

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

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ADVOCATE

**Working together: Tufts, BMC
nurses protest dangerous
changes in RN staffing levels**



March 2010



MNASM

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Nurses' Guide to **Single Payer Health Care**

Labor Campaign for Single-Payer

By Sandy Eaton, RN

The Labor Campaign for Single Payer, along with a growing number of nurses, doctors and other health care advocates, recently sent a letter to President Obama informing him that there is a better approach to health care reform that "will bring down premiums, bring down the

deficit, cover the uninsured, strengthen Medicare, and stop insurance company abuses." The letter, which is printed below, was sent just after the president's State of the Union address.

To learn more about this effort or to register for the LCSP's upcoming national labor meeting visit laborforsinglepayer.org. ■

LABOR CAMPAIGN FOR SINGLE-PAYER HEALTH CARE

Health Care is a Right — Not a Privilege

February 3, 2010

Dear President Obama,

The lives and livelihoods of a vast majority of Americans have been held hostage for decades by this country's failure to provide an equitable, socially just health care system. Your administration should be commended for identifying the need and pushing for a comprehensive solution to this uniquely American dilemma. But this year's rancorous, special interest driven congressional debate is now stalemated over differing House and Senate passed Bills, which do not meet the test of either equity or justice.

As grassroots representatives of millions of this country's union members and in the interest of all working people, we respectfully submit that taking the single-payer solution off the table was both a strategic and tactical mistake. Medicare is an example of a successful single payer model and it is a very popular health care program. A "Medicare-for-All" system would be far more cost effective than any of the proposed current reforms based on the continuation of for-profit, market-based insurance. And it is a program that Americans are already familiar with—a solution right at our fingertips.

The rising cost of health care is one of the biggest issues in the collective bargaining process. Many working families have given up wage increases and are being asked to cover more of their health care costs. Others are losing their health care benefits altogether because more employers are dropping individual and family coverage. This is a crisis and a moral issue. People currently covered by private health insurance are understandably apprehensive when it is suggested that their only alternative to degrading that coverage is not to be covered at all—as is the current situation for approximately 50 million of our fellow citizens today.

Our current jobs crisis is further aggravated since the cost of health care in the U.S. is almost double that in other industrial countries, making our export sector increasingly uncompetitive and a major cause of the off-shoring of jobs.

At this past year's AFL-CIO convention in Pittsburgh, on the very day that you, Mr. President, addressed the Convention and were so warmly received, the delegates unanimously adopted a detailed resolution in support of a single-payer, "Medicare for all" system in America.

We welcome your call for a better approach that will "bring down premiums, bring down the deficit, cover the uninsured, strengthen Medicare and stop insurance company abuses." We submit to you that a "Medicare for all" health care system accomplishes all of these worthy goals, contrary to the untruths that have been advanced by opponents of true health care reform.

The American people deserve better. We want our leaders to solve the health care crisis and to do so in a transparent way. No one in this country should have to fear losing their health care coverage or face bankruptcy. This is simply unacceptable for the United States of America. The time for single payer health care is now. We urge you to use this impasse as the time to put single payer health care on the table and into the health care reform discussions as the real solution. Millions of working people and an overwhelming majority of unionists voted their confidence in your call for "change we can believe in."

Respectfully submitted,

The Labor Campaign for Single-Payer Health Care
Steering Committee & Advisory Board

the Massachusetts **nurse**

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www.massnurses.org

MNA^{BM}
MASSACHUSETTS NURSES ASSOCIATION



MNA members stand tall and proud in the face of challenging times

By Donna Kelly-Williams, RN
MNA President



Donna Kelly-Williams

On Feb. 11, I proudly walked the picket lines with nurses from Tufts Medical Center and Boston Medical Center as they conducted a joint informational picket to protest the dangerous changes to their staffing plans at both hospitals. They were protesting increases to their RN-to-patient ratios, as well as changes to their staffing grids that were proposed by the same high-priced consulting firm. I also attended open meetings at Morton Hospital, where nurses are struggling to stop the dangerous practice of mandatory overtime as a staffing mechanism.

At Quincy Medical Center, nurses struggle to maintain decent staffing conditions while they simultaneously fight to keep the hospital afloat. In North Adams, the nurses are mobilizing a campaign to protect their hospital and their contract. And at Cape Cod Hospital, nurses in the psychiatric unit struggle with the issue of workplace violence while fighting to maintain appropriate staffing.

At the same time, nurses at other bargaining units are settling contracts that protect their benefits, like at Signature Healthcare (Brockton Hospital), UMass Memorial Medical Center and Northeast Health Corp., where nurses fought off attempts to cut or dismantle their pension benefits and other takeaways.

These are tough times. Our members are under assault on a number of fronts, but it is clear that our members and the MNA are up to the challenge. In my first 100 days as president, I have made it a point to be out in the field as

much as possible. Other Board members are doing the same: meeting with members, listening to their concerns and suggestions, and offering support. We have attended educational programs, local bargaining unit committee

meetings and open membership meetings. We have walked picket lines. And we've kept in touch with members via phone and e-mail.

Our members are mobilizing; our members are not backing down. We are standing strong. The Board of Directors is committed to working with all of you in any way possible to protect our profession, to defend your contracts and to provide you with the resources you need to do what you decide you need to do.

As a member of the MNA it is important that you understand that you *are* the union and that your participation with other members in your bargaining unit, in your region, and from across the state is the key to unlocking the power you have as nurses. You can change not only your own situation, but also the situation for all nurses in the commonwealth. Now, through our affiliation with National Nurses United, you can help change nursing and health care across this nation. Very soon you will receive the first edition of the *National Nurse*, our new national publication that details

An invitation to attend the Board of Directors meeting

This is a standing invitation for any member who wishes to attend an MNA Board of Directors meeting to please do. Meetings are the third Thursday of every month from 9 a.m. – 5 p.m. If you plan to attend, we ask that you RSVP on the Friday before the meeting so that we make sure we have seating available.

the initial great work of this burgeoning organization.

The MNA's Board of Directors, which is made up of practicing staff nurses like you, understands your issues and we are doing everything we can to listen to you and to respond to your concerns. We will continue to be out there where you are. We are planning "MNA Days" at local bargaining units throughout the state where you can come meet us and learn more about the MNA and what it has to offer. (*To see how this worked at Leominster Hospital, see page 8.*)

This is our profession and this organization was founded to protect it, and you—working in concert with other nurses—are the key to determining the future of nursing and health care. If you have an idea on how we can do a better job, I want to hear it. If you have questions of how you can become more involved, we are ready to help you. As always, I encourage members to call or e-mail me at any time. You can reach me at 781-821-4625, x724 or at dkelly-williams@mnarn.org. ■

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www.massnurses.org

Save the Dates:

National Nurses United Rally and Lobby Event
Celebrate Nurses Week with colleagues from across the country at this unity event.

Where: Washington, DC.

When: May 10, 11, and 12, 2010.

MNA will coordinate buses and hotel reservations for members to travel to Washington to participate in this event. Buses will leave Massachusetts early on Monday May 10 and will return after the rally and lobbying on Wednesday, May 12. More details to follow.

For more information or to reserve a space for this trip please call Eileen Norton at 781-830-5777.

See you there!



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The power of a picket

RNs at BMC and Tufts show solidarity in their dedication to safe patient care



The MNA nurses at both Boston Medical Center's East Newton Campus and Tufts Medical Center took the unprecedented step last month of conducting joint informational picketing outside their facilities to protest dangerous changes in RN staffing levels at both hospitals. The changes will result in nurses caring for too many patients at one time and could compromise the quality and safety of patient care.

The pickets had nothing to do with any contract negotiations (both groups have contracts in place) and the protest had nothing to do with the nurses' wages or benefits. It was about nurses' concern for the health and well-being of the patients under their care.

"We protested because we are concerned for our patients' safety," said Barbara Tiller, an RN at Tufts and co-chair of the local bargaining unit. "Nurses go to work every day with the fear that an unnecessary patient death or injury will take place under the current staffing conditions."

"Nurses at Boston Medical Center, like our colleagues at Tufts Medical Center, decided they couldn't remain silent while our respective administrations attempt to cut costs at the expense of the safety of patients," said Ann Driscoll, RN, a long-time nurse at BMC and chair of the local bargaining unit. "The public has a right to know about decisions that are being made at these hospitals that jeopardize their safety."

The nurses at these facilities have been facing what is becoming a growing trend as the hospital industry attempts to exploit a challenging economic climate to reduce costs and to boost

their profit margins by cutting nursing staff. In the 1990s, hospital management employed the same tactics. At that time, this response to the advent of managed care resulted in a dramatic deterioration in the quality and safety of care in hospitals and led to thousands of preventable patient deaths across the country.

Nurses, who have been through this failed strategy before, are not going to allow hospitals to make the same dangerous mistakes again without a fight. The Feb. 11 picket was the beginning of that effort.

Boston Medical Center: The issues

The hospital is seeking to increase the number of patients assigned to nurses in the critical care areas. On one unit, where nurses have traditionally cared for no more than two patients at a time, the hospital is now demanding that nurses take a third patient, which, given the condition of the patients on this floor, would put these patients at a much greater risk for serious complications.

Nurses on other floors have also seen their patient assignments increase. In addition, the hospital is staffing at a bare bones level and is making up for the shortage of staff by the use of widespread "floating" of nurses. In the ICUs, some units are staffed so that more than half the nurses are floats who are not familiar with the unit.

In the last several months, the nurses have filed dozens of official reports of inadequate staffing conditions at the facility, and some have reported that these conditions compromised the care of their patients.

In a letter opposing the staffing changes sent

to the board of trustees, which the majority of the nurses working in BMC's ICUs signed, the nurses wrote, "We implore hospital management to address the situation and to turn away from these dangerous conditions and the tragic patient outcomes that may result."

Driscoll pointed out that the hospital's vice president of nursing, Lisa O'Connor, has refused to work with the nurses through a legally binding process at the hospital to set appropriate staffing levels. For more than a decade, the union and management worked together, under contract language negotiated during the last staffing crisis in the late 1990s, which established a staffing tribunal made up of union nurses and management with the expressed purpose of setting safe and appropriate staffing levels. O'Connor, however, has failed to work through the tribunal, and instead is pushing for unilateral changes over the objections of those providing the care.

In addition to failing to provide a safe working environment, O'Connor has employed a number of oppressive management practices, creating a punitive environment that has caused unrest within the nursing community at the hospital, one that the nurses say needs to change if BMC is to maintain its reputation as a first rate medical center.

"Nurses are the backbone of any hospital, but our nursing management seems intent on breaking the backs of nurses," said Driscoll. "Our members have made it clear that we can't take this anymore, and we will do whatever is necessary to protect our patients."

The nurses are further outraged that the hospital has made these cuts while providing the

outgoing CEO with a \$3.5 million bonus. The nurses are hopeful that the needed changes will be easier to implement under the direction of Kate Walsh, the hospital's new CEO.

Tufts Medical Center: The issues

At Tufts Medical Center, even at current staffing levels, nurses have reported difficulty providing the level of care patients deserve. However, in the last six months the hospital has engaged a high-priced consulting firm to develop a "new model" of care with a principal economic goal of cutting the amount of money (\$34 per patient day or \$3 million) spent on patient care.

The planned cuts involve limiting the amount of care provided by RNs while simultaneously caring for more patients on almost every unit. In fact, according to the Massachusetts Hospital Association's "Patients First" Web site, many units at Tufts will have the lowest nurse staffing levels of any similar-sized hospital in the city.

The consultants used by Tufts are typical of consultants used during the 1990s when "redesigning" the delivery of nursing care was all the rage. At that time, there was not a shred of research to support such changes in staffing. Today more than 40 studies contain overwhelming scientific evidence proving that implementing changes such as those proposed at Tufts dramatically increases the risk of patient injury, complications, lengths of hospital stays, and could even lead to otherwise preventable patient deaths.

In a letter to management signed by nearly all the nurses on a busy cardiac floor, the nurses wrote: "With both the current and newly proposed staffing models ... opportunities for critical observation and patient advocacy will effectively disappear ... higher nurse-patient ratios will lead to increased mortality and poor patient outcomes."

In creating the new staffing model the hospital violated the nurses union contract, which includes a process for the union and management to work together to address staffing concerns. Tufts management ignored that process and utilized the consultant to engage in a process, common for these redesign schemes, where committees are formed and elaborate processes are implemented to give staff the illusion that they have helped develop the new model of care.

"This process is a sham," said Julie Pinkham, RN, executive director of the MNA, who was involved in efforts during the 1990s to combat the redesign initiatives. "Management knows from the beginning what cuts are going to be made and what model they will end up with. The committees are used to co-opt the employees and to make them believe they are responsible for creating the changes, the very changes that will undermine their ability to deliver safe patient care."

The process did not fool the nurses at Tufts. More than 30 nurses who participated in the planning committee for the new model signed a letter stating their opposition to the changes and to the fact that their actual suggestions to improve care at the hospital were ignored.

Last year, Tufts CEO Ellen Zane engaged in a highly public battle with a major insurer demanding higher payments for the care of Tufts patients, citing the fact that Tufts nurses and physicians care for the most acutely ill patients in the state. Now, instead of investing those resources in better patient care, Tufts is cutting the level of care provided to them.

According to the Agency for Health Care Research and Quality, every additional patient assigned to an RN is associated with a 7 percent increase in the risk of hospital-acquired pneumonia, a 53 percent increase in respiratory failure, and a 17 percent increase in medical complications. Better RN staffing results in



improved patient outcomes, fewer deaths and shorter hospital stays.

"The nurses who work at these hospitals understand the limitations of the current economic climate," Driscoll added. "But we believe the hospitals should not exploit this situation to boost their bottom line and patients should not pay the price for misguided decisions to cut costs at the expense of quality patient care." ■

Reminder...

8th

ANNUAL

MNASM
LABOR LEADER SUMMIT

March 24-25, 2010 • Westboro Doubletree Hotel

If you haven't already registered for the Labor Leader Summit, please contact Donna Olson at 781-830-5721. Also check www.massnurses.org for updates.

MNAers at Morton Hospital begin leafleting in an effort to protect patients

After working for more than five months to negotiate the terms of a new contract, the MNA's RNs and health professionals at Morton Hospital recently began a leafleting campaign that informs the public about the issues at stake in the negotiations and how the recruitment and retention of professional staff are suffering as a result. Bargaining unit members are also making it clear during their leafleting that patient safety at Morton Hospital will continue to suffer if management keeps to its current course.

One of the bargaining unit's most important contract proposals is language that would control the hospital's use of mandatory overtime as an alternative to providing appropriate staffing. Also on the table: a proposal that aims to maintain a stable, defined benefit pension plan.

Today's patients come to the hospital sicker than ever before and require closer monitoring and care as a result—monitoring and care that *should* be provided by well-rested nurses and health professionals. Management at Morton Hospital, however, seems to take the opposing view when it comes to managing this scenario and, instead, refuses to provide enough staff to give patients the quality care they deserve.

As a result, Morton's RNs and health care professionals must work extra hours and double shifts, regardless of how care and safety are affected.

"Exhausted nurses cannot provide safe patient care," said Joyce Wilkins, RN and chairperson of the MNA bargaining unit at Morton. "Do you want your loved one being cared for by a nurse on her sixteenth hour? Those of us who provide the care do not think it is safe, but we are forced to do it all too often. It is becoming a daily occurrence at the hospital."

The Morton professionals are not alone in their opposition to mandatory OT. The use of forced overtime has been widely condemned in recent years, and there is extensive evidence showing that it can lead to increases in both patient injuries and medical errors. Recent studies even show that nurses mandated to work overtime are three times more likely to make a medical error.

The MNA members at Morton are seeking changes to their contract language that will require the hospital to provide full staffing to avoid the need for forced overtime, as well as provide strict limits on how often management can use forced overtime. In addition, the union wants a ban on nurses being required to work more than 12 hours straight, which is the limitation recommended by the Institute of Medicine.

Protecting pension benefit

Morton management has also come to the negotiating table demanding the right to



From left, Kara Mello, Jen Rogers, Rebecca Emond and Scott Reis.

dismantle the members' pension benefit—unilaterally changing it from a defined benefit to a defined contribution (401k-type) plan. According to an analysis of the proposal by one of the nation's leading pension consulting firms, the management's change to the defined contribution plan would result in a 36 to 50 percent cut in most employees' retirement benefits.

"What person would *willingly* agree to give up a guaranteed and protected retirement benefit for the uncertainty of a 401k plan in times like these," said Steve Krawiec, a certified laboratory scientist and co-chairperson of the bargaining unit. "The average 401k plan holder lost between 30 to 40 percent of their retirement savings in the last few years."

The MNA members at Morton feel strongly that their defined benefit pension plan is one of their most vital benefits. It is also seen as one of the most attractive benefits when it comes to recruiting and retaining qualified staff—particularly at a time when experienced health care professionals are hard to come by. "We are lucky at Morton Hospital to have such an experienced staff with tremendous skill and experience to provide quality care for our patients," added Krawiec. "The availability of a strong pension benefit is a key to that success."

The experts on this issue also support the Morton nurses and professionals. *Time* magazine recently ran a cover story entitled, "Why It's Time to Retire the 401K." In the article Alicia Munnell, who heads the Center for Retirement Research at Boston College stated, "The time may have come to consider returning 401k plans to their original position as a third tier of retirement planning, behind pensions and Social Security. They should not be the thing we rely on for retirement security."

The nurses and health professionals at Morton are outraged that the demand to give up their

pension is coming at a time when the hospital is reporting healthy profits: an estimated \$5.1 million for 2009, along with a projected profit of more than \$6 million for 2010. Adding insult to injury, the hospital board of trustees recently awarded outgoing CEO Tom Porter an exorbitant retirement bonus of nearly \$3 million.

"We health professionals, those who provide 90 percent of the care patients receive and who have the greatest influence on the success of this hospital, are being asked to cut our benefits to pay for a golden parachute for someone who won't be contributing anything to the care of patients and the future success of this institution," said Wilkins. "We have given our hearts and souls to this hospital and we are proud to be a part of this institution. But we believe that what management is doing is unjustified both economically and ethically and we think the public has a right to know how they are treating those who provide their care."

The 400-plus nurses and health professionals at Morton began negotiating a new contract in October. To date, they have participated in 14 sessions. In late February, the union began handing out leaflets to the public outside the hospital and at other public places throughout the community. The membership has also authorized the committee to conduct informational picketing, the first of which was held in March.

"We care about our community hospital and we want it to thrive," said Krawiec. "Unlike other big city hospitals, most employees here are part of the Taunton community. We hope the public will join us in convincing management to change its position at the table, to provide safe working conditions for its staff to ensure safe patient care and to protect those benefits that help ensure that this facility continues to employ the highest quality professional staff." ■

MNA units approve new contracts

Brockton Hospital

After more than two years of brutal negotiations, the MNA bargaining unit at Brockton Hospital recently ratified a three-year contract.

At the start of negotiations, management came to the table with a number of takeaways, including one that was so unacceptable that the bargaining committee and unit members prepared for a long, hard fight. According to unit chair Kathy Metzger, RN, “Management presented a proposal to eliminate our defined benefit pension plan and instead only offered a defined contribution plan.”

From there, the committee struggled forward through months of negotiations, membership meetings, the arrival of a federal mediator and a tentative agreement that the membership overwhelmingly voted down before—*finally*—an agreement was reached that held *some* positive improvements.

“We were able to gain very positive language on workplace violence

UMass University campus

After more than a year of negotiations, the MNA bargaining unit at UMass University campus voted to approve a three-year contract that includes a number of positive language changes.

“While we didn’t get everything we wanted, I think the contract that the members approved includes language that improves working conditions at the hospital,” said bargaining unit co-chair Kathy Logan, RN.

The settlement means that nurses will see an improvement in the employer contribution to the dental plan; time-and-a-half pay for the evening shift on Christmas Eve; increases in the on-call and resource differentials; and an expansion of the bereavement benefit.

that is among the best in the state. We won successor language that guarantees our union rights and contract if the hospital is sold,” Metzger explained. “And we were also able to back management off from its original pension proposal and our present pension will continue.”

In terms of economics, the bargaining unit gained increases on evening and night differentials, a bonus in lieu of retroactive pay, and pay increases in each of the three years of the contract. The unit also secured language that allows its members to have access to many more “out of system health care procedures.” Previously, MNA nurses at Brockton Hospital were forced to pay an additional fee for going outside Brockton Hospital even for services the hospital did not offer.

“We are *very* proud of the fact that we were able to win that bit of language,” added Metzger. “It is a tremendous improvement in the health care benefits for our members.” ■

According to unit co-chair Margaret McLaughlin, RN, one of the most positive aspects of the year’s worth of contract negotiations was the committee’s success in fighting off a number of negative proposals from the hospital. “Management once again came after our pensions, and also wanted part-time nurses to pay more for health insurance,” described McLaughlin. “We were able to protect these and other benefits.”

“With the support of the membership we were able to hold the line and make great improvements on behalf of the bargaining unit,” said Logan. “In the midst of an economic and political climate like today’s, that is always good news.” ■

Unity leads to victory at Providence Hospital in Holyoke

On Dec. 23, 2009, shock waves ran through the tight knit group of staff working at Providence Behavioral Health Hospital in Holyoke, as hospital management unexpectedly fired two well-respected nurses from the 61-bed psychiatric hospital.

Described as the “glue that holds the unit together,” the sudden terminations of these nurses had a devastating effect on the unit and the hospital as a whole. Jean Travis, one of the fired RNs, said the terminations came out of nowhere. “I have been an RN for 36 years and 15 of those years have been spent caring for patients at Providence,” said Travis. “Then, after all this time of stellar evaluations and a great record, I am fired out of the blue just days before Christmas. It was unbelievable.”

“Seeing all the MNA members and other hospital workers standing behind us we were confident we would get our jobs back”

Two days before Christmas and in response to the unjust terminations, the MNA filed grievances, submitted information requests and held meetings with hospital staff. During this process the nurses and the mental health workers at the facility, who are represented by the UAW, wore red and black pins that read “Rehire the Fired Nurses” as a way of showing support for their beleaguered colleagues.

“Seeing all the MNA members and other hospital workers standing behind us we were confident we would get our jobs back,” said Cindy Pleau, RN and the other nurse who was fired.

Thanks to the unity of their colleagues and the hard work of the MNA staff and the MNA committee at Providence, both Travis and Pleau returned to their positions less than one month after their unjust termination. “It was a unique set of circumstances and bringing them back was the right thing for the hospital to do,” said Andrea Fox, RN the MNA associate director who represents Providence Hospital.



The two temporarily terminated nurses, (from left) Jean Travis and Cindy Pleau, celebrated with Providence committee members Jeannette Bilo-deau, Danny DiRocco, Cindy Chaplin, Diane Michael, Marilyn Hernandez, Etienne Debaurdinghien and Diane Sampson. Not pictured is Denny Glidden, bargaining unit co-chair.

On Jan. 29 Travis and Pleau attended a “welcome back” party—an occasion that was originally meant to be an “in support of the nurses” party. The bargaining unit purposely scheduled the nurses’ celebration for the same night as the hospital’s “official” holiday gathering, and the unit was honored when the majority of floor staff chose to join in the nurses’ festivities rather than management’s.

Three months post, unit co-chair Diane Michael is looking for the lesson learned. “Hopefully hospital administration will use due diligence before they decide to fire nurses in the future,” she said. ■



Nurses from Region 4 met with Sen. Steven Baddour (D-Methuen) in Haverhill last month to discuss the importance of passing the MNA's multi-pronged legislative initiative that addresses the issue of workplace violence. The group included nurses from Merrimack Valley Hospital,

Lawrence General Hospital and Unit 7's Tewksbury State Hospital. Pictured, from left, are Marie Melanson, Deirdre Tremblay, Jeanette Cholewa, Norma Ouellette, Rita Stogryn, Baddour, Doreen Pacheco, Al DeSantis, Sharon Hellman, Charles Palmer and Kathy Renzi.

'MNA Day' at Leominster Hospital a success

Members at Leominster Hospital conducted an "MNA Day" in early January. The leadership there scheduled the day in hopes that it would encourage nurses to become more involved with and educated about the organization that represents both their professional and union-specific needs.

The event was widely advertised throughout the bargaining unit and nurses were strongly encouraged to attend during their coffee and lunch breaks and at change of shift. MNA leadership secured a conference room just outside the cafeteria for the festivities and it quickly became a hub of activity, with more than 100 nurses stopping by to enjoy snacks and the company of colleagues.

Nurses had the opportunity to spend time with and ask questions of their MNA bargaining unit committee members and the MNA staff members who work with the unit. They received updates about grievances and about the unit's ongoing preparations for contract negotiations. Other topics of discussion that were on the agenda that day included:

- Nursing practice concerns
- Bargaining unit questions
- Legislative and community priorities
- Upcoming regional activities and opportunities

The MNA's division of membership was also on hand to answer members' questions, and the committee made sure nurses had access to plenty of free MNA tchotchkes and gear. Information regarding the organization's extensive, members-only discount and

benefit programs was also available. In addition, participating nurses had the opportunity to win prizes by entering a raffle and by taking part in an "MNA trivia quiz."

By everyone's standards, the event was a hit and a great way to herald in a successful year at Leominster Hospital.

Note to reader: "MNA Day" at Leominster Hospital is an excellent example of what a successful in-unit MNA event can look like. Other bargaining units can host one too. Contact your MNA bargaining unit leadership and ask about arranging one at your facility. ■



Enjoying "MNA Day" at Leominster Hospital, from left: Donna Halloran, Jane Moorcroft, Aimee St. Jean, Anne Loiselle and Natalie Pereira.

Decision time: How the Mass Nurses PAC decides who to endorse

Political endorsements are often controversial, so the Mass Nurses PAC board uses a thorough and rigorous evaluation process to decide who gets endorsed and who doesn't.

First step: Questionnaire

We make contact with the candidate's campaign, asking them to participate in our endorsement process by completing our questionnaire. The PAC board has developed a comprehensive questionnaire that specifically asks detailed questions about the public policy issues that are important to our members. This questionnaire is reviewed and updated at least yearly. On the current questionnaire, the issues addressed include safe staffing, safe patient handling, workplace violence issues, support for nurses trying to organize, and support for nurses picketing, just to name a few. Candidates who want our endorsement are required to complete the questionnaire in its entirety.

Do they have to fill out a questionnaire?

It is important to have a candidate answer these questions in writing so that in the future, when our legislative issues are being debated, we have a written record of their position.

What happens if they don't?

They are not considered for endorsement! If they aren't willing to answer our questions, it is highly likely that they don't support our positions on a variety of legislative issues and aren't interested in our endorsement. It is important to note that we invite every candidate to participate in our process - Democrats, Independents

and Republicans - but in many cases the candidate him/herself decides not to complete the questionnaire.

Next step: Interview

If the answers on the questionnaire are promising, the candidate will be invited for a rigorous interview with members of the PAC board.

What happens if a candidate cannot make it to Canton for the interview?

They are always welcome to participate via telephone, though this is rarely as effective as a face-to-face interview.

How does the PAC board assess viability?

The issue of viability is critical. The point of having a political program is to identify candidates that support the issues the MNA supports, *and* to successfully elect those candidates. The best candidate in the world does us no good if they have no shot at winning the election. Consequently, a big part of the candidate interview is an assessment of viability. The PAC board will interview candidates for 20-30 minutes, asking a variety of questions that will help assess both the candidate's positions on the issues *and* the campaign they are running. These interviews reveal critical information about the campaign plan, fundraising, direct mail and grassroots voter contact strategies. Once the PAC board has interviewed all of the appropriate candidates in a race, viability becomes an important piece of the endorsement decision-making process.



What about incumbents?

Incumbent legislators have a voting record which the PAC board closely reviews when they are considering an endorsement. Consequently, incumbent legislators running for re-election to their current seat are usually able to skip the questionnaire and interview process.

Do MNA members have a voice?

Yes. First, MNA members elect the representatives to the PAC board. These elections are held at the PAC business meeting during the MNA convention each and every fall. Furthermore, any MNA member is welcome to attend the PAC board meetings and listen to candidate interviews. Only elected PAC board members are able to vote on endorsements, but any member can attend and listen. Finally, the PAC board is always interested in the views of local nurses when making an endorsement, so if you have an opinion about your elected officials or a candidate, you should let us know!

Do we always make an endorsement?

No, the PAC board doesn't endorse in every race—sometimes they elect to stay neutral. It is a difficult balancing act to make the right decision in each and every race, and the goal is always to pick a winner who embraces the MNA positions and values. It is important to note that for federal offices, like congress or president, and for statewide offices like governor or attorney general, the PAC board is not the final decision maker. In those races, the PAC board makes recommendations to the MNA Board of Directors, which makes the final decision.

Final pitch—decision time!

The PAC board considers many complex factors in the endorsement process. It is a comprehensive process that requires research and background work, political savvy and the ability to take calculated risks in picking the right candidate. Our goal is always to help the MNA gain political strength and grow into an even more powerful organization!

To get involved, contact Maryanne McHugh, associate director of legislation and government affairs at the MNA at 781-830-5713. ■

On the front lines with MNA



Sen. Sonia Chang-Díaz (D-Boston), center, talks with MNA members and staffers during the picket at Boston Medical Center on Feb. 11.

The Supreme Court vs. American democracy

By Leo Maley

Division of Legislation and Governmental Affairs

By a slim 5-4 majority and in a stunning show of judicial activism, the U.S. Supreme Court ruled this January that corporations are free to spend unlimited amounts of money to help elect politicians of their choosing.

Since 1907, when Republican President Theodore Roosevelt signed a law banning corporate donations to federal political campaigns, federal law has placed limits on corporate political activity. Similarly, since 1947 unions have been banned from using general treasury funds on behalf of federal candidates. Only voluntary contributions to union PACs may be spent to directly help elect candidates to federal offices.

National Nurses United, of which the MNA is a founding member, has come out strongly against the court's decision (*Citizens United vs. FEC*). As Rose Ann DeMoro, executive director of the NNU noted, this is a "disastrous ruling for American workers and American democracy ... the healthcare debate of the last year has provided a sobering reminder of the already pervasive influence of giant pharmaceutical and insurance corporations. The last thing our democracy and political system needs is even more spending and political sway by the wealthiest interests in the country."

Moreover, DeMoro continued, "It is ludicrous to think that unions and working people could ever match the spending by multi-billion dollar corporations."

What is bad for workers and unions is also bad for small businesses. The American Independent Business Alliance, a non-profit business network located in 70 communities across the United States, notes that the Supreme Court decision is "radically anti-business when viewed from the perspective of America's 6 million or so independent businesses. Independent business owners often face a decidedly uneven playing field when competing against major corporations due, in part, to tax loopholes, subsidies, federal handouts and preferential treatment bestowed by politicians. Opening electoral contests to direct corporate campaign spending further undermines fair market competition and recklessly endangers democracy."

Across the political spectrum, the American people seem to agree. According to one national poll, 69 percent of Americans agree with the statement that "The [Supreme Court] decision hands more influence to lobbyists and special interest groups to tip the outcome of elections." Sixty-six percent of Democrats moderately or strongly disagreed with the Court's decision, as did 63 percent of Republicans and fully 72 percent of Independents. Seventy-four percent agreed that approval by a majority of shareholders should be required before a corporation could run a political advertisement.

Action steps:

- Become more informed about the Supreme Court decision and efforts to address it by going to freespeechforpeople.org
- Make a contribution to the MNA's Political Action Committee. Call Maryanne McHugh at 781-830-5713 to find out how.

During a CNN interview, Republican Senator and 2008 presidential candidate John McCain said he was disappointed with the Court's ruling. President Obama declared that the Supreme Court decision was "devastating to the public interest." The decision was "a major victory for big oil, Wall Street banks, health insurance companies and other powerful interests that marshal their power every day in Washington to drown out the voices of everyday Americans."

So, what can be done?

Congress can take steps to mitigate some of the damage caused by the



Supreme Court's ruling. Massachusetts Congressman Mike Capuano, for instance, has introduced legislation that would require a shareholder vote before a corporation's general treasury funds could be spent on electoral activity. "We should be moving in the exact opposite direction, limiting outside influence, not enhancing corporate voices in our elections," Capuano stated. "I have always been a strong defender of free speech, and I always will be. This ruling ignores the free speech rights of the shareholders themselves. Shouldn't they have a say in how these funds are spent?"

Capuano also favors the public financing of elections, a position he shares with former U.S. Sen. Warren Rudman (R-N.H.) among many others. Rudman wrote in response to the Supreme Court decision that it is time for Republicans to "return to our roots and take up Teddy Roosevelt's challenge from over a century ago by enacting the only real and lasting solution I know: citizen-funded elections. Under the proposed Fair Elections Now Act, sponsored by more than 130 members of Congress, money from special interests would be replaced by small donations from constituents and matching federal funds."

Attempts to legislate reform along the lines suggested by Capuano are desperately needed. But ultimately we may need to change the Constitution—a huge undertaking—to undo the damage caused by the Court in this and other pro-corporate decisions. As constitutional law professor and Maryland state legislator Jamie Raskin notes, "American citizens have repeatedly amended the Constitution to defend democracy when the Supreme Court acts in collusion with democracy's enemies, whether they are slave masters, states imposing poll taxes on voters or the opponents of woman suffrage."

Sen. John Kerry (D-Mass.) agrees with this approach, testifying before a congressional committee that "we need a constitutional amendment to make it clear once and for all that corporations do not have the same free speech rights as individuals."

It is up to us to get informed and get involved. As *Washington Post* columnist E.J. Dionne writes, "The only proper response to this distortion of our political system by ideologically driven justices is a popular revolt... It is time for a new populist-progressive alliance to fight back against this assault on American democracy." ■

3 Three Great Reasons to Use Your MNA Webmail Account *Today!*



1. It keeps you and your co-workers connected, and it provides a secure environment for discussing work issues/contract negotiations.
2. It is the best way to find out about the MNA's hottest discounts and benefits.
3. Very soon, logging in to your MNA Webmail account could snag you some great prizes.

Activate your MNA Webmail Account to start connecting, saving and winning.

- Visit massnurses.org and click on the "myMNA" login box on the right.
- Enter your username and password. Need help? Call our membership department at 800-882-2056.
- You are now on your "myMNA" Web page — a page that is all about you and your bargaining unit.

There's just one step left to activating your Webmail account ...

- Click on "go to my MNA Webmail account"

Welcome to your personalized MNA Webmail account! An endless array of MNA resources and benefits are now right at your fingertips.

Make your life easier:

Have your MNA emails forwarded to your personal email account of preference. Just click on the "options" button at the top right of your Webmail page, select "email forwarding" and complete the simple three-step process on the page.

Stay tuned ...

Check back next month for details about how using Webmail will automatically qualify you for **great giveaways!**

Lobby Day



A hospital should be a haven where patients go to heal and nurses and other health care professionals provide care in a safe environment. Unfortunately, hospitals are increasingly violent workplaces, both for employees and for patients. Violence against nurses and other health care workers, which can range from verbal and emotional abuse to physical assault and homicide, is not uncommon in hospitals and other health care settings. This violence can be perpetrated by patients, families, friends, visitors, and even co-workers.

Your voice, your story. You can help!

The MNA has developed a comprehensive package of legislation designed to address the crisis of violence in hospitals. Your legislator needs to hear from you!

- Do you have a story to tell about violence in hospitals? If you or someone you know has been a victim of workplace violence at your hospital, contact Maryanne McHugh at 781-830-5713 or mmchugh@mnarn.org.
- Come to the State House on March 31 and speak to your elected officials. Let them know that a nurse is not a punching bag!
- For more information, please contact Maryanne McHugh at 781-830-5713 or mmchugh@mnarn.org, or your community organizer.

**Save the Date: Wednesday, March 31
State House, Room B-2, 11 a.m. – 3 p.m.**

The MNA remembers Carol Carey, advocate for nurses in recovery

The MNA Addictions Council and MNA Peer Assistance program mourns the loss of a strong advocate for nurses in recovery.

Carol H. Carey (Hovenden) worked as a staff nurse for over 45 years and was employed at Faulkner Hospital for more than 30 of those years, where most of her career was dedicated to the field of substance abuse. She was both a certified addiction counselor (CAC) and a certified chemical dependency nurse.



Carey served as a peer assistant for the MNA's Peer Program since its inception in the early 1980s. She was an active member of the MNA's Addictions Council and, over the years, she represented the MNA at several symposiums on addictive disorders.

She was the 2004 recipient of the MNA's Excellence in Nursing Practice Award and a past recipient of the Nurse Recognition Award from the Community Association Serving Alcoholics (CASA).

Throughout her career, Carey remained passionate about providing peer assistance to health care workers with chemical dependencies. Her passing represents a significant loss for her peers and for those who could have benefited from her dedication, expertise and compassion.

Carol passed away on Jan. 8, 2010. ■

MNA REGIONAL COUNCIL 5 ENCOURAGES MEMBERS TO VOLUNTEER JULY 23-25, 2010 ♦ BOSTON



Get Ready for Greatness  Join the Team

Contact Region 5 for more info
781-821-8255/region5@mnarn.org

Urgent need continues for RN volunteers in Haiti

Months after the devastating earthquake that killed hundreds of thousands in Haiti, medical help is still needed. The MNA is encouraging Massachusetts RNs to join in the disaster relief effort through the National Nurses Union's "Registered Nurse Response Network."

"More than 8,300 registered nurses, including 300 from Massachusetts, have already signed up to go to Haiti," said Donna Kelly-Williams, MNA president. "More nurses are needed, though. Even more important, money is needed for travel expenses and supplies."

On-line donation opportunities include: RN Response Network's fund to send nurses to Haiti: sendanurse.org; Partners in Health:

pih.org; Doctors Without Borders: doctorswithoutborders.com; OxfamAmerica: oxfam.org.

Nurses can volunteer on line at massnurses.org and follow the link under News & Events or by calling the RNRN hotline, 800-578-8225. There is also a link to the MNA's emergency preparedness volunteer site where you can sign up for communication from the MNA on natural disasters. Contact Mary Crotty at mcrotty@mnarn.org for details.

All RNs will need to have a valid passport. They also must have, or be able to quickly get, typhoid and hepatitis A and B vaccinations as well as malaria pills. ■

Three MNA nurses ... Three trips to Haiti ... Three amazing stories ...



Betty Sparks



Mike Savoy



Kathy Reardon

Read their stories here next month.

2010 MNA ANNUAL AWARDS



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

Now it's your turn to make a difference! You can nominate candidates for a 2010 MNA Annual Award. Help give MNA the opportunity to reward and applaud outstanding individuals. Let them know that you care about their important contributions to the profession of nursing.

Deadline for submission of nominees to the MNA Awards Committee is May 12, 2010.

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

To receive nomination papers for any of the MNA Annual Awards or for additional information or questions regarding the 2010 MNA Annual Awards, please contact Liz Chmielinski, Division of Nursing, at 781-830-5719; or toll free in MA at 1-800-882-2056, x719 or via email at EChmielinski@mnarn.org. You may also visit: <http://www.massnurses.org/about-mna/awards>

Doris Gagne Addictions Nursing Award: Recognizes a nurse or other healthcare provider who demonstrates outstanding leadership in the field of addictions.

Elaine Cooney Labor Relations Award: Recognizes an MNA Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

Judith Shindul Rothschild Leadership Award: Recognizes a member and nurse leader who speaks with a strong voice for the nursing community at the state and or national level.

Kathryn McGinn-Cutler Advocate for Health and Safety Award: Recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

MNA Excellence in Nursing Practice Award: Recognizes a member who demonstrates an outstanding performance in nursing practice. This award publically acknowledges the essential contributions that nurses across all practice settings make to the health care of our society.

MNA Human Needs Service Award: Recognizes an individual who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.

MNA Advocate for Nursing Award: Recognizes the contributions to nurses and the nursing profession by an individual who is not a nurse.

MNA Image of the Professional Nurse Award: Recognizes a member who has demonstrated outstanding leadership in enhancing the image of the professional nurse in the community.

MNA Nursing Education Award: Professional Nursing Education: Recognizes a member who is a nurse educator and who has made significant contributions to professional nursing education.

MNA Nursing Education Award: Continuing Education/Staff Development: Recognizes a member who is a nurse educator and who has made significant contributions to continuing education or staff development.

MNA Research Award: Recognizes a member or group of members who have effectively conducted or utilized research in their practice.

MNA Bargaining Unit Rookie Of The Year Award: Recognizes a Labor Relations Program member who has been in the bargaining unit for five or less years and has made a significant contribution to the professional, economic and general welfare of a strong and unified bargaining unit.

MNA Member Discounts **Save You Money**

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

Personal & Financial Services

PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION..... 800-247-1500
Leading provider of professional liability insurance for nursing professionals. www.nso.com.

TERM LIFE INSURANCE

LEAD BROKERAGE GROUP..... 800-842-0804
Term life insurance offered at special cost discounts.

LONG TERM CARE INSURANCE

WILLIAM CLIFFORD 800-878-9921, x110
Flexible and comprehensive long-term care insurance at discount rates.

SHORT TERM DISABILITY INSURANCE

INSURANCE SPECIALIST LLC 888-474-1959
Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE

LEAD BROKERAGE GROUP..... 800-842-0804
Provides income when you are unable to work due to an illness or injury.

RETIREMENT PROGRAM

AMERICAN GENERAL FINANCIAL GROUP/VALIC 800-448-2542
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

HOME MORTGAGE DISCOUNTS

RELIANT MORTGAGE COMPANY..... 877-662-6623
Save on your next home loan/mortgage with discounts available to MNA members and families. Receive free mortgage pre-approvals.

LIFE & ESTATE PLANNING

LAW OFFICE OF DAGMAR M. POLLEX 781-535-6490
10-20% discount on personalized life & estate planning.

BLUE CROSS BLUE SHIELD

For details on health insurance plans, call 800-422-3545, ext. 65414

Products & Services

AUTO/HOMEOWNERS INSURANCE

COLONIAL INSURANCE SERVICES, INC..... 800-571-7773
MNA discount available for all household members. No service charges with convenient EFT payment.

CELLULAR TELEPHONE SERVICE

AT&T WIRELESS 800-882-2056, EXT. 726
MNA members can now go to any AT&T Wireless company store for all transactions. 24% discounts on rate plans.

T-MOBILE..... 866-464-8662
Get a free phone, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee for members.

DISCOUNT DENTAL & EYEWEAR PROGRAM

CREATIVE SOLUTIONS GROUP 800-308-0374
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyecare and chiropractic expenses.

ASSOCIATED EDGE (FORMERLY MEMBER ADVANTAGE)

ASSOCIATED EDGE..... 781-828-4555 or 800-232-0872
Discount prices on a broad range of products. Log into myMNA.

OIL NETWORK DISCOUNT

COMFORT CRAFTED OIL BUYING NETWORK 800-660-4328
Lower home oil heating costs by 10–25 cents/gallon or \$150 per year.

WRENTHAM VILLAGE PREMIUM OUTLETS

Present your MNA membership card at the information desk to receive a VIP coupon book offering hundreds of dollars in savings.

CAMBRIDGE EYE DOCTORS

Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World.

HEALTH CARE APPAREL

WORK ‘N GEAR DISCOUNT..... 800-WORKNGEAR
Receive 15% discount off all regularly priced merchandise. Visit www.massnurses.org for a printable coupon to present at time of purchase.

BROOKS BROTHERS DISCOUNT

15% discount at Brooks Brothers, Adrienne Vittadini and Carolee. <http://membership.brooksbrothers.com>.

Travel & Leisure

CAR RENTAL

AVIS CAR RENTAL..... 1-800-331-1212
Discounts can be used for both personal and business travel.

HERTZ CAR RENTAL..... 800-654-2200
MNA members discounts range from 5 – 20%. (For MNA discount CDP, call 781-830-5726.)

EXCLUSIVE TRAVEL DEALS

MNA VACATION CENTER WWW.MNAVACATIONS.COM
Powered by TNT and Goahead tours. Get exclusive access to travel specials at prices not available to the public.

DISCOUNT MOVIE PASSES..... 781-830-5726
Showcase Cinemas/National Amusements, \$7.75. AMC Theatres, \$6. Regal Cinemas (not valid first 12 days of new release), \$6.

DISNEY DISCOUNT

Discounted tickets to Walt Disney World and Disneyland along with other Florida attractions.

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

Obtain Adventure Card to receive discounts to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

UNIVERSAL STUDIOS FAN CLUB..... 888-777-2131

Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices.

WORKING ADVANTAGE

Discounts for movies, theme parks, ski tickets, Broadway shows. www.workingadvantage.com.

SIX FLAGS NEW ENGLAND

Seasonal. Contact MNA’s Division of Membership at 800-882-2056, x726.

MNA staffer co-authors article on attitudes toward family presence during resuscitation

Mary Sue Howlett, BSN, RN, CEN, associate director in the MNA's division of nursing, has co-authored an article with Gail Alexander, BSN, RN, CCRN and Brenda Tsuchiya, MSN, NP-C, "Healthcare Providers' Attitudes Regarding Family Presence During Resuscitation of Adults: An Integrated Review of the Literature." The article will be published in an upcoming issue of *Clinical Nurse Specialist: The Journal for Advanced Nursing*.

Nurses and other healthcare providers will find this article of interest as the advisability of allowing families to be present during adult resuscitation is a much-debated issue within the health care community, relative to potential positive and negative effects on both staff and family.

Howlett is currently enrolled in the family nurse practitioner program at UMass Boston's College of Nursing and Health Sciences. ■

MNA membership dues deductibility for 2009

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

| Region | Amount | Percent |
|-------------|---------|---------|
| All Regions | \$39.00 | 5.0% |

MNF
 Rosemary Smith RN
 Memorial Golf
 Tournament

Save the Date!
Monday • July 19, 2010
 to benefit Scholarship Programs
 for Nursing & Healthcare Professionals
 Visit www.massnurses.org or
 call to register at
 781-821-4625 x745

SAVE THE DATE

MNASM SCHOOL NURSE SUMMIT

9 • 25 • 10
 Saturday, September 25, 2010
 MNA Headquarters
 Details to follow

Consent to Serve for the MNA 2010 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"/> Bylaws Committee (5 for 2 years) |
| <input type="checkbox"/> Treasurer, Labor*, 1 for 2 years | <input type="checkbox"/> Congress on Nursing Practice (4 for 2 years) |
| <input type="checkbox"/> Director, Labor*, (5 for two years) [1 per Region] | <input type="checkbox"/> Congress on Health Policy (4 for 2 years) |
| <input type="checkbox"/> Director At-Large, Labor*, (3 for 2 years) | <input type="checkbox"/> Congress on Health & Safety (4 for 2 years) |
| <input type="checkbox"/> Director At-Large, General*, (4 for 2 years) | <input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years) |
| <input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] | |

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

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

| School | Degree | Year |
|--------|--------|------|
| | | |
| | | |
| | | |

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

| MNA Offices | Regional Council Offices |
|-------------|--------------------------|
| | |
| | |
| | |

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

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 31, 2010
 Final Ballot: June 1, 2010

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

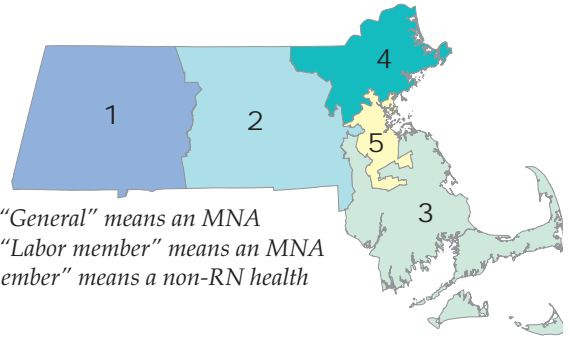
2010 Consent to Serve for the MNA Regional Council

I am interested in active participation in MNA Regional Council

At-Large Position in Regional Council (2-year term; 2 per Region)

I am a member of Regional Council

Region 1 Region 2 Region 3 Region 4 Region 5



General members, labor members and labor program members are eligible to run. "General" means an MNA member in good standing and does not have to be a member of the labor program. "Labor member" means an MNA member in good standing who is also a labor program member. "Labor program member" means a non-RN health care professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

| School | Degree | Year |
|--------|--------|------|
| | | |
| | | |
| | | |

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

| MNA Offices | Regional Council Offices |
|-------------|--------------------------|
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Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 31, 2010
Final Ballot: June 1, 2010

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

MNASM

LABOR SCHOOL



| Track 1: MNA Overview and Structure | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|
| Region | 1 | 2 | 3 | 4 | 5 |
| Week 1: Overview of the MNA Divisions By-laws How policies, decisions are made One member, one vote | 2/10 | C O M P | C O M P | 1/14 | C O M P |
| Week 2: Legislative and Governmental Affairs Division: Political Activity | 2/24 | L E | L E | 1/28 | L E |
| Week 3: Nursing Division/Health and Safety | 3/3 | T | T | 2/25 | T |
| Week 4: Public Communications | 3/17 | E | E | 2/11 | E |
| Week 5: Organizing Division | 3/31 | D | D | 3/18 | D |
| Track 2: Role of the Floor Rep., Grievances and Arbitration | | | | | |
| Region | 1 | 2 | 3 | 4 | 5 |
| Week 1: Role of the MNA rep Identifying grievances What is grievable Grievances vs. complaints—how to tell the difference, how to work with the member | C | 3/16 3/16 | C | C | 3/23 3/23 |
| Week 2: Components of the grievance procedure Time lines and steps When/how to settle grievances Discipline vs. contract interpretation grievances Burden of proof, just cause, due process, seven tests of just cause Past practice • Definition • Difficulty in proving a practice • Burden in proving a practice | O M P L | 3/30 3/30 | O M P L | O M P L | 4/6 4/6 |
| Week 3: How to file grievances How to write a grievance Investigation/identifying sources of information Right to information Information requests Constructing the case | E T | 4/13 4/15 | E T | E T | 4/20 4/20 |
| Week 4: Presenting the grievance Dealing with management Settling the grievance | E D | 4/27 4/27 | E D | E D | 5/4 5/4 |
| Week 5: Arbitration Why it's good for the members Why it's bad for the members Unfair labor practices Weingarten rights Organizing around grievances | D | TBA TBA | D | D | 5/18 5/16 |

| Track 3: Collective Bargaining | | |
|---|--------|------|
| Region | 1 | 2 |
| Week 1: Negotiations and the Legal Basis Process overview Bargaining ground rules | C | 12/3 |
| Week 2: Preparing for Bargaining Importance of internal organizing Contract action team Contract calendar, planning events Surveys, meetings, other methods of gathering proposals from members Setting priorities Developing a campaign | O M | 1/14 |
| Week 3: Committee Decision Making Conduct at the table Dates, location, etc Open bargaining. Pros & cons Opening statements Proposal exchange | P L | 1/28 |
| Week 4: Table Tactics/Reading Signals Implementing the contract campaign The contract action team Writing contract language | E | 2/11 |
| Week 5: Costing the Contract Bargaining video Picketing and strikes Bargaining unit job actions Impasse/contract extensions | T E | 2/25 |
| Week 6: Use of the Media Reaching agreement, writing final language Committee recommendation Ratification process Midterm bargaining | D | 3/10 |

| Track 4: Computer Training | | |
|---|------|------|
| Region | 1 | 2 |
| Week 1: Excel 1 | 1/27 | 1/13 |
| Week 2: Excel 2 | 2/10 | 1/25 |
| Week 3: Excel 3 graphs & application | 2/24 | 2/22 |
| Week 4: Word 1 | 3/3 | 3/8 |
| Week 5: Word 2 | 3/17 | 3/15 |
| Week 6: Publisher 1 | 3/31 | — |

After a very successful first year, the MNA Labor School has been expanded and restructured. It now consists of six separate tracks of classes in each Region running five to seven weeks each, depending on the track. Two new tracks have been added. One focuses on the MNA structure and divisions, and the second track on computer training (Excel, Word and Publisher). Classes are standardized, so if one particular class is missed in one region, it can be picked up in any other region.

At the conclusion of each track, participants receive a certi-

cate of completion. Any MNA member who completes **any two** tracks will receive an MNA Labor School blue jacket. There are no prerequisites 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.

Preregistration through the Regional office is necessary. Classes generally run from 5–7:30 p.m., with a light meal included. All courses are free and open to any MNA member. **Classes in red will be held from 10 a.m.– noon.**

| | 3 | 4 | 5 |
|-------|---|---|---|
| 11/17 | C | C | |
| | O | O | |
| 12/1 | M | M | |
| | P | P | |
| 12/15 | L | L | |
| | E | E | |
| 1/5 | T | T | |
| | E | E | |
| 1/19 | | | |
| | D | D | |

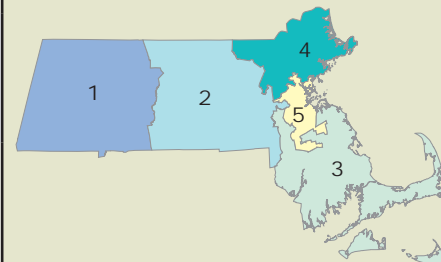
| Track 5: Building the Unit, Building the Union | | | | | | | |
|--|--|---|---|------|-----|---|---|
| | Region | 1 | 2 | 3 | 4 | 5 | |
| Week 1: Member Participation/Basic Foundation Purpose of a union Bargaining unit structure & officers By-laws, why they're important Organizing model, internal organizing | | C | C | 3/23 | C | C | |
| | | O | O | | O | O | |
| | | M | M | 3/30 | M | M | |
| Week 2: Organizing the Workplace Mapping the workplace Using contract action teams outside of bargaining Organizing around grievances | | P | P | | P | P | |
| | Week 3: Attacking Member Apathy Effective union meetings Internal communication structure Member feedback | | L | L | 4/6 | L | L |
| | | | E | E | | E | E |
| | | T | T | 4/27 | T | T | |
| Week 4: Strategic Planning Developing Plan Assessment Intervention | | E | E | | E | E | |
| | Week 5: Workplace Action Identifying Action Plan, preparation and calendar Pressure tactics/Work to rule Strikes | | D | D | 5/4 | D | D |

| Track 6: Labor Law and Special Topics | | | | | | |
|--|--|---|---|---|---|---|
| | Region | 1 | 2 | 3 | 4 | 5 |
| Week 1: Family and Medical Leave Act Massachusetts Small Necessities Leave Act | | C | | | C | C |
| | | O | | | O | O |
| Week 2: Fair Labor Standards Act Overtime rules Labor-Management Reporting and Disclosure Act Union officer elections | | M | | | M | M |
| | | P | | | P | P |
| Week 3: Workers Compensation Occupational Safety and Health Act | | L | | | L | L |
| | Week 4: Americans with Disability Act Age Discrimination Act Worker Adjustment & Retraining Notification Act Employment Discrimination HIPAA Uniformed Services Employment and Reemployment Rights Act of 1994 | | E | | | E |
| | | T | | | T | T |
| | | E | | | E | E |
| Week 5: NLRB & the Kentucky River/Oakwood cases Nurse supervisor issues | | D | | | D | D |

| | 3 | 4 | 5 |
|---|------|---|---|
| C | 4/8 | C | |
| O | 4/22 | O | |
| M | 5/13 | M | |
| P | 5/27 | P | |
| L | 6/10 | L | |
| E | 6/24 | E | |
| T | | T | |
| D | | D | |

Region 3 2-day Track 5 on 4/8 & 4/22

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



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

10 First Avenue, Suite 20
Peabody
978.977.9200

Region 5, Greater Boston

MNA Headquarters
340 Turnpike Street, Canton
781.821.8255

2010 MNF scholarships available



► Scholarship

► Research

► Education

Massachusetts Nurses Foundation, Inc.

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

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

• Application Deadline: June 1, 2010 •



Rome City Stay - May 26 – June 2, 2010 \$1299*

We are offering an exciting 8 day / 6 night tour to the eternal city of Rome. This trip includes round trip air from Boston, transfers to and from the hotel as well as a substantial buffet breakfast daily. We will be staying at a 4-star hotel in Rome for 6 nights. We will have a welcome dinner the first evening and a half-day panoramic sightseeing tour our first full day in Rome. For the rest of the week you are free to tour this spectacular city and all it has to offer. Optional excursions can also be arranged to other sites in Italy as you wish at our local hosts hospitality desk set up upon arrival at the hotel. This trip is sure to fill quickly, so reserve soon.



Germany with Oktoberfest & Austrian Lakes - Sept. 15-23, 2010 \$2149*

Join this 9 day, 7 night trip to Germany and Austria in the beautiful autumn season. While in Munich, we will enjoy a half day visit at the Oktoberfest festival. We will tour Innsbruck, and Salzburg. Tour will take you through the magnificent Dolomite Mountains and to Vipiteno. While in Bavaria, we will visit the fairytale castle of Neuschwanstein. This trip includes round trip air from Boston, transfers to and from the hotel. Breakfast and Dinner daily is included as well as one lunch. Don't miss this grand tour of this beautiful region at its most picturesque time of year.



Italian & French Riviera – Sept. 27-Oct. 6, 2010 \$2149*

Join this wonderful 10-day/8-night tour to the beautiful Mediterranean Riviera. Starting in the Province of Liguria, nestled along Italy's Italian Riviera (*north of Florence and south of Milan*). You will enjoy a 4-night stay. The tour includes an extensive daily sightseeing program with breakfast and dinner daily. During this tour we will visit Portovenere, Portofino, Cinque Terre, and Riomaggiore. While in Nice, France, we will tour Monaco, Aix en Provence, and Grasse. The area's mild climate provides for enjoyable touring along this beautiful coastal region. Don't miss this grand tour of the picturesque Italian and French Riviera regions.

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 \$30 higher than listed price.

MNASM

Peer

Assistance

Program

*Help for Nurses
with Substance
Abuse Problems*



- Are you a nurse who is self-prescribing medications for pain, stress or anxiety?
- Are you a nurse who is using alcohol or other drugs to cope with everyday stress?
- Would you appreciate the aid of a nurse who understands recovery and wants to help?

Please call us at
781-821-4625, ext. 755
or 800-882-2056 (in Mass. only)
peerassistance.com

All information is confidential

The MNA Peer Assistance Program is a confidential program provided by the MNA to assist chemically dependent nurses.

Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

Boston Metropolitan Area

- Bournwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. LeRoy Kelly, 508-881-7889. Thursdays, 5:30–6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-238-8024. Thursdays, 6:30–7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Jacqueline Sitte, 781-341-2100. Thursdays, 7–8:30 p.m.

Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Mondays, 6–7 p.m.

- Health Care Support Group, UMass School of Medicine, Outside Room 123, Worcester. Emory, 508-429-9433. Saturdays, 1–2 p.m.
- Adcare Hospital of Worcester, 107 Lincoln Street, Worcester. Contacts: Lorraine, 508-410-0225. Mondays, 6–7 p.m.

Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Dana Fogerty, M.A., 978-352-2131, x57. Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Jay O'Neil, 781-979-0262. Sundays 6:30–7:30 p.m.

Southern Massachusetts

- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Chris Sullivan, 617-838-6111. Tues. 5:15 p.m., Wed., 5:15 p.m. & coed at 6:30 p.m.
- PRN Group, Pembroke Hospital, 199 Oak St., Staff Conference Room, Pembroke. Sharon Day, 508-667-2486. Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, AdCare Michelle, 508-965-2479. Mondays, 7–8:30 p.m.

Western Massachusetts

- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.
- Professional Support Group, Franklin Hospital Lecture Room A, Greenfield. Contacts: Wayne Gavryck, 413-774-2351, Elliott Smolensky, 413-774-2871. Wednesdays, 7–8 p.m.

Other Areas

- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Sharon Goldstein, 800-445-1195. Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, North 650, Manchester, N.H. Contacts: Janet K., 978-975-5711 Sandy, 603-391-1776. Tuesdays, 7:00–8:00 p.m.



Full member (75 percent) of applicable dues rate

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

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

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



Application for Minimum Hours Reduced Dues Category

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

Name _____ MNA Membership ID # _____

Address _____

City _____ State _____ Zip _____

Contract Step _____ Anniversary Date _____

*Confirmation of receipt of your application will be mailed to your MNA email address.

Telephone: Daytime _____ Evening _____

This is to certify that I _____, RN

was paid for a total of _____ hours in the year January 1 through December 31, 2009* at the following MNA facility(s) of employment for the year of application:

1. _____
2. _____
3. _____

List each MNA facility separately

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

Signed _____

Date _____

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

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

Save the Dates:

National Nurses United Rally and Lobby Event

Celebrate Nurses Week with colleagues from across the country at this unity event.

Where: Washington, DC.

When: May 10, 11, and 12, 2010.

MNA will coordinate buses and hotel reservations for members to travel to Washington to participate in this event. Buses will leave Massachusetts early on Monday May 10 and will return after the rally and lobbying on Wednesday, May 12. More details to follow.

For more information or to reserve a space for this trip please call Eileen Norton at 781-830-5777.

See you there!

MNASM
MASSACHUSETTS
NURSES ASSOCIATION



**National
Nurses
United**

