

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

Vol. 83 No. 2



ADVOCATE



**Springfield RNs
protest at
Baystate
Medical Center**

April/May 2012



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New York Professional Nurses Union affiliates with NENA/NNU

Registered nurses represented by the New York Professional Nurses Union (NYPNU) cast an overwhelming vote to affiliate with the NorthEast Nurses Association/National Nurses United (NENA/NNU), the nation's largest union and professional association of RNs, to provide its members with a stronger regional and national voice in this era of dramatic change in health care.

NYPNU, the oldest independent New York nurses union, established in 1984, is comprised of more than 1,100 nurses, who work at Lenox Hill Hospital and at Manhattan Eye, Ear and Throat Hospital in New York City. As an affiliate of National Nurses United, NYPNU joins forces with more than 170,000 nurses from coast to coast in setting a progressive course for nurses on the state and national level.

Approved in a secret ballot membership vote of the nurses conducted April 3 to 5, the decision by NYPNU to seek affiliation was driven by a desire to protect the ability of nurses to practice in an environment focused on the safety and needs of patients.

"The RNs of Lenox Hill Hospital formed NYPNU nearly 30 years ago to protect our patients and the integrity of our practice. Joining with NENA/NNU strengthens our ability to do just that," said Maureen McCarthy, president of NYPNU and a nurse in the post anesthesia recovery unit at Lenox Hill

Hospital. "With community hospitals like ours being absorbed by large corporate entities across the country, our members saw the need to find a powerful partner to protect our own union contract, to improve our working conditions, and to promote our patient advocacy rights in keeping with our mission and goals.

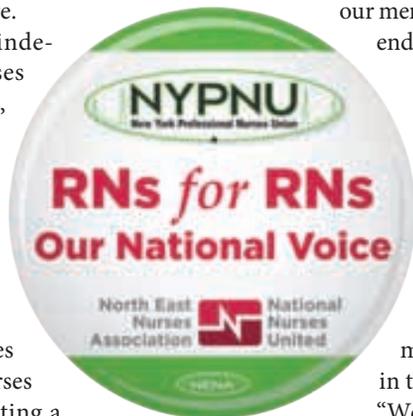
NENA/NNU was the obvious choice and our members have overwhelmingly endorsed this decision."

According to Tamiki Brown, an RN working in Lenox Hill Hospital's emergency room, "I feel it is my responsibility to step up and embrace this opportunity with NENA/NNU. I owe it to my patients, my family and my profession to participate in this historic movement."

"We are thrilled to have the nurses of NYPNU join our cause," said NNU co-president Karen Higgins. "Together, we will improve health care and create a more just society for all in America."

NNU was founded in 2009 when several state nurses' organizations came together to form a national union. Since then, NNU has won representation for nearly 20,000 RNs at 27 hospitals in nine states. Nationally, it represents 170,000 RNs and has members in all states.

The NorthEast Nurses Association is a regional organization established to provide nurse advocacy and union organizing support to nurses throughout the Northeast. ■



NorthEast Nurses Association  National Nurses United

What is NENA?

Originally the New England Nurses Association and created by the Cabinet for Labor, NENA (the NorthEast Nurses Association) is an outgrowth of the 23,000-member Massachusetts Nurses Association. NENA supports a growing number of nurses and health care professionals who want to achieve a distinctive and more powerful voice in the workplace in order to protect their practice and provide the most safe, comprehensive care to patients as possible.

NENA supports these efforts by educating and mobilizing those interested in forming a union at their place of work.

Nurses and health care professionals who join NENA become part of a progressive and respected organization that uses its strength and vision to advocate for positive change through collective bargaining, legislation and education.

the Massachusetts **nurse**

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

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www.massnurses.org

Massachusetts Nurses Association   National Nurses United

Everything old is new again (and we're not talking fashion)

By Julie Pinkham, RN
MNA Executive Director

Question: What do platform shoes, bell bottoms and big hoop earrings have in common with hospital mergers/acquisitions, the privatization of public services and the substitution of RNs with unlicensed personnel?

Answer: They are proof that, if you live long enough, everything will come around again.

In the 1990s:

- 30 hospitals in Massachusetts closed
- An entire county health care system was eliminated
- One-third of the state's health care system was either privatized or closed
- Most public-sector hospitals, with the exception of Cambridge Health Alliance, were either closed or privatized
- And two-thirds of all remaining hospitals were merged into several large, integrated delivery systems (i.e., Part-

ners, Caritas, U M a s s / Memorial, Baystate)

Well, we are there again. Except this time, we have ratcheted up the merger-mania with the sale of the Caritas hospitals to private equity firm Cerberus.

As a result, Cerberus now has a health division product line with an impressive equity portfolio—which in turn allows them to buy any other “low hanging fruit” throughout Massachusetts. Cerberus has now grown to a 10-hospital system and there is no end in sight.

Likewise, Partners has been building new facilities while affiliating with others. And, it may acquire more hospitals, including—if the rumors are true—South Shore Hospital in Weymouth.



Julie Pinkham

cost containment ultimately leads to the erosion of the scope of our nursing practice. To be more precise, the use of UAPs in the 90s was an abysmal failure and it created one of the worst nursing shortages the state ever experienced. No cost savings were realized and patient outcomes deteriorated. But consultants are expert revisionist historians, and the words “cost savings” are once again being bandied about. I have no doubt that we will be fighting this battle again, particularly since many of our contracts—as well as our licenses and livelihoods—are tied to the regulatory language itself.

We have fought hard for the rights and benefits contained within our contracts, and we need to fight just as hard for legislative initiatives that will protect our practice, such as language banning mandatory overtime and language on safe staffing. We also need to protect existing legislation and regulations in order to ensure that our practice does not erode further.

Back in the 90s, the MNA organized many new facilities, and we negotiated better standards in our contracts. We also fought to protect patients by successfully advocating for the creation of the UAP delegation language.

If you were an MNA RN during those campaigns, you know what's at stake. It is time to step up again, and it is also time to share your knowledge and experiences with colleagues who weren't practicing back in the 90s. Because, as merger mania and cost cutting efforts swell again, we'll only get through this latest storm together. ■

We have fought hard for the rights and benefits contained within our contracts, and we need to fight just as hard for legislative initiatives that will protect our practice.

Cost cutting circa 1992 vs. 2012

Cost cutting efforts in the 1990s included decreasing the number of RNs on staff and substituting them with unlicensed assistive personnel (UAPs). In fact, the effort was so expansive that the Board of Registration in Nursing created regulations to address the issue (now known as CMR 3.05).

Fast forward 20 years: The BORN is considering revamping 3.05 in the name of “cost containment,” although history shows that

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The MNA Facebook page is an excellent source for the latest news and information about the organization, nursing/health care and our ongoing activities and campaigns. This page is all about community. We invite you to get involved and welcome members' thoughts, comments, links, photos, questions and opinions. [Facebook.com/massnurses](https://www.facebook.com/massnurses).





MNA Vice President Karen Coughlin addressing the crowd in Springfield.

Baystate RNs picket during hospital's dedication of new building

Angry chants and protest signs greeted local dignitaries and hospital managers as they gathered recently at Baystate Medical Center in Springfield for the center's dedication of its newest hospital building.

Members of the MNA's bargaining units at both Baystate Franklin Medical Center in Springfield and the Baystate Visiting Nurses Association and Hospice were there to protest the union busting tactics and unreasonable

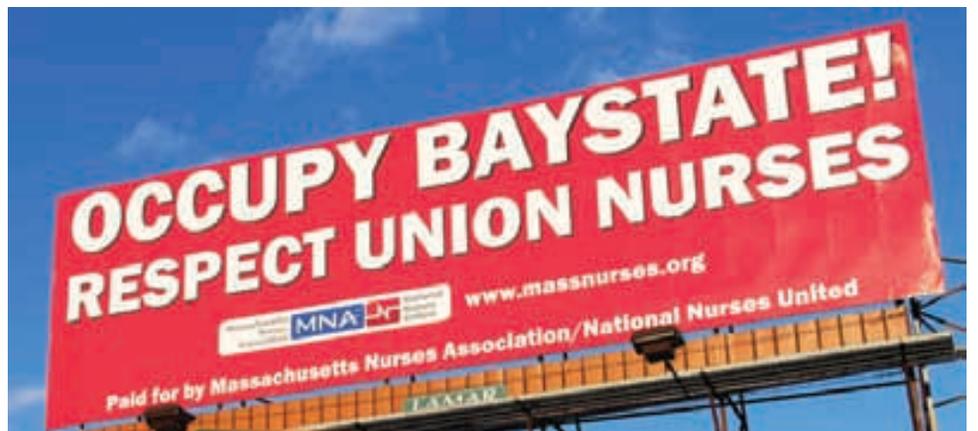
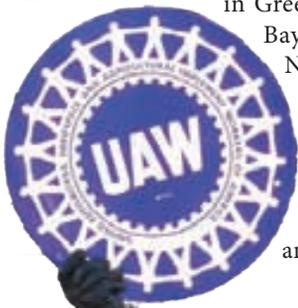
concessionary demands the hospital has put forward during current negotiations.

"While they are dedicating their \$250 million 'Hospital of the Future' they are offering proposals that will decimate our ability to negotiate an equitable contract," said VNA committee member and RN Chris Clark. "If we accept their proposals, we will compromise the future for the nurses who go into the community every day to care for patients in Greater Springfield."

Several hundred nurses and local labor supporters participated in the picket, making it a show of force and sending a clear message to Baystate management that the union is serious about protecting its rights.

"We want the community to understand that we are very serious about retaining our union rights, as those rights are key to providing nurses the ability to advocate for better working conditions and safer patient care," said Donna Stern, RN and co-chair at Baystate Franklin Medical Center. "We plan to be very creative in getting the message across that Baystate made \$61 million in the last fiscal year and is spending hundreds of millions of dollars on bricks and mortar while attacking the caregivers who have the greatest impact on a patient's health and safety."

In addition to the picket, nurses launched a supporting public information campaign a week later, with a billboard on Interstate 91. ■



Noteworthy news from the negotiating table

Harvard Vanguard Medical Associates

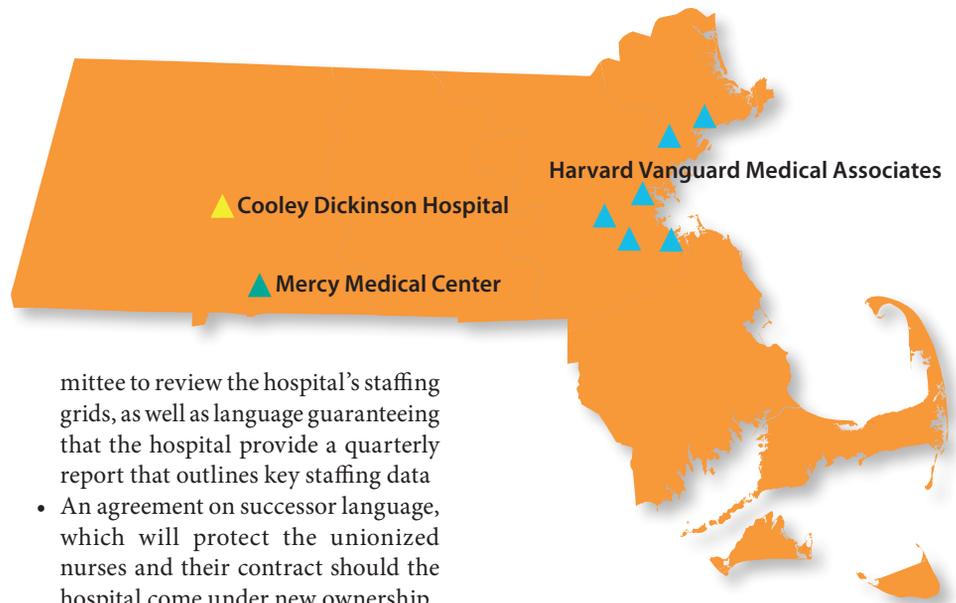
The MNA nurses at Harvard Vanguard Medical Associates recently ratified a new two-year agreement. Highlights include:

- 1 percent across-the-board increases in both years of the contract
- A 1.5 percent increase for NPs/CNS and midwives in year one
- A lump-sum bonus of 2 percent annual base pay
- Additional bonus payments for members at top of scale
- Continuation of the existing paid time-off program

Cooley Dickinson

The MNA members at Cooley Dickinson Hospital in Northampton recently ratified a new three-year agreement. Highlights include:

- Step increases in all three years of the contract
- A 1 percent ratification bonus
- A 1 percent increase to step 30 in years one and two
- An across-the-board increase of 1 percent in the last two years of the contract
- Language that creates a joint com-



mittee to review the hospital's staffing grids, as well as language guaranteeing that the hospital provide a quarterly report that outlines key staffing data

- An agreement on successor language, which will protect the unionized nurses and their contract should the hospital come under new ownership
- Improvements in health and safety language, as well as improvements in workplace violence language

Mercy Medical

The registered nurses of Mercy Medical Center in Springfield recently ratified a three-year contract.

The nurses gained an across-the-board wage increase in each year and were also able to get improvements in language covering safe patient handling, on-call, how prime time vacations are handled and an expansion of labor management meetings. ■

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- Gina Marie Fleury, R.N.

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The legislative drop: an easy way to advocate for patients & our profession

By P. Karen Duffy, RN

Have you been looking for a new way to get involved with the MNA? Are you looking for a rewarding experience that will help the nursing profession? If you are, then you might want to consider volunteering with the MNA's Division of Legislation and assist in supporting its legislative agenda.

Right now, there are bills going through the legislative process that will greatly improve the profession of nursing, and the MNA regularly conducts what are called "legislative drops" in support of these bills.

The process starts when an email message goes out to nurses requesting their help with the next legislative drop day. A legislative drop is the process of delivering a one-page educational leaflet to every senator and representative at the State House. These leaflets typically highlight a pending bill and explain why it is important to patients, health care workers and the state. The goal is to convince legislators that a bill should become a law.

During these visits, one of which I participated in in March, nurses typically speak with legislative aides, but occasionally they get face-to-face time with a senator or representative. Our volunteers have talked to legislators in the hallways as they head to meetings and even to the governor as he heads for the elevator. Anywhere is fair game when it comes to these visits.

The process might sound intimidating, but the MNA preps its nurses and supporters for the visits and a staff member accompanies people during the actual drops. Participants receive a free MNA T-shirt or scrub top to wear during the drop, as well as a complimentary lunch. In addition, the MNA offers reimbursement for travel expenses.

It is a rewarding day—a day when you have a chance to meet new people while advocating for patients and the nursing profession. ■

Karen Duffy is an RN with Signature Health-care Brockton Hospital.

To learn more about the next legislative drop, contact your local community organizer:

Region 1

Leo Maley
413-584-4607 • lmaley@mnarn.org

Region 2

Sandy Ellis
508-756-5800, ext. 103 • sellis@mnarn.org

Region 3

Barbara "Cookie" Cooke
508-345-9219 • bcooke@mnarn.org

Regions 4 & 5

Brian Moloney
781-830-5704 • bmoloney@mnarn.org



MNA members at a State House "legislative drop" get face time with Governor Patrick ...



... with Rep. Denise Garlick (D-Needham) ...



... and with Sen. Daniel Wolf (D-Harwich).

MNA supports earned sick leave coalition

MNA is a proud member of the Massachusetts Paid Sick Leave Coalition which held a rally and lobby day at the State House in March. Worcester school nurse Tami Hale, RN, was a featured speaker at the event. She spoke passionately about the importance of earned paid sick time for families and their children. Now more than ever Massachusetts workers and families need earned sick time. Nearly 1 million hard working people in Massachusetts—almost one-third of workers—are forced to go to work or send their children to school sick because they can't risk losing their jobs or wages. ■



RN Tami Hale speaking at the event.



MNA members Peg Tayler-Careau, RN, Mary Colby, RN, and Tami Hale, RN, join the rally at the State House.



MNA's patient safety bills are progressing on Beacon Hill

MNA legislation that will protect patients and improve working conditions for nurses is on the move.

In late March, the Committee on Public Health released the Patient Safety Act, otherwise known as Safe Staffing, to the Committee on Health Care Financing. The committee also gave favorable reports to legislation that would stop the dangerous practice of mandatory overtime, as well as a bill that would require health care facilities to put policies in place for safe patient handling.

Moving out of a legislative committee is an important step and the MNA will continue to work to bring these bills to passage. ■

Region 2 members meet Senate candidate Elizabeth Warren



On April 5, the Central MA AFL-CIO hosted a meet and greet with Elizabeth Warren in Worcester. She is the MNA-endorsed candidate for the U.S. Senate and at the event, accepted the endorsement of the Massachusetts AFL-CIO. Region 2 MNA members had a chance to meet and talk with Warren.

The lockout: breaking the union, breaking the middle class

By Tom Breslin

Associate Director of Labor Education

What do players from the National Basketball Association and the National Football League have in common with the employees of Sotheby's Auctions, the New York City Opera, a country club in Southern California, tire workers in Ohio, and sugar beet processing workers in North Dakota and Minnesota?



Tom Breslin

At first glance, you would likely say nothing. After all, what could bind this seemingly disparate group of workers together? Their jobs are so dissimilar, and their incomes are wildly different.

Yet they do have at least one thing in common: their respective employers locked all of them out in the past year.

Lockout 101

The “lockout”—once almost unheard of—is a tactic used more frequently these days by managers as they pressure unions to concede during the bargaining process. It is, in many ways, equivalent to the employees’ right to strike. The message from management in a lockout situation is, “Don’t come back until you’re ready to accept my offer.”

Ironically, as the frequency of lockouts has increased, the frequency of strikes has declined considerably. The number of strikes is currently one-sixth of what it was 20 years ago. This is due to a number of factors, including the growth of public sector unions—where strikes are often prohibited—and the corresponding decline in private sector unions. Additionally, the state of today’s economy likely makes the prospect of a strike that much more intimidating for the typical unionized worker.

That has not stopped aggressive employers who view a decreased willingness to strike as the perfect opportunity to force contract concessions from unions, sometimes even in the face of healthy profits.

The living, breathing lockout

One of the strongest examples of a current-day lockout is the plight of 1,300 workers at American Crystal Sugar Company. These dedicated, long-term employees were locked out of five plants in the upper Midwest after contract talks bogged down over the employer’s demands related to health insurance costs and sub-contracting. These workers have been out since August 2011 and there is no sign of a return to work in the near future.

Similarly, workers at several Cooper Tire plants were locked out for 13 weeks before accepting a contract proposal in late February. The new agreement calls for, among other concessions, a multi-tiered wage plan and the possibility of bringing in “student workers” at a flat wage rate with no benefits.

In health care, we have seen numerous employers lock out registered nurses for three or more days following one-day strikes. This is because the employer (i.e., the hospital) hires “temporary nurses” (i.e., scabs) via hiring agencies that require scabs work a minimum number of days. So if scabs are already paid to work, why let the union nurses return?

Some on the management side think they should take the offensive and try to force unions into concessions at a time when unionized workers are unlikely to take to the picket line. Add to that the fact that striking workers perceive that they get little support from political allies and the public, which greatly contributes to today’s atmosphere of “be lucky you have a job at all.”

And so concessions ensue ... on issues like health insurance, multi-tiered wage scales, the elimination of defined benefit pension plans, and other benefits unions worked hard for over the years.



The real point here is that this new wave of employer lockouts is just another weapon used against workers and their unions. This is simply the most recent step taken by employers to seize the momentum and try to break unions.

Breaking the union

Recall last year's all-out assault on public sector unions in Wisconsin, Ohio and other states across the country. Since then, 40 states, including Massachusetts, have had legislation introduced to limit—or eliminate—collective bargaining rights for public employees.

Many believe that the driving force behind the current wave of anti-union legislation and the related tactics, like the increased use of lockouts, is the American Legislative Exchange Council (ALEC), funded by the infamous Koch brothers (the billionaire oil magnates and Tea Party funders). ALEC has produced anti-union state-level legislation that uses a take-no-prisoners approach to breaking unions. As Wisconsin Gov. Scott Walker stated at a recent ALEC meeting at an exclusive resort in Arizona, "... compromising with unions is bogus." ALEC is attempting to put the goals of corporate America ahead of the public and, frankly, it is succeeding.

This approach is not limited to the U.S. Even in countries where a larger percentage of the workforce is unionized and where attitudes toward unions are more favorable, lockouts have become more frequent.

- In Canada, Rio Tinto Alcan locked out 800 workers in Quebec. The multi-national Rio Tinto, whose assets have been valued at \$80 billion and whose profits in 2010 totaled \$14 billion, owns Alcan.
- Caterpillar, the world's largest manufacturer of heavy equipment, has locked out Canadian auto workers in Ontario. Caterpillar's profits last year increased 44 percent. Yet it is calling for wage cuts of up to 50 percent, the elimination of a defined benefit pension plan and cuts to other core benefits.
- Employer lockouts have become so common in Australia that the government is considering amending its labor relations

statutes to address the issue.

Fighting back

So, in the face of employer lockouts and general attacks on unions in both the public and private sector, what do we do?

I believe that MNA members need to respond on a number of levels. Organizationally, we continue to do what we have done in the past:

- Continue to push the agenda of registered nurses and health care professionals
- Aggressively advocate for patients
- Continue to be the voice of health care in the commonwealth

On a larger scale, we need to advocate for all workers who need our help. We need to support striking workers—as we did for the Verizon workers last summer—and those who face increased hostility from employers. We also need to push a new national agenda that elevates the needs of everyday citizens above those of wealthy corporations and their boards of directors. The damage they have done to the economy needs to be reversed and those responsible need to be held accountable.

In short, the principles and goals of the NNU/MNA's "Main Street Contract" need to be pushed to ensure that the middle class, now on the verge of extinction, can survive and thrive.

Tony St. Michel, one of the locked out workers from Crystal Sugar, recently talked about how he had been able to support a wife and three children with his wages and benefits. "We didn't live like kings, but we could afford what we needed, had good health care, good education for the kids," he said. "If you kill the union and put an end to that, you put the whole (Red River) valley down the tubes."

If the Crystal Sugar Company can put the Red River Valley down the tubes, is it a stretch to think that ALEC, Fortune 500 boards of directors and their Wall Street allies with their anti-union agenda can put the entire American middle class down the tubes? It is not a stretch at all.

How will we, the 99 percent, respond? ■



Lawrence General food drive produces nearly 1,400 meals for those in need



The MNA RNs at Lawrence General Hospital held a food drive at the Super Stop and Shop in Methuen on March 10 to support two local food pantries. The RNs, who feel that the spirit of giving and helping those in need should extend throughout the year, asked shoppers to purchase a few extra items and then donate them as they were leaving. The drive was a great success. More than 800 pounds of food was donated to the Neighbors in Need and Bread and Roses food pantries in Lawrence. According to Neighbors in Need, the collection would translate into 700 meals. The nurses wish to thank the citizens of greater Lawrence for their generosity. From left, Lauren Holmes, Bunny Erban, Jean Tornatore, Patty Rogers Sullivan, Doreen Pacheco (back row) and Cheryl Lambert.



Standing o' so tall in Worcester

MNA members Deb Holmes, Carolyn Bourget, Mary Colby and Vaughn Garabedian join MNA champion, Rep. Jim O'Day (D-West Boylston) in the Worcester St. Patrick's Day Parade. It was a fun and festive way to show Worcester that the MNA and Jim O'Day are great partners.

Is a bloodborne pathogen exposure treated as an emergency?

By Sonja M. Rivera

The MNA's Division of Health & Safety has long been addressing issues surrounding bloodborne pathogen exposures in nursing. Last summer the division created a survey that asked nurses about their exposures to bloodborne pathogens. Over a period of six months, the survey collected 356 responses and yielded some surprising results.

The results revealed the reported frequency of 1) bloodborne pathogen exposures in nursing; 2) how nurses define a bloodborne pathogen exposure; 3) how often nurses formally report exposures; and 4) whether there are obstacles in the way of seeking treatment after an exposure.

With regard to obstacles, the MNA specifically wanted to learn if obtaining a "source patient signature for an HIV informed consent form" was an issue for exposed nurses. It was found that bloodborne pathogen exposures are still an issue in nursing and that they are not always treated as an emergency. More than one-third of nurses in the sample experienced a bloodborne pathogen exposure over the past 10 years, and more than one-third of that same group did not formally report the exposure. In addition, nurses encountered numerous obstacles when it came to formally reporting their exposures and obtaining a source patient signature for an HIV informed consent form.

The complete report of the survey results is on the MNA Web site under the Health & Safety section. To read the full report, type this link into your Web browser: <http://bit.ly/1l5JIW> ■

Sonia Rivera is an intern at MNA who is scheduled to receive an MPH degree this year from Tufts University School of Medicine.



MAIN STREET CONTRACT FOR THE AMERICAN PEOPLE

Large banks and Wall Street firms wrecked our economy. They wiped out pensions and portfolios. Because of their greed, they threw us into a recession, cost us millions of jobs, and squandered American productivity. Yet nobody has paid the price for this wrongdoing. No one has gone to jail. In fact, they remain some of the most profitable businesses in America, doling out hundreds of millions of dollars in executive bonuses. And they pay some of the lowest tax rates in the country.

It's time for Main Street to say to Wall Street: "We want our money back!"

Join with the National Nurses United as we call on Wall Street to pay for the damage it has caused on Main Street. Main Street is taxed enough; let's

establish a Wall Street Transaction Tax — it could raise \$350 billion to rebuild our country.

Here's the way to reclaim the American Dream — Join with NNU to promote the Main Street Contract for the American People:

- **Jobs at living wages for everyone.**
- **Guaranteed health care for all.**
- **A secure retirement, with the ability to retire in dignity.**
- **Equal access to quality, public education.**
- **Good housing and protection from hunger.**
- **A safe and healthy environment.**
- **A just taxation system where corporations and the wealthy pay their fair share.**



YES! I want to take the pledge to fight for a Main Street Contract for the American People

Visit MainStreetContract.org to learn more and to join the fight



Consent to Serve for the MNA 2012 Election

I am interested in active participation in Massachusetts Nurses Association.

MNA General Election

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Vice President, Labor*, 1 for 2 years
<input type="checkbox"/> Treasurer, Labor*, 1 for 2 years
<input type="checkbox"/> Director, Labor*, (5 for two years) [1 per Region]
<input type="checkbox"/> Director At-Large, General*, (4 for 2 years)
<input type="checkbox"/> Director At-Large, Labor*, (3 for 2 years)
<input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] | <input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per Region]
<input type="checkbox"/> Congress on Nursing Practice (4 for 2 years)
<input type="checkbox"/> Congress on Health Policy (4 for 2 years)
<input type="checkbox"/> Congress on Health & Safety (4 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
(3-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. Members shall be considered eligible for only one elective office in MNA (Regional or General) at any one time.*

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*. Statements, if used, must be submitted with this consent-to-serve form.

 Signature of Member

 Signature of Nominator (leave blank if self-nomination)

Received Deadline: Final Ballot: June 1, 2012

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 and who is in good standing is 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 Nurses 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 II, Section 1: "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 Election: 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 Elections Committee

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

Mail: MNA Nominations and Elections Committee, 340 Turnpike St., Canton MA 02021

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

Email: MNA Nominations and Elections Committee, mnaelections@mnarn.org.

Phone: MNA Nominations and Elections Committee, TBA

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

Massachusetts Nurses Association 2012 positions available

Vice President, Labor* (one for two years)

Treasurer, 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* (three for two years)

Director At-Large, General* (four 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) (one per region)

Congress on Nursing Practice (four for two years)

Congress on Health Policy (four for two years)

Congress on Health and Safety (four 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 health care professional who is a member in good standing of the labor program.*

MNA member visits White House as part of Heart Association initiative

Carolyn Fahey, an MNA member and RN at Jordan Hospital in Plymouth, recently had the honor of visiting the White House as part of the American Heart Association's "Million Hearts" program, a national initiative that aims to prevent 1 million heart attacks and strokes over five years.

Fahey was one of four AHA volunteers from the Greater Boston area invited to the White House's monthly "Community Leaders Briefing." The February briefing focused on cardiovascular health in recognition of American Heart Month. More than 70 volunteers, advocates and top staffers from the Obama administration participated in the daylong event. Representatives from the National Coalition for Women with Heart Disease and other national groups focused on heart disease.

"We were really honored that the American Heart Association asked us to go," said Fahey, who started legislative advocacy work on "Kayla's Law," which requires health clubs to have at least one AED on site and one employee/volunteer trained in using it during business hours. "That law was passed back in 2007, but we choose to stay active with the heart association and continue on with similar initiatives for schools. Heading to Washington gave us an opportunity to share the work we're doing on the AED front with others, as well as gather information at a national level that will support what we do in our local communities."

Discussion topics at the program included:

- Access to quality cardiovascular care
- Cardiovascular research
- Tobacco policy
- Roles of nutrition and physical activity in cardiovascular health

Community leaders briefings, held weekly at the White House, bring together leaders and activists from across the country. They present an opportunity to discuss common challenges and learn how the government can help improve communities. ■



MNA member Carolyn Fahey outside the White House.



The Doctor of Nursing Practice Program at UMass Boston College of Nursing and Health Sciences *An urban mission with a global perspective*

"The program has enabled me to lead in practice innovations to improve the health of UMass Boston students."

– Patricia Halon, 2011 DNP Graduate

Director of General Medicine, University Health Services, University of Massachusetts Boston

The DNP program prepares APNs for roles in healthcare leadership, systems change, and enhanced clinical practice. Students benefit from faculty experts in evidence-based practice, quality, and health informatics and they focus their capstone projects in an area of health systems change.

FOR COMPLETE INFORMATION VISIT WWW.CNHS.UMB.EDU



Track 1: Leadership Development and the MNA/NUU

Region	1	2	3	4	5
Week 1: Overview of the MNA and the NNU, Bylaws, Board of Directors and Committees, Divisions & Associate Directors, Central Labor Councils and the State AFL-CIO	C O	TBA	C O	C O	C O
Week 2: Labor History and the Core Values of the Union, Labor and Community Coalitions, Workplace Actions and Strikes, Work to Rule	M P	TBA	M P	M P	M P
Week 3: Member Participation and Internal Organizing/Mapping the Workplace, Union Building Tools—Internal Communications, Contract Language, Unit Newsletters & Bulletin Boards	L E T	TBA	L E T	L E T	L E T
Week 4: Running Union Membership Meetings, Leadership Development and Officer Elections, Dealing with Apathy, Organizing Around Grievances	E D	TBA	E D	E D	E D

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

Region	1	2	3	4	5
Week 1: Role of the Floor Rep., Identifying Grievances vs. Complaints, Review of the Grievance Procedure and Time Lines	C O	TBA	C O	C O	C O
Week 2: Grievance Investigation and the Right to Information, Discipline and Just Cause, Past Practice	M P L	TBA	M P L	M P L	M P L
Week 3: Writing & Filing Grievances, Preparing the Case, Weingarten Rights, Organizing around Grievances	E T	TBA	E T	E T	E T
Week 4: Presenting the Grievance, Settling Grievances, Arbitration, ULPs	E D	TBA	E D	E D	E D

Track 3: The Collective Bargaining

Region	1	2
Week 1: Collective Bargaining and the Legal Foundation, Process Overview, Ground Rules, Bargaining Committees and the Contract Action Teams	5/2/12	TBA
Week 2: Preparing for Bargaining - Surveys, Calendar, Priorities, Defining and Developing a Contract Campaign, The Committee Decision Making Process	5/16/12	TBA
Week 3: At the Bargaining Table – Tactics and Signals, Roles at the Table, Writing Contract Language, Leverage & Pressure Tactics, Use of the Media	5/30/12	TBA
Week 4: Contract Costing, Strikes & Job Actions, Mediation, Impasse, Agreement, Committee Recommendation and Ratification	6/6/12	TBA

Track 4: Computer Training

Region	1	2
Week 1: Excel	7/25	
Week 2: Excel	8/8	
Week 3: Excel	8/22	
Week 4: Word	9/5	
Week 5: Word	9/19	
Week 6: Using the Internet and MNA email	TBA	

Track 5: Labor Law and Special

Region	1	2
Week 1: Family and Medical Leave Act, Mass. Small Necessities Leave Act, Worker Adjustment and Retraining Notification Act		
Week 2: Fair Labor Standards Act, Labor-Management Reporting and Disclosure Act, HIPAA		
Week 3: Workers Compensation, Occupational Safety and Health Act, Americans with Disabilities Act, USERRA		
Week 4: The Kentucky River/Oakwood Cases and the NLRB and Nurse Supervisory Issues, The National Labor Relations Act and Chapter 150(e)		

After a one year hiatus the MNA Labor School is being re-launched. The Labor School has been overhauled and updated. There are now five separate tracks each comprised of four weeks of classes. Only the computer training track will have six weeks of classes to allow enough time to cover all of the material.

Tracks listed in red for Regions 1, 2 and 5 will have classes offered twice each day: from 10 a.m.–noon and from 5–7:30 p.m. Snacks are provided for the morning classes and a light meal is provided for the evening classes.

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

Pre-registration through the respective Regional office is necessary. All courses are free and open to any MNA member.

Process		
3	4	5
		4/23/12
		5/14/12
		6/4/12
		6/18/12



For further details:
massnurses.org
 781-830-5757

3	4	5
		7/16
		7/30
		8/13
		8/27
		9/10
		9/24

Topics		
3	4	5

Labor School Locations

Region 1, Western Mass.

241 King Street
 Northampton
 413.584.4607

Region 2, Central Mass.

365 Shrewsbury St.
 Worcester
 508.756.5800

**Region 3, South Shore/
 Cape & Islands**

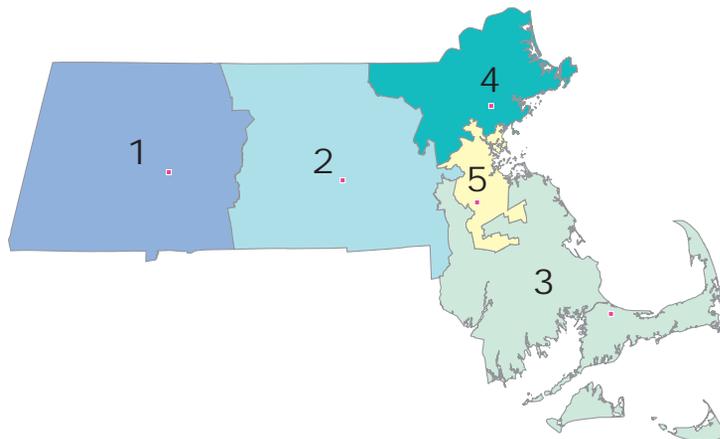
60 Route 6A
 Sandwich
 508.888.5774

Region 4, North Shore

50 Salem Street, Building A
 Lynnfield
 781.584.8012

Region 5, Greater Boston

MNA Headquarters
 340 Turnpike Street, Canton
 781.821.8255



Traveling to Paris and the French countryside with MNA



Arrival Day: The quaint seaside town of Honfleur

By Carol Mallia

MNA hosted another wonderful trip to Europe this past fall. We again partnered with Durgan Travel, this time on a tour to Paris and the Normandy countryside. The trip became so popular, we had two full groups of passengers. Priced at only \$1,929, it included air, transfers, hotel, most meals and daily excursions. On this spectacular vacation, we toured one of the most beautiful regions in France and completed the trip in the romantic City of Lights.

Arrival Day: The groups departed Logan Airport on Air France. Upon arrival in Paris, our tour escorts, Fredericka and Carlos, assisted us in boarding our private motor coaches for our ride through the countryside to the quaint seaside town of Honfleur for lunch, shopping and sightseeing. In the afternoon, we were off to our hotel, the Novotel Caen Côte de Nacre, in Caen. The remainder of the day was at leisure

to freshen-up prior to dinner at the hotel.

France, Day 1: We headed to the historic town of Bayeux, where we toured the museum to view Queen Matilda's famous Bayeux Tapestry, which vividly depicts William the Conqueror's invasion of England in 1066. After lunch in Bayeux we visited the D-Day landing beaches in Normandy and the cemeteries. We returned to Caen and many toured the city before heading back to the hotel for dinner.

Day 2: We set out on a wonderful excursion to see the unique beauty of Mont Saint Michel, probably one of the most famous abbeys in the world due to its location—perched on a rock in the Gulf of Saint Malo. During high tide Mont Saint Michel becomes an island fortress. The causeway to the mainland is only accessible during low tide. We spent a full day touring the nooks and alleyways of this wonderful abbey and town. Dinner was at our hotel in Caen.



Day 6: Lily Pond in Giverny (home of Claude Monet)

Day 3: Our next day in Normandy started in Rouen where we enjoyed a two-hour walking tour of the historic center, including the magnificent Cathedral of Notre Dame. We had time for sightseeing, lunch and shopping. We returned to Caen in late afternoon and many of the passengers stopped off in the city before heading back to the hotel for dinner.

Day 4: We departed Caen and toured the beautiful Normandy countryside on our way to Paris. En route, we stopped off at a distillery for a sampling of fruit ciders and calvados, a brandy made from apples. We enjoyed a panoramic tour of Paris before heading to our hotel, the Novotel Paris La Defense, for dinner.

Day 5: We spent the day in Giverny (an hour northwest of Paris), visting the home of Claude Monet and seeing the magnificent gardens, the lily pond and the famous Japanese bridge. We enjoyed a relaxing lunch before returning to Paris for a river cruise on the Seine. Dinner was at a local restaurant.

Day 6: On our last day of touring, we went to Versailles. We toured the opulent and breathtaking Palace of Versailles built in the 17th century by the "Sun King," Louis XIV. We had



Day 7: The iconic Eifel Tower



The MNA group during the trip to France.

ample time to wander the magnificent grounds and gardens and enjoy lunch. We returned to Paris to shop along the Champs-Élysées or for sightseeing and museum visits. Dinner was at another Paris restaurant.

Day 7: Our last day of our trip was completely at leisure. Many toured Paris museums while some went up the Eiffel Tower for a panoramic view. Others strolled through the city,

taking in its sights and smells. The weather for our trip was beautiful, with comfortable touring temperatures of 50-60 degrees.

Departure Day: We had a morning departure from Charles de Gaulle Airport. Our motor coach was waiting in Boston to transport us back to the MNA headquarters. This tour had the right combination of natural beauty, historic sightseeing and just pure fun.

If you missed this tour and would like to join the fun on another MNA trip, you can be added to the database to receive annual flyers. We recently opened up an additional date for the Prague, Vienna and Budapest tour, Sept. 19-28, 2012. To request a flyer, send an email to cmallia@mnarn.org. Plans are underway for our 2013 tour, an Italian trip to Rome, Florence and Venice in May. ■

The MNASM Traveler **EUROPE** 2012

in collaboration with 



Prague, Vienna and Budapest September 19 – 28, 2012. Price \$1999

This wonderful 7-night tour visits three key historic cities in Europe. We will take- in all the highlights of Prague, Vienna and Budapest. In Prague we will visit the Karlstejn and Konopiste Castles.. While in Vienna for two nights, we will tour the Schonbrunn Palace, the Versailles of Vienna as well as St. Stephen's Cathedral. In addition to a panoramic tour of Budapest, we will visit the Fisherman's Bastion, the Esztergom Treasury and the Visegard Castle. There will be ample time for shopping and relaxing in each of the three famous cities. 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.

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.



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MNA membership dues deductibility in 2011

This shows the percentage of MNA dues paid in 2011 that may **not** be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

Region	Percent
All Regions	5.0%

MISSION: Empowerment Turning Patients Into Informed Consumers

Consumer's Medical Resource (CMR) is an innovative, growing company that provides Medical Decision Support (MDS™) services to employees of Fortune 500, and other large organizations, who face serious, complicated, and chronic illnesses.

We are currently hiring for a Medical Decision Support-Patient Information Coordinator. The ideal candidate would be responsible for coordinating the selection of appropriate patient educational materials as part of a physician-led team.

Other responsibilities include:

- Developing customized sets of educational material based on patients needs.
- Provide telephonic and email communication/support to assigned patients.
- Monitor for changes in best evidence medicine, evaluate new research and information sources.

The ideal candidate should have their college degree in a medical/health field and 4-6 years of work experience in nursing/health, case/disease management and/or patient education.

To apply for the position, please visit www.consumersmedical.com.



The PhD Program in Nursing at UMass Boston College of Nursing and Health Sciences

An urban mission with a global perspective



"I spent a semester doing the Nurse Internship in Washington program, working with the Oncology Nursing Society (ONS) as their Health Policy Liaison for the state of Massachusetts."

*– Anne Gross, 2010 PhD Graduate,
Vice President, Adult Nursing and Clinical Services, Dana-Farber Cancer Institute*

The PhD Program in Nursing has two areas of concentration—health policy and population health—and prepares graduates for leadership roles in academic, healthcare, and policy settings.

FOR COMPLETE INFORMATION VISIT WWW.CNHS.UMB.EDU



Notice to members and non-members regarding MNA agency fee status

In private employment under the National Labor Relations Act

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

Section 7 of the National Labor Relations Act gives employees these rights:

- To organize
- To form, join or assist any union
- To bargain collectively through representatives of their choice
- To act together for other mutual aid or protection
- To choose not to engage in any of these protected activities

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

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

It shall be an unfair labor practice for an employer –

- (3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other statute of the United States, shall preclude an employer from making an agreement with a labor organization ... to require as a condition of employment membership therein on or after the thirtieth day following the beginning of such employment or the effective date of such agreement, whichever is the later. If such labor organization is the representative of the employees as provided in Section 9(a), in the appropriate collective bargaining unit covered by such agreement when made...

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

This year, the agency fee payable by non-

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

1. When to object

Employees covered by an MNA union security clause will receive this notice of their rights annually in the *MassNurse*. If an employee wishes to object to MNA's designation of chargeable expenses, he or she must do so within 30 days of receipt of this notice. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Employees who newly become subject to a contractual union security clause after September 1, or who otherwise do not receive this notice, must file any objection within 30 days after receipt of notice of their rights.

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

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

2. How to object

Objections must be received at the following address within the 30-day period set forth above:

Massachusetts Nurses Association
Fee Objections
340 Turnpike Street
Canton, MA 02021

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

To be valid, objections must contain the following information:

- The objector's name
- The objector's address

- The name of the objector's employer
- The non-member's employee identification number
- Objections must also be signed by the objector

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

3. How to challenge MNA's accounting

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

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

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

Notice to Members

This notice is to inform all MNA members that the maximum dues rate will increase to \$79.82 on July 1, 2012. The minimum dues rate and other calculations will remain unchanged. For more information, contact the MNA's division of membership at 781-821-4625 or send an e-mail message to mnainfo@mnarn.org.



The Future of Nursing Starts with You.



Have you Heard?

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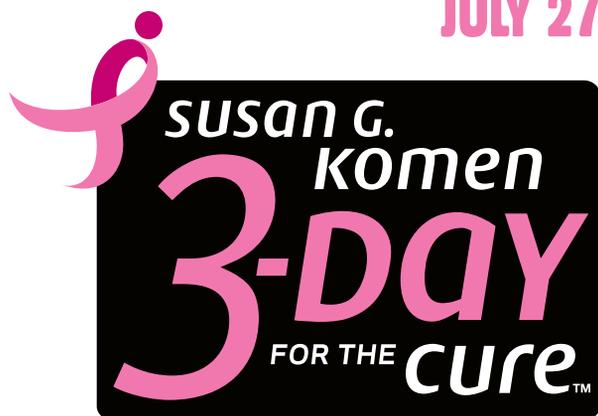
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