A charge simply is a claim that the law has been violated. It is the starting point. It involves filling out a form (available on line) that is not unlike a standard grievance form. The key difference is that instead of citing a contract article that was violated, one cites the section of the labor law violated – as listed above. There is also a statement of fact — what the union claims that the violation is, including when the event occurred.

Investigation

An investigation by the NLRB follows to determine probable cause — whether there is in fact a violation. The NLRB assigns an agent who will take a written statement from the union witness(es). The NLRB will then take a statement from the employer also. The NLRB will then review the findings and decide whether or not to issue a “complaint.” This complaint signifies that the NLRB believes that there is probably a violation of law. If the board finds that there are insufficient facts to uphold the union’s claim of a violation of law, it will advise the Union and then the union can withdraw the charge, or the board will dismiss the charge.

Once a complaint issues, the employer is put on notice that the violation cited by the union is justified and will proceed to a formal trial hearing in which an NLRB administrative law judge will hear the case and make a ruling. Another difference from the grievance procedure is that at this point, the board takes the case over and becomes the advocate for the union. This is unlike the grievance process in which the union decides whether or not to advance a case to the next step.

NLRB trials in fact are rare. In most cases when a complaint is issued, the board will explore terms of a settlement between the parties. If a settlement is reached, an official NLRB posting is published and then posted in a prominent area of the employer for 60 days. All too often these are so-called non-admission settlements, meaning that the employer does not admit to any violations of the law, but states that it will not do so again.

Why file an unfair labor practice

The NLRA is not a punitive law. This means that the penalties for violations are often mild. Some employers and union-busters may simply view the NLRA as an annoyance and factor in potential violations and any rare remuneration (i.e. back pay) involved as the “cost of doing business.” The process is often slow and frustrating, but nonetheless, it holds the employer accountable for violations and holds them up to a microscope. The simple act of filing a ULP charge is newsworthy, and also becomes a public record for all to see. It is a powerful statement by the union and provides an additional avenue and source of leverage to control the employer.
Vicki Emerson, RN, (MetroWest-Leonard Morse) represented MNA Region 2 in working with fellow union members from the Central MA AFL-CIO to fill and decorate dozens of Thanksgiving baskets for distribution to working families who needed a hand this holiday season.

MNA Board of Directors
Meeting highlights
Dec. 16, 2010

- Julie Pinkham updated the BOD on current issues facing the bargaining units: Anna Jaques, Marlborough Hospital and Merrimack Valley reached tentative agreements; Unit 7 ratified their tentative agreement; staffing continues to be a major problem at Berkshire Medical, Boston Medical, St. Vincent’s and Tufts.

- Roland Goff, Labor Counsel/Unit 7 Administrator, highlighted an NLRB decision that found card check agreements lawful.

- The BOD reviewed and approved the MNA’s revised safe staffing legislation. It will be filed in January, along with the other bills approved by the BOD last month.


- The BOD approved the list of appointees that Regional Council 3 submitted for the Greater Southeastern MA Labor Council and the Plymouth Bristol Labor Council.

- The BOD approved the Bylaws Committee’s revised Procedures and Protocol as proposed.

- The BOD created a subgroup to look at NENA (North East Nurses Association) to vet through what a regional structure would look like and how it will fit within NNU.

- SAVE THE DATE – LEADERSHIP SUMMIT: The next Leadership Summit is scheduled for Thursday, March 31, 2011 (with a reception the night before). More information to follow.
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. Our goal is to have printed cookbooks ready at the Clinical Nursing Conference in May. They also will be at the 2011 Convention. These fundraising 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@mnarn.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 would like to get as many contributors as we can to have a good mix of recipes. Stay tuned for more details about what the bargaining unit with the most submissions will win. In the meantime, get your recipe(s) to us to be in our one-of-a-kind cookbook that will benefit a good cause.

Recipe deadline: March 1

‘CAUSE LAUGHTER IS THE BEST MEDICINE

The radio show for nurses with RN hosts Casey Hobbs, Dan Grady and Maggie McDermott

Saturdays 11 a.m. on 1510 TheZoneAM
Live streaming at www.1510thezone.com
On-demand podcasts at www.nursetalksite.com

Sponsored by Massachusetts Nurses Association
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 CRUISE ONLY OFFERS
Save an additional $150 per person on regular tour package prices.

CRUISE 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.

For more information call member discounts at the MNA, 800-882-2056, x726. All discounts are subject to change.
Consent to Serve for the MNA 2011 Election

I am interested in active participation in Massachusetts Nurses Association.

MNA General Election

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

<table>
<thead>
<tr>
<th>Work Title</th>
<th>Employer</th>
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<tr>
<td>MNA Membership Number</td>
<td>MNA Region</td>
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Address

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Educational Preparation

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

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<th>MNA Offices</th>
<th>Regional Council Offices</th>
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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
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.

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 handled 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 administrator 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 Elections 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 Elections 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.

Massachusetts Nurse January 2011 15
2011 MNF scholarships available

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

Topics will include:

• Suggestions for NCLEX preparation
• How to best manage a job search in today’s challenging job market
• Interview strategies to evaluate a new graduate orientation and preceptorship for successful transition to the RN role

Representatives from area hospitals and other healthcare resources will be invited to discuss employment opportunities. A light supper will be served.

Locations & Dates:

March 30, 2011 • 5:30 - 9:00 p.m. Sturbridge Host Hotel, Sturbridge, MA
April 14, 2011 • 5:30 - 9:00 p.m. Lombardo’s Function Facility, Randolph, MA

These programs are FREE to senior nursing students and nursing faculty. Space will fill quickly! You must pre-register for the program by contacting Phyllis Kleingardner at the MNA at 800-882-2056 x794 or emailing her at pkleingardner@mnarn.org.

Registration is available online at www.massnurses.org. Click on the Continuing Education calendar.
**Sorrento Italy**  
**May 14 – 22, 2011 $1949***  
Join us on a tour of one of southern Italy's premier vacation resorts. This all-inclusive 9 day/7 night trip includes air, transfers, hotel, and all meals as well as guided tours. The tour will feature Sorrento, Naples, Pompeii, the Isle of Capri, Caserta & Montecassio and the Amalfi Drive. Offered as an all-inclusive trip, this package is a great value. Don't miss the opportunity to visit this spectacularly beautiful part of Italy and some very interesting sites.

**Paris & the French Countryside**  
**October 8 – 16, 2011, $1879***  
This trip is back by popular demand. As a wonderful 7-night tour of France that takes in all the highlights of Paris, Normandy, Brittany, the Wine Country, and the Chateau Country. We will enjoy a free day in Paris and conclude the day with a cruise on the River Seine after dinner. This trip includes round trip air from Boston, transfers to and from the hotel. Also includes breakfast and dinner daily as well as full sightseeing tours.

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*Prices listed above include air, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast, reserve early. For more information on these great vacation and to be placed in a database to receive yearly flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing address.*

*Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are **NOT** included in the listed prices. Credit card purchase price is $50 higher than listed price.*