Springfield RNs protest at Baystate Medical Center
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 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.
Executive Director's Column

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., Partners, Caritas, and University of Massachusetts 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.

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 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.

Julie Pinkham

Like us on Facebook

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.
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 Greenfield 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 committee 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.

Open a world of possibilities with an M.S. in Nursing from
Worcester State University

Community/Public Health Nursing Specialty
Nurse Educator Specialty*

- Blended courses combining the best of face-to-face and online learning
- World class faculty from diverse disciplines
- Affordable tuition
- Traditional Entry: For students with a BS in nursing
- Bridge Program: For RNs with a non-nursing BA or BS degree
- RN-to-MS Fast Track: For associate-degree or diploma-prepared RNs seeking to proceed directly to the MS in nursing degree

The faculty are incredibly knowledgeable and passionate about what they’re doing. They make you feel that you’re in the right place.
- Gina Marie Fleury, R.N.

*Supported by the Greater Worcester Community Foundation.

For more information call 508-929-8680
or contact Dr. Stephanie Chalupka at
Stephanie.Chalupka@worcester.edu

www.worcester.edu/gradnursing

Mercy Medical Center
Harvard Vanguard Medical Associates
Cooley Dickinson Hospital

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.
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 Healthcare 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 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.

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.

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?

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?
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/Ii5Jlw

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

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

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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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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.

**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 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 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

<table>
<thead>
<tr>
<th>Vice President, Labor* (one for two years)</th>
<th>Bylaws Committee (five for two years) (one per region)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treasurer, Labor* (one for two years)</td>
<td>Congress on Nursing Practice (four for two years)</td>
</tr>
<tr>
<td>Director, Labor* (five for two years), (one per Region)</td>
<td>Congress on Health Policy (four for two years)</td>
</tr>
<tr>
<td>Region 1</td>
<td>Congress on Health and Safety (four for two years)</td>
</tr>
<tr>
<td>Region 2</td>
<td>Center for Nursing Ethics &amp; Human Rights (two for two years)</td>
</tr>
<tr>
<td>Region 3</td>
<td>At-Large Position in Regional Council (two per Region for two years)</td>
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<tr>
<td>Region 4</td>
<td>Region 1</td>
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<tr>
<td>Region 5</td>
<td>Region 2</td>
</tr>
<tr>
<td>Director At-Large, Labor* (three for two years)</td>
<td>Region 3</td>
</tr>
<tr>
<td>Director At-Large, General* (four for two years)</td>
<td>Region 4</td>
</tr>
<tr>
<td>Nominations Committee (five for two years), (one per region)</td>
<td>Region 5</td>
</tr>
<tr>
<td>Region 1</td>
<td>*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.</td>
</tr>
</tbody>
</table>
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.

“For complete information visit www.cnhs.umb.edu”

“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
### Track 1: Leadership Development and the MNA/NNU

<table>
<thead>
<tr>
<th>Region</th>
<th>1</th>
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<tr>
<td><strong>Week 1:</strong></td>
<td>C</td>
<td>TBA</td>
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</tr>
<tr>
<td>**Overview of the MNA and the NNU, Bylaws, Board of Directors and Committees, Divisions &amp; Associate Directors, Central Labor Councils and the State AFL-CIO</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td><strong>Week 2:</strong></td>
<td>M</td>
<td>TBA</td>
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<tr>
<td>**Labor History and the Core Values of the Union, Labor and Community Coalitions, Workplace Actions and Strikes, Work to Rule</td>
<td>P</td>
<td>P</td>
<td>P</td>
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<tr>
<td><strong>Week 3:</strong></td>
<td>L</td>
<td>TBA</td>
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<tr>
<td>**Member Participation and Internal Organizing/Mapping the Workplace, Union Building Tools—Internal Communications, Contract Language, Unit Newsletters &amp; Bulletin Boards</td>
<td>E</td>
<td>E</td>
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<tr>
<td><strong>Week 4:</strong></td>
<td>E</td>
<td>TBA</td>
<td>E</td>
<td>D</td>
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</tr>
<tr>
<td>**Running Union Membership Meetings, Leadership Development and Officer Elections, Dealing with Apathy, Organizing Around Grievances</td>
<td>D</td>
<td>D</td>
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### Track 2: Role of the Floor Rep., Grievances and Arbitration

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<thead>
<tr>
<th>Region</th>
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<td>TBA</td>
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<tr>
<td>**Grievance Investigation and the Right to Information, Discipline and Just Cause, Past Practice</td>
<td>P</td>
<td>P</td>
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<td><strong>Week 3:</strong></td>
<td>L</td>
<td>TBA</td>
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<tr>
<td>**Writing &amp; Filing Grievances, Preparing the Case, Weingarten Rights, Organizing around Grievances</td>
<td>E</td>
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<tr>
<td><strong>Week 4:</strong></td>
<td>E</td>
<td>TBA</td>
<td>E</td>
<td>D</td>
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<tr>
<td>**Presenting the Grievance, Settling Grievances, Arbitration, ULPs</td>
<td>D</td>
<td>D</td>
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### Track 3: The Collective Bargaining

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<th>Region</th>
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<tbody>
<tr>
<td><strong>Week 1:</strong></td>
<td>5/2/12</td>
<td>TBA</td>
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<tr>
<td>**Collective Bargaining and the Legal Foundation, Process Overview, Ground Rules, Bargaining Committees and the Contract Action Teams</td>
<td>5/16/12</td>
<td>TBA</td>
</tr>
<tr>
<td><strong>Week 2:</strong></td>
<td>5/14/12</td>
<td>TBA</td>
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<tr>
<td>**Preparing for Bargaining - Surveys, Calendar, Priorities, Defining and Developing a Contract Campaign, The Committee Decision Making Process</td>
<td>5/30/12</td>
<td>TBA</td>
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<tr>
<td><strong>Week 3:</strong></td>
<td>6/4/12</td>
<td>TBA</td>
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<tr>
<td>**At the Bargaining Table – Tactics and Signals, Roles at the Table, Writing Contract Language, Leverage &amp; Pressure Tactics, Use of the Media</td>
<td>6/18/12</td>
<td>TBA</td>
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<tr>
<td><strong>Week 4:</strong></td>
<td>6/18/12</td>
<td>TBA</td>
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<tr>
<td>**Contract Costing, Strikes &amp; Job Actions, Mediation, Impasse, Agreement, Committee Recommendation and Ratification</td>
<td>6/6/12</td>
<td>TBA</td>
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### Track 4: Computer Training

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<thead>
<tr>
<th>Region</th>
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<tr>
<td><strong>Week 1:</strong></td>
<td>7/25</td>
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<tr>
<td><strong>Excel</strong></td>
<td>8/8</td>
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<tr>
<td><strong>Week 2:</strong></td>
<td>8/22</td>
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<tr>
<td><strong>Excel</strong></td>
<td>9/5</td>
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<td><strong>Week 3:</strong></td>
<td>9/19</td>
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<tr>
<td><strong>Word</strong></td>
<td>9/27</td>
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<tr>
<td><strong>Week 4:</strong></td>
<td>9/10</td>
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<tr>
<td><strong>Using the Internet and MNA email</strong></td>
<td>TBA</td>
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### Track 5: Labor Law and Special

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<tr>
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<tr>
<td><strong>Week 1:</strong></td>
<td>5/2/12</td>
<td>TBA</td>
</tr>
<tr>
<td>**Family and Medical Leave Act, Mass. Small Necessities Leave Act, Worker Adjustment and Retraining Notification Act</td>
<td>5/16/12</td>
<td>TBA</td>
</tr>
<tr>
<td><strong>Week 2:</strong></td>
<td>5/14/12</td>
<td>TBA</td>
</tr>
<tr>
<td>**Fair Labor Standards Act, Labor-Management Reporting and Disclosure Act, HIPAA</td>
<td>5/30/12</td>
<td>TBA</td>
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<tr>
<td><strong>Week 3:</strong></td>
<td>6/4/12</td>
<td>TBA</td>
</tr>
<tr>
<td>**Workers Compensation, Occupational Safety and Health Act, Americans with Disabilities Act, USERRA</td>
<td>6/18/12</td>
<td>TBA</td>
</tr>
<tr>
<td><strong>Week 4:</strong></td>
<td>6/18/12</td>
<td>TBA</td>
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<tr>
<td>**The Kentucky River/Oakwood Cases and the NLRB and Nurse Supervisory Issues, The National Labor Relations Act and Chapter 150(e)</td>
<td>6/6/12</td>
<td>TBA</td>
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</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th>Process</th>
<th>3</th>
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<tr>
<td>Region 1, Western Mass.</td>
<td>4/23/12</td>
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<tr>
<td>Region 2, Central Mass.</td>
<td>5/14/12</td>
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<td></td>
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<tr>
<td>Region 3, South Shore/ Cape &amp; Islands</td>
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<td>6/4/12</td>
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<tr>
<td>Region 4, North Shore</td>
<td></td>
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<td>6/18/12</td>
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<tr>
<th>Topics</th>
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<tr>
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<td>7/16</td>
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<tr>
<td>Region 2, Central Mass.</td>
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<tr>
<td>Region 3, South Shore/ Cape &amp; Islands</td>
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<td>Region 4, North Shore</td>
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<tr>
<td>Region 5, Greater Boston</td>
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<td>9/24</td>
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</tr>
</tbody>
</table>

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

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 quaint seaside town of Honfleur

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 quaint seaside town of Honfleur

Arrival Day: The quaint seaside town of Honfleur

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 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), visiting 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

Day 6: Lily Pond in Giverny (home of Claude Monet)
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 Eifel 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 MNA Traveler**

**EUROPE**

**Prague, Vienna and Budapest**


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 Schönbrunn 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 Tresury 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.*
“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
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 –

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

**In private employment under the National Labor Relations Act**

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?
The Institute of Medicine’s Report on the Future of Nursing strongly suggest that 80% of RNs have their BSN by the year 2020. Through Drexel University Online’s convenient format, collaborative learning environment and challenging curriculum you can earn the skills and credentials you need to remain competitive in your field.

Join the Conversation at drexel.com/MNA2012
Learn why an advanced nursing degree will get your career moving further faster.

Take Advantage of Exclusive Benefits:
• 10-25% tuition reduction for MNA members and family
• Drexel University is ranked among “America’s BEST Colleges 2012” by U.S. News & World Report
• Nursing programs are fully accredited by the Commission on Collegiate Nursing Education (CCNE)
• 24/7 online flexibility – earn your degree without interrupting your career

Choose From Over 100 Online Programs:
• RN-BSN Online Degree Completion program
• MSN in Nursing Leadership in Health Systems Management
• MSN in Nursing Education and Faculty Role
• MSN Pediatric NP
• RN-MSN Bridge Program
• Doctor of Nursing Practice
• And Many More!

The future of healthcare has arrived. Get started today:
Visit: Drexel.com/MNA2012

Drexel Online. A Better U.®
Questions? Please contact your Partnership Liaison:
Michael Ciaverelli | 215-895-0951 | mc3228@drexel.edu
‘CAUSE LAUGHTER IS THE BEST MEDICINE

Listen
Laugh
Learn

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

Saturdays 11 a.m. on 1510 TheZoneAM
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JULY 27–29, 2012

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Low Mortgage Rates

<table>
<thead>
<tr>
<th>Rate</th>
<th>Points</th>
<th>APR*</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Year Fixed</td>
<td>3.250%</td>
<td>3.41%</td>
</tr>
<tr>
<td>30 Year Fixed</td>
<td>3.875%</td>
<td>3.97%</td>
</tr>
<tr>
<td>5/1 Arm</td>
<td>2.625%</td>
<td>2.82%</td>
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</tbody>
</table>

Mortgage Discounts

- Reduced closing costs ($275)
- Discounts on points incurred (1/8 point)
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- Low mortgage rates

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* APR based on a $250,000 loan 2/7/2012

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