

MASSACHUSETTS NURSE

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UMass RNs under attack despite hospital's huge surplus

Proposed contract would decimate nursing care at key trauma center

At the onset of negotiations, the MNA members at the University Campus of UMass Medical Center in Worcester could see the writing on the wall: hospital management—via some newly-hired, upper-level personnel—was set on decimating the contract.

How? By putting forth a set of shameful contract takeaways, as well as by perpetuating a corporate culture that allows managers to harass nurses who are union activists.

"The contract proposals that management has handed across the table so far are shameful," said Kathie Logan, an RN and the chairperson of the MNA bargaining unit at UMass. "The message being sent as a result is that nurses are a non-essential resource at the University Campus."

The contract

Management's most recent contract proposals have included:

- A reduction in personal days
- The elimination of three holidays
- A new distinction that makes anyone working less than 32 hours per week a part-time employee, which means they will be



UMass nurses walk the line during their Feb. 27 picket.

forced to pay a higher percentage of their medical coverage

- Elimination of the program that allows

nurses to donate sick time to co-workers in need

See *UMass*, Page 13

Nurses deliver hospital industry \$1 billion bill to legislators

Dramatizes industry's ample resources to pay for safe staffing



Nurses Barbara Cooke and Donna Dudick discuss the nearly \$1 billion in profits of the hospital industry with Rep. Anthony Petrucelli of East Boston.

In the wake of official reports showing the hospital industry reaped enormous profits in 2005 totaling nearly \$1 billion, nurses were at the State House on Feb. 16 to hand deliver an oversized (11 by 22 inch') mock up of a "Hospital Industry Billion Dollar Bill" to the office of every state legislator. The delivery coincided with a major grass roots push by nurses and consumers who are promoting legislation, H.2663, that would require all acute care hospitals in the state to provide a safe limit on the number of patients each nurse is assigned at one time.

The event highlighted the fact that the hospital industry can easily afford the investment needed to improve the safety of patient care in Massachusetts hospitals. ■

Cape Cod Hospital RNs ratify three-year contract

The registered nurses represented by the MNA at Cape Cod Hospital recently ratified a new three-year contract that includes a number of important patient safety protections, including:

- A written commitment by the hospital to adhere to specific core RN staffing levels in all areas of the hospital.
- The formation of a union-management staffing committee to evaluate triggers (patients requiring telemetry monitoring, chemotherapy drips, etc.) that would call for improvements in the core staffing levels on certain floors.

- Language requiring balanced admissions of patients to avoid overloading specific floors based on available staff, illness level of patients and skills of staff on the floor.
- A guaranteed right of every nurse to refuse to work any mandatory overtime if he or she feels too fatigued or ill to provide safe patient care.

In addition, the pact includes pay hikes that increase nurses' salaries by 20 percent to 25 percent over the life of the agreement depending on the nurse's years of experience.

It also includes a provision that will pre-

vent the layoff of 60 nurses who work under a special weekend incentive plan that paid the nurses a higher salary and granted them full insurance benefits for 24 hours of work. The hospital had threatened to terminate the program and layoff the nurses as of April 1, 2006. The new contract postpones the elimination of the special weekend benefit for a year, and by the time the program is eliminated, nurses will be allowed to move several steps up the salary scale, plus be paid a \$5 per hour weekend shift differential to make them as close

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MNA

Honor your peers with
an MNA award!

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For the latest
developments
impacting nurses,
visit the
MNA Web site, www.massnurses.org

Nurses' guide to single-payer reform

Campaign for health care amendment to state constitution gaining momentum

Supporters plan action for May 10 constitutional convention

Representatives from 30 labor and community groups have joined 50 other organizations committed to support passage of the health care amendment that would guarantee every Massachusetts resident access to affordable coverage for medically necessary health and mental health care services. The amendment will be on the agenda of the constitutional convention scheduled to meet again on May 10.

Amendment part of 'real reform'

The health care constitutional amendment is receiving growing support as more and more groups see it as an essential foundation for real reform. On Jan. 25 representatives from 30 labor and community groups state-

wide met at the MNA headquarters in Canton with members of the campaign to discuss an action plan. The groups agreed that getting the amendment on the ballot is critical for achieving comprehensive health care coverage for every Massachusetts resident that is affordable and fair. The amendment needs 50 votes at the next constitutional convention to qualify for the November ballot.

"While many of our member organizations support immediate action on some of the health care reforms that the governor and Legislature are considering, the constitutional amendment is an opportunity to move towards a real solution to the health care crisis in Massachusetts," said Rand Wilson, co-chair of Jobs with Justice's Health

Care Action Committee. "Passing the amendment will 'lock-in' progress made by this Legislature and build momentum to finish the job."

The constitutional amendment would require the state to guarantee every Massachusetts resident access to affordable coverage for medically necessary health and mental

The text of the proposed constitutional amendment reads:

"Upon ratification of this amendment and thereafter, it shall be the obligation and duty of the Legislature and executive officials, on behalf of the Commonwealth, to enact and implement such laws, subject to approval of the voters at a state wide election, as will

'The amendment will assure two steps forward stays two steps forward. Unfortunately we've seen the incremental efforts to address and improve health coverage eroded repeatedly to the detriment of those most in need.'

— Julie Pinkham
Executive Director, MNA

The Power of Solidarity

The 2006 Massachusetts Jobs With Justice Annual Dinner

Please join Jobs with Justice in honoring some of those who showed the power of solidarity in 2005.

The JWJ annual dinner will be held at Suffolk Downs on Thursday, March 23, 6 p.m. to 8:30 p.m.

Chairing the event is Julie Pinkham, Executive Director of the Massachusetts Nurses Association.

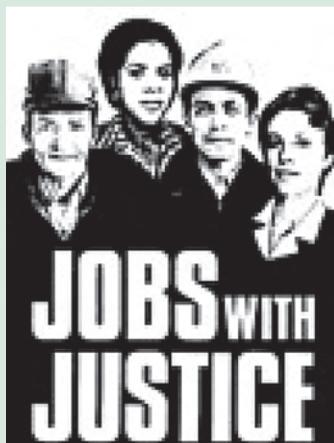
Honorees:

- ☐ Utility Workers Local 369 and the workers of NSTAR and their supporters for taking on corporate greed and winning.
- ☐ Project Hip-Hop & the Union of Minority Neighborhoods.
- ☐ The students and teachers of Fenway High School for their support and solidarity in the fight against the deportation of Boston teacher Obain Attouoman.

Plus, a look forward to:

- ☐ The Boston Hotel Workers' Rising Campaign
- ☐ The Campaign for Security Guard Justice
- ☐ Organizing Cable Workers
- ☐ The Personal Care Attendant Campaign
- ☐ Fighting Union Busting at Verizon Wireless
- ☐ Dignity at Wal-Mart

Tickets are \$75 each and can be purchased by calling 617-524-8778. ■



Save the Date JWJ's Health Care Action Day Thursday, March 30

Representatives from Jobs with Justice (JWJ) are asking unions and community organizations to have their members fill out pre-addressed JWJ postcards that will be sent to state legislators in order to ensure a YES vote in favor of the health care constitutional amendment. At least 50 senators and representatives need to vote YES at the May 10 constitutional convention. For more information—including postcards and community outreach letters—call 617-524-8778 or send an email message to AFlores@massjw.net. ■



health care services including prescription drugs and devices but the amendment does not restrict the Legislature on how to provide that access. Sent to legislators as a ballot petition by 71,385 registered voters in July 2004, the amendment received overwhelming preliminary approval with 153 votes, far surpassing the required 50. The amendment must now receive a second "yes" vote by 50 legislators at the upcoming constitutional convention in May, and then go to voters in November 2006 for final ratification. Once the laws are enacted to ensure universal coverage, proposed plans will go to voters for their approval.

Constitutional convention

A constitutional convention is a joint meeting of the state House of Representatives and the state Senate to consider only amendments to the state Constitution.

"The amendment will assure two steps forward stays two steps forward. Unfortunately we've seen the incremental efforts to address and improve health coverage eroded repeatedly to the detriment of those most in need," said Julie Pinkham, executive director of the MNA.

ensure that no Massachusetts resident lacks comprehensive, affordable, and equitably financed health insurance coverage for all medically necessary preventive, acute and chronic health care and mental health care services, prescription drugs and devices."

'Realistic, sustainable solution'

"We see the Health Care Amendment as creating the legal and political framework for reaching a realistic, sustainable solution to the health care affordability crisis in Massachusetts," said Barbara Roop, co-chair of the HCMC. "The growing grass roots support is a powerful reminder that the need for health care reform is a 'kitchen table' issue debated by working families around the commonwealth not just a public policy debate for the State House," she added.

Mark Blum, executive director of America's Agenda: Health Care for All said, "Assurance of the right to affordable health care for all is a measure of the basic decency of any society. With this constitutional amendment, Massachusetts will bring hope to millions of American families that one day they, too, may have this right protected once and for all." ■



President's column

Patient safety should not be negotiable

By **Beth Piknick**
MNA President

The headline from my column this month—"Patient safety should not be negotiable"—was not chosen by me, but is a reprint of a headline appearing above an editorial in the *Register*, a weekly newspaper on Cape Cod, which is where I live and work. The editorial was responding to a very public struggle between the nurses and management of Cape Cod Hospital over a growing crisis in nurse staffing at the facility.

The MNA nurses at my hospital have been attempting to convince the hospital to make a contractual commitment to improve RN-to-patient ratios at the hospital in response to more than 100 unsafe staffing reports, more than 140 deliberately unfilled nursing positions, a recent increase in patient assignments and the planned layoff of more than 60 nurses

who work weekend shifts.

While the Cape Cod nurses ended up winning that battle, forcing the hospital to capitulate and agree to adhere to written staffing ratios (though not as good as the those in H.2663), the paper's opinion I believe was the correct one.

It read:

"The negotiating strategy doesn't serve anyone's interest, least of all the public's. What it does, however, is point out the need for agreed upon staffing levels that are easily



Beth Piknick

verifiable by the public.

"There are two ways to do this: One is through contract negotiations; the other is through the legislative process. Both are currently ongoing. A bill currently in committee (H.2663) and supported by five Cape Cod legislators calls for specific nurse-to-patient ratios. The ratios vary, depending on the needs of the units. The ratios, as regards general floor coverage, is one to four, which is what Cape Cod Hospital claims to have and what the union says it aims to have.

"Legislation such as this is needed if we are to take the health and safety of our loved ones and ourselves off the bargaining table."

Believe me, the nurses at Cape Cod Hospital are proud of our stand for patient care and the public's response to our call for their support was overwhelming. The hospital did agree

to adhere to specific staffing levels, but the reality is that the enforcement of those ratios depends on the hospital's good faith efforts to honor the agreement, and the union's ability to file grievances and win arbitrations to hold their feet to the fire. While we intend to do just that, nurses and the public shouldn't have to jump through these hoops to get hospital managers to act responsibly.

As I write this, Mercy Medical Center in Springfield is also trying to deal with horrible staffing conditions through contract language, as are other MNA hospitals. Absent a law, this is what we have to do at many facilities to garner some level of protection. But like the paper says, there is another way, a better way. Let's pass H.2663 and take safe staffing off the contract table. As the headline reads: patient safety should not be negotiable. ■

Unit 7 advocates, family members win fight to save the Fernald Center

On Feb. 8, a federal judge ordered the state of Massachusetts to indefinitely suspend the transfer of mentally retarded residents from the Fernald Development Center in Waltham—resulting in an jubilant victory for family members, advocates and Unit 7 members who fought for almost three years to block Gov. Mitt Romney's attempts to close Fernald and its sister facilities across the state.

Judge Joseph L. Tauro—who implemented a ground-breaking court order in 1993 that protected the rights of the mentally retarded—appointed U.S. Attorney Michael J. Sullivan to examine whether the state's Department of Mental Retardation (DMR) had violated the rights of the 43 residents who were transferred out of Fernald since 2003.

According to a Boston Globe report, "State officials say all the transfers have been voluntary, but Fernald supporters contend that at least some of the former residents now get lower quality care, in violation of Tauro's historic court order."

The ruling was celebrated by Fernald residents, family members and Unit 7 employees who have been arguing that the Fernald campus is the best place for the dwindling number of residents, "many of whom have IQs under 25 and who have lived at the facility for decades."

Unit 7 members at Fernald and members of the Massachusetts Coalition of Families and Advocates For the Retarded (COFAR) had been lobbying since April 2003 against the governor's plans to close the state facili-

ties, which provides state-of-the-art care for the retarded. COFAR had argued that, given a continuing lack of adequate funding and oversight of community-based care in Massachusetts, the proposed state facility shutdowns would place the well-being, and even the lives, of the state's retarded citizens at risk.

"Bravo to the Fernald families and advocates," said Colleen Lutkevich, the director of Massachusetts COFAR, after Tauro's court order was announced. "Judge Tauro's appointment of U.S. Attorney Michael Sullivan to serve as court monitor to 'investigate as to whether past and prospective transfer processes employed by DMR comply with federal law, state regulations, as well as the orders of this court' is a win for everyone who is concerned for the mentally retarded. And we

would like to offer our sincere congratulations and gratitude to everyone who helped in this effort."

Pending the completion of Sullivan's inquiry, and his report to the court, all transfers from Fernald to other ICF/MRs and community residences will be discontinued.

Tauro, who presided over a class-action lawsuit filed in 1972, ordered dramatic improvements in conditions at six institutions, including Fernald, before he closed the case in 1993 in the belief that the institutions had become models. However, he urged plaintiffs to come to him for help if subsequent violations were observed—a practice that ultimately allowed advocates for the retarded to secure this most recent victory. ■

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XXX-Large\$41.50

Nursing on Beacon Hill: Legislative Update



Larger than life. Overlooking Interstate 291 in Springfield (and shown above) is a larger-than-life billboard promoting the MNA's proposed safe staffing legislation, H. 2663. The billboard went up in late February.

Another study makes business case for increasing RN staffing in hospitals

Better RN ratios save thousands of lives and millions of dollars

A major study just published in the January/February 2006 issue of the journal *Health Affairs* shows:

- An "unequivocal business case" can be made for increasing the level of registered nurse staffing in hospitals—a move that could pay for itself in fewer patient deaths, shorter hospital stays, and decreased rates of costly medical complications. The study was based on data from 800 acute care hospitals across the country.
- The study found that if hospitals invested in increased RN staffing at levels comparable to the top 25 percent of the nation's hospitals, more than 6,700 patient deaths and 4.1 million days of hospital inpatient care could be avoided, with millions of dollars saved each year.
- The *Health Affairs* report comes just months after the journal *Medical Care* found minimum RN staffing levels more cost-effective than common hospital practices such as clot-busting medications for heart attack and stroke, and cancer screenings.
- "From a patient's perspective...using standard measures of value, the additional costs to increase nurse staffing appear justified," say the study's authors
- The authors of the new *Health Affairs* study acknowledge that it fails to account for additional significant cost savings—identified in a number of other studies—that might be realized from reductions in RN turnover and from the avoidance of additional in-stay complications.
- In addition to the business case for increased RN staffing levels, the Massachusetts hospital industry made nearly \$1 billion in profits in 2005 and has \$500 million in hospital expansion going on now.

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The Policy Journal of the Health Sphere

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Bill on safe patient handling gets favorable vote from public health committee

If implemented, H. 2662 will protect thousands of nurses from debilitating back injuries

On March 1, the Joint Committee on Public Health voted favorably on H.2662, An Act Relating to Safe Patient Handling in Certain Health Care Facilities.

The bill, which was filed by the MNA and sponsored by Rep. Jennifer Callahan (D-Sutton), would require hospitals to provide a system to assist nurses with safe patient handling in order to avoid injury.

Skeletal injuries have costly implications for hospitals, health care providers and insurers while driving nurses away from the bedside. While patient safety is a primary concern at all facilities, protecting nurses also is paramount. In addition to the personal cost to the injured worker, the facility costs range from workers' compensation payments to lost productivity to retention/personnel expenses.

Frequent heavy lifting and transferring of patients is causing skeletal issues that are

debilitating nurses, driving them from the bedside and exacerbating the shortage of nurses willing to work in the acute care setting. Shockingly, the cumulative weight lifted by a nurse in one typical eight-hour shift is equivalent to 1.8 tons.

This issue is gaining more and more attention across the country. Four states including New York, Ohio, Texas and California have enacted similar legislation in the past two years. This session, similar legislation has been filed in six other states.

"The MNA recognized the need for this legislation and it acted quickly to draft and file an outstanding bill—one that would have a powerful, lasting effect on the lives of the state's nurses" said Beth Piknick, RN and president of the MNA. "We're thrilled to know that the Joint Committee on Public Health has recognized this need as well and



Susan Fargo
Senate chair



Peter Koutoujian
House chair

that H.2662 is now one step closer to becoming a law."

Dangers of unsafe lifting practices

Nursing is the highest risk occupation in the United States with respect to lifting and handling-related injuries. It is the profession most associated with work-related musculoskeletal disorders and back injuries. Injury data show that nearly 12 out of 100 nurses in hospitals and 17.3 out of 100 nurses working in nursing homes report work-related musculoskeletal injuries, including back injuries, which is about double the rate for all other industries combined.

Nurses, nursing assistants, orderlies and attendants are at an increased risk for back injuries because of the amount of heavy lifting associated with their occupation. On average, a nurse will lift 20 patients into bed and transfer five to 10 patients from a bed to a chair during a typical shift (Allen, S., & Wilder, K., 1996; Occupational Health & Safety.) Patients typically weigh in excess of 100 pounds, which greatly surpasses the weight that is considered safe to lift without assistance.

Greater than one-third of back injuries among nurses are attributed to the handling of patients and the frequency with which nurses are required to manually move patients. "Nurses lift, move and turn patients who might easily weigh 250 pounds or more on an hourly basis, and most would consider a 100-pound patient to be 'light,'" said Piknick, who became an advocate for

safe patient handling legislation after experiencing a debilitating back injury that resulted from moving patients.

"But despite the fact that other industries follow lifting regulations to the letter, the nursing industry has been overlooked. We're going to change that," Piknick added. "H.2662 is the key to protecting nurses and to reducing the system-wide costs that are spent on treating nurses who are debilitated by otherwise preventable muscular skeletal injuries."

H.2662: the specifics

H.2662 calls for an approach that would require all health care facilities in the state to develop and implement a health care worker back injury prevention plan to protect nurses and other caregivers, as well as patients, from injury. The plan would mandate the following:

- A systematic process in each facility for addressing ergonomics, recognizing occupational health and safety hazards, and preventing injuries specific in each health care facility.
- Needs assessment by facilities of patients' lift and transfer requirements and resulting handling, lift and equipment needs.
- Specialized training of health care workers and lift team members by qualified personnel, with demonstration of proficiency in handling techniques and use of handling equipment.
- Protection of workers against disciplinary action for refusal to lift or handle patients due to concerns about patient and worker safety.

"As an ICU nurse, I suffered a career-altering back injury," said Piknick. "Two decades of lifting, transferring and moving patients resulted in major spinal fusion surgery to repair three discs in my back. The simple love of my profession was not enough to allow me to continue the type of bedside nursing I used to do. But the passage of H.2662 will prevent this from happening to any other nurses in Massachusetts." ■

Join the 'team' – STAT!

MNA forms rapid response 'STAT TEAM'

The mission of this mobilization group is to have a network of nurses and health care professionals who can be called upon to respond quickly to MNA visibility events and other urgent actions.

Being a member of this mobilization task force does not require attendance at regular meetings, but instead offers opportunities for activists to participate in events throughout the year that require a strong MNA presence. These actions may include bargaining unit pickets, legislative actions, leafleting and other visibility events.

We hope you will join with other MNA activists in this exciting new venture. For more information, call Eileen Norton at 800-882-2056, x777 or via email at ENorton@mnarn.org.



Honor your peers with a nomination for 2006 MNA awards

One of the greatest honors one can achieve is the recognition of one's peers. In this fast-changing health care system in which nurses strive daily to carry out their duties to their patients, there is very little time for them to acknowledge their own professional accomplishments and those of their peers.

The MNA awards are established by the membership with the approval of the MNA Board of Directors. They offer all members an opportunity to recognize nurses who, by their commitment and outstanding achievements, have honored us all. These are often nurses and other individuals who accomplish extraordinary things and who challenge us all to achieve excellence.

Elaine Cooney Labor Relations Award: Recognizes a 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.

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

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

MNA Nursing Education Award: Recognizes a nurse educator who has made significant contributions to professional nursing education, continuing education and/or staff development.

MNA Excellence in Nursing Practice Award: Recognizes a member who is a role model by contributing innovative, progressive ideas that serve to improve and enhance clinical nursing practice, including precepting students or new staff nurses.

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

Kathryn McGinn Cutler Advocate for Health & Safety Award: This 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.

Frank M. Hynes Award: This award recognizes a deserving freshman state legislator or municipal official who has clearly demonstrated exceptional contributions to nursing and health care.

MNA Legislator of the Year Award: This award recognizes a senior state or federal legislator who has clearly demonstrated exceptional contributions to nursing and health care.

For detailed information on selection criteria and to receive a nomination packet, call Liz Chmielinski, MNA department of nursing, 781-830-5719 or toll free, 800-882-2056, x719.

The nomination deadline is June 15, 2006. ■

Division of Labor Action: Education & Training

Leaders in American labor history: a two-part series

The following is the second part of a very selective list of some of the key labor leaders in American history. They have varied backgrounds and represent diverse workers, industries and workplaces but they all shared a burning desire and life-long commitment to activism, equality, and social and economic justice—as well as a belief in the dignity of all workers.

Often they were controversial figures, but they all dedicated their lives to helping working men and women, usually at great personal sacrifice and expense, up to and including their own lives.

They are great examples and inspirations for those who struggle for equality, justice and economic well-being today. Too little is taught in our schools about the rich history and figures of labor history, and the topic is almost never highlighted in the media or celebrated in popular culture. What follows is a meager attempt to address that vacuum.

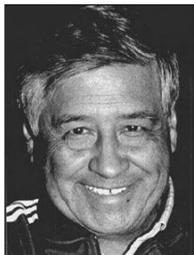
Cesar Chavez

Cesar Estrada Chavez founded the United Farm Workers (UFW) union. He was born in Arizona in 1927 and became a migrant farmer at the age of 10 along with the rest of his family. He served in the U.S. Navy and, when on leave in California, he sat in a white section of a racially segregated movie theatre and refused to move.

This action foreshadowed his life-long commitment to civil rights and to work nonviolently for social change. He worked as an organizer for the Latino civil rights group called Community Services Organization, and eventually became its director.

He later founded the National Farm Workers Association which became the UFW.

Chavez understood the importance of symbols as he designed the UFW's black and red flag, explaining that, "A symbol is an important thing. That is why we chose an Aztec eagle. It gives pride. When people see it they know it means dignity." The eagle had intentionally squared off wing edges so that it would be easier for union members to draw them on handmade flags. He attained national prominence in 1965 by launching a strike for California grape-pickers and a national boycott of grapes that lasted five years. By 1975, a Louis Harris poll showed 17 million American adults were honoring the grape boycott. It forced growers to support then California Governor Jerry Brown's collective bargaining law for farm workers, the 1975 Agricultural Labor Relations Act. This led to the first major labor victory for migrant farm workers in the US. He continued to use organizing tactics such as pickets and consumer boycotts of grapes and lettuce in following years but also added personal suffering through hunger strikes to focus attention on migrant workers' causes. He also protested the use of toxic pesticides on grapes. He was successful in signing collective bargaining agreements that improved migrant farm workers' lives. In 1966, Cesar Chavez and Dolores Huerta founded the National Farm Workers Service Center, Inc.



Chavez

(NFWSC), a California non-profit corporation. The Service Center builds and preserves quality affordable housing in concentrated Latino and underserved communities. Additionally, the NFWSC is dedicated to creating healthy communities and brings critical amenities and social services such as English language classes, after-school mentoring, homework assistance, computer labs and healthy aging programs for seniors to every housing project. The organization also bridges community ties through the airwaves by operating the popular Radio Campesina network. The network includes nine Spanish-language stations that bring news and educational programming on a variety of topical issues critical to the daily lives of its listeners. He had a passion for education despite his negative childhood experiences in segregated schools. This was seen in his office in UFW headquarters, which was lined with books ranging from philosophy to economics, labor history and biographies of Gandhi and Robert Kennedy. He believed that, "The end of all education should surely be service to others." He died in 1993. March 31 is celebrated in California, Texas, Arizona and Colorado as a public holiday in his honor—the first in the United States in honor of a Mexican-American and a labor leader. Robert Kennedy called him "one of the heroic figures of our time." He was also awarded the Medal of Freedom posthumously by President Clinton. Chavez never lost focus, saying that "the fight is never about grapes or lettuce. It is always about people."

Joe Hill

Joe Hill was born in Sweden in 1879. He immigrated to the United States in 1902 and worked as a migrant laborer moving across the country from New York and eventually to San Francisco.

Hill joined the Industrial Workers of the World (IWW) in 1910 while working on the docks. He became an organizer for the IWW and traveled writing labor songs and poems as he organized workers. He was arrested for murder in Utah and was tried, convicted and executed by firing squad on Nov. 19, 1915—all based on faulty evidence. The state of Utah years later admitted that he should not have been executed based on the evidence of that trial. Hill's last words were "Don't mourn for me--ORGANIZE!" And in speaking those words he became more famous in death than he had been in life.

Prior to his execution, Hill wrote the following to Bill Haywood, the former president of the Western Federation of Miners and the best-known leader of the IWW: "Goodbye Bill. I die like a true rebel. Don't waste any time mourning, organize! It is a hundred miles from here to Wyoming. Could you arrange to have my body hauled to the state line to be buried? I don't want to be found dead in Utah."



Hill

Apparently Hill did die like a rebel. A member of the firing squad at his execution claimed that the command to "Fire!" had come from Hill himself.

Joe Hill is remembered for his devotion to union organizing and his many clever song lyrics, some of which continue to be sung today, including, "I have nothing to say for myself, only that I have always tried to make this earth a little bit better."

Linda Chavez-Thompson

The daughter of sharecroppers, Chavez-Thompson worked as an agricultural laborer before joining the labor union, eventually rising through the ranks of the AFL-CIO to become the first person of color, and the first woman, elected to be the Executive Vice-President of the AFL-CIO in 1995.

She was born in Lubbock, Texas in 1944. Chavez-Thompson began her trade union career in 1967 when she joined the Laborers' International Union and served as the secretary for the union's Lubbock local, where she began to learn the workings of the labor movement. As the only Spanish-speaking official, she also served as a union representative for the Hispanic American members.

In 1971, Chavez-Thompson went to work for the American Federation of State, County, and Municipal Employees (AFSCME) and held many positions. She became responsible for advancing legislative, political action, and education programs as well as conducting every level of grievance procedures for membership representation within AFSCME. The position of the public employee was frustrating to Chavez-Thompson because unlike the Laborers, public workers in Texas did not have a contract spelling out work rules and pay rates.

Chavez-Thompson began to work with these new members. "The public employees didn't have anybody except me to help them," she explained. "Then a strange thing happened: I began to love this thing called public employees/public sector."

Chavez-Thompson became business manager of AFSCME Local 2399 in San Antonio and went on to become the founding executive director of Texas State Council 42. She was elected AFSCME International vice president in 1988. In 1994 she was asked to run on the New Voice slate to reform and invigorate the AFL-CIO, and won the position of executive vice president.

As the third-ranking leader of the AFL-CIO, she continues to work on forging closer ties between the union movement and women and other minorities and to increase the union's general membership. She is undertaking legislative and educational programs to help the rank and file in its fight against downsizing, budget cuts, and companies that contract out to nonunion sources. Chavez-Thompson brings to the labor movement the

perspective of a woman who has worked low-paying, low status, back-breaking jobs. Her labor-minded perspective is summed up in the following quote: "Together, we can create a community where [all are] treated with dignity, regardless of their sex or skin color or orientation, regardless of whether their family came here on a slave ship or the Mayflower four hundred years ago or through Ellis Island at the turn of the century or from Central America last year."

Karen Silkwood

Karen Silkwood was a union activist in the Oil, Chemical and Atomic Workers International Union (OCAW). She worked as a chemical technician at the Kerr-McGee plutonium plant near Crescent, Okla. She was elected to the union's bargaining committee in 1974, as the first woman committee member in Kerr-McGee history. She focused on health and safety concerns at the plant, specifically worker exposure to plutonium—a known carcinogen. Silkwood herself had tested positive for plutonium contamination.

She died in a single car crash on her way to meet with a *New York Times* reporter to deliver documents and evidence of Kerr-McGee's production of faulty fuel rods and falsified production inspection records. There was much suspicion surrounding the events leading to her death—including the possibility of her intentionally being forced off the road (there were suspicious dents on the back of her car and no documents were found with her)—but nothing was ever substantiated.

Ultimately, her family settled out of court and Kerr-McGee did not admit liability in the settlement.

In her life, Silkwood raised real issues of worker safety and corporate accountability and responsibility. Ultimately, there was a federal investigation into plant security and safety at Kerr-McGee and reports of 44-66 pounds of misplaced plutonium. The plant closed in 1975.

Dolores Huerta

Dolores Huerta, co-founder of the United Farm Workers ("The UFW's Grand Lady of Steel"), labor leader, organizer and social activist, was born in 1930 in New Mexico. Her parents divorced when she was very

young, and she was raised by her mother in Stockton, California, with the active help of her grandfather, Herculano Chavez.

Her mother ran a restaurant and then a hotel, where Huerta helped out as she grew



Silkwood



Huerta

See Labor, Next Page

Division of Labor Action: Bargaining Unit Updates

...Cape Cod

From Page 1

to whole as possible.

"We are very pleased with the agreement and the fact that the hospital has agreed to be more accountable for the provision of safe staffing levels throughout the hospital," said Marilyn Rouette, RN, chair of the MNA bargaining unit for the nurses. "We also hope the agreement we reached to preserve our

The Cape Cod Hospital contract includes specific RN staffing ratios and other patient safety protections, a pay hike of 20 – 25% and a plan to prevent the layoff of 60 nurses

weekend nurses will work to ensure optimum staffing on the weekend shifts. The test going forward will be to ensure that the commitments made in this contract are upheld so that our patients receive the care they deserve."

The settlement comes after months of negotiations and an intense public battle between

nurses and management over dueling views of the staffing conditions at the hospital. The nurses went public with their concerns in late February, after the hospital had reneged on commitments to include core staffing levels in the agreement; increased the patient assignments of nurses; and announced the layoff of the 60 nurses working in the weekend program.

In response, nurses took out full page ads in the local paper, circulated petitions among the public and began to mobilize for an informational picket. More than 7,000 public signatures were gathered in a two-week period, and hundreds of patients called the hospital in support of the nurses.

On March 1, six days before the planned picketing was to begin and a few days before the hospital was to begin the bumping process for the layoff, a marathon negotiating session was held where the agreement was reached.

"The ultimate winners in this negotiation were the patients, as the issues on the table in dispute were all about them. And if management honors this agreement, all our patients will receive better care, our nurses will be more satisfied and the hospital will be more successful," Rouette concluded. ■

Bargaining unit updates

Caritas Norwood

Negotiations are continuing. Over the past six months several health and safety problems have been reported and the MNA committee has worked with management to address them. As a result, there is now better air quality on several units and numerous air quality problems are being addressed. Good

work by the nurses in alerting the committee to these problems. The committee also sent out an air quality questionnaire and is in the midst of tallying the responses. There is also on-going work to improve equipment for lifting and transferring patients. Again thanks to the nurses who alerted the committee to the issues. ■

...Labor

From Previous Page

older. She also kept in touch with her father about his struggles to make a living as a migrant laborer and coal miner. His union activity helped inspire her to work with a Hispanic self-help association.

Huerta became involved in a community group supporting farm workers that merged with the AFL-CIO's Agricultural Workers Organizing Committee (AWOC), where she served as secretary-treasurer. It was during this time that she met Cesar Chavez, and then formed with him the Farm Workers Association, which eventually became the United Farm Workers (UFW).

Huerta served a key role in the early years of farm worker organizing, though she has only recently been given full credit for this. Among other contributions was her work as the coordinator for East Coast efforts in the table grape boycott, 1968-69, which helped to win recognition for the farm workers' union. She stated, "I think we brought to the world, or the United States anyway, the whole idea of boycotting as a nonviolent tactic. I think we showed the world that nonviolence can work to make social change."

In the 1970s Huerta headed up the farm workers' union's political arm and helped lobby for legislative protections. In 1988,

while demonstrating peacefully against the policies of candidate George Bush, she was severely injured when police clubbed the demonstrators. She eventually won a considerable financial settlement from the police, as well as changes in police policy on handling demonstrations. After her recovery from this life-threatening attack, Huerta returned to working for the farm workers' union.

Cesar Chavez once described Huerta's driven character as "totally fearless, both mentally and physically."

In 1993 Huerta was inducted into the National Women's Hall of Fame. That same year she received the American Civil Liberties Union (ACLU) Roger Baldwin Medal of Liberty Award; the Eugene V. Debs Foundation Outstanding American Award, and the Ellis Island Medal of Freedom Award. She is also the recipient of the Consumers' Union Trumpeter's Award.

In 1998 she was named one of the "Women of the Year" by *Ms. Magazine* and one of the "100 Most Important Women of the 20th Century" by *Ladies Home Journal*.

Her belief in activism is reflected in her challenge, "Walk the street with us into history. Get off the sidewalk." ■

Health Care Action Day on March 30

Massachusetts Labor for Health Care and the Jobs with Justice Health Care Action Committee are organizing to link union members' struggles against cost shifting and cuts in essential services to the movement to win an amendment to the State Constitution that would *guarantee* every Massachusetts resident access to comprehensive and affordable health care.

As a result, a "Health Care Action Day" has been set for Thursday, March 30. The goal on March 30 is to have tens of thousands of workers—joined by many seniors and community activists—sign a postcard to their elected representatives showing support for the health care amendment. The focus of the postcard action is to keep pressure on our state senators and representatives for a YES vote at the upcoming May 10 Constitutional Convention. The amendment needs at least 50 votes at the Convention in order to be placed on the ballot this November.

JWJ is working with organizations throughout the month of March to educate their members about why the constitutional amendment is an opportunity to ensure that every Massachusetts resident has access to affordable and equitably financed health care coverage.

Getting many people to take action on

the same day will give the labor movement an opportunity to show its support for universal coverage. It will also increase pressure on employers and government at all levels for immediate action.

Please participate in the March 30 "Health Care Action Day" by working with the "Health Care Action" committee to get as many members of your organization as possible to sign postcards that day.

Participating organizations will receive educational materials and an action kit from Jobs with Justice to inform members about the rationale for the Health Care Constitutional Amendment and background on why the March 30 "Day of Action" is needed. Return the attached form indicating your organization's interest and expected level of participation as soon as possible to receive timely delivery of the "Health Care Action Day" materials.

A representative from the committee is available to attend your organization's executive board and/or membership meeting to further explain why participating in "Health Care Action Day" will send a powerful grass roots message to both employers and politicians that health care should be a right for everyone in Massachusetts!

Call 617-524-8778 for details. ■

MNA Baseball Caps



Adjustable baseball caps featuring the MNA logo are \$4.99 each, plus \$3.95 shipping and handling if mailed

To order, contact the MNA's Division of Membership, 781-830-5726, or send checks to: MNA Division of Membership, Attn: MNA baseball hats, 340 Turnpike Street, Canton, MA 02021.

Dragnet! Massachusetts nurse licensure application changes

BORN revises nurse licensure applications to reflect certain criminal convictions, disciplinary actions

The Massachusetts Board of Registration in Nursing (BORN) is the agency with regulatory and disciplinary authority over nurses in Massachusetts. In January, BORN announced revision of its applications for initial Massachusetts nurse licensure and advanced practice registered nurse authorization. The changes reflect new Criminal History Systems Board (CHSB) regulatory requirements (see below) which went into effect July 1, 2005.

All entities which request CORI (Criminal Offender Record Information) checks, such as BORN, must now obtain additional data to assure that CORI checks relate to the individual for whom the request is made. Consequently, applications for initial Massachusetts licensure by reciprocity and examination, APN authorization and certification of graduation from a non-U.S. nursing education program were revised by adding all of the identification data noted below, per the new regulations.

The distribution of the revised application forms began in January. To distinguish the revised application forms from those that are currently in use, look for the "Revised 12/15/05" at the bottom of the revised forms. During the period between Jan. 18 and Feb. 28, applications completed on either form were to be processed.

MNA cautions nurses to ensure that they have received the correct form and have com-

pleted it properly.

What's going on?

BORN also announced that starting in February it began posting on the BORN Web site all disciplinary actions taken against nurses.

MNA is concerned that the board's regulatory approach in general willfully disregards contemporary views of optimal ways to address medical errors and improve patient safety. The BORN continues to be punitive and unsuccessful at addressing the root causes of medical errors and threats to public safety in the commonwealth. Added pressure comes from the astonishing approach of the National Council of State Boards of Nursing (NCSBN), which appears to search for ways to focus on nurse discipline, prosecution, containment, and views nurses through a criminal justice lens. The musical theme from the old television series "Dragnet" was played at the August 2005 NCSBN meeting in Washington, D.C., when the recommended changes to criminal background checks were announced.

NCSBN also has just announced a new first: a national "discipline summit" to be held in July. Two BORN members from each state will be in attendance.

Ironically, at the same time the NCSBN and Massachusetts BORN are legally charged with ensuring competent nursing practice,

the NCSBN is opening the floodgates to nurses from other countries for whom it will be difficult—if not impossible—to perform accurate criminal background checks despite these new regulations.

In their own words (Jan. 24, 2006):

CHICAGO—The National Council of State Boards of Nursing (NCSBN), will expand the number of sites that offer the NCLEX examinations abroad for domestic nurse licensure purposes. NCSBN's Board of Directors affirmed the decision at its December 2005 meeting upon recommendations from the NCSBN Examination Committee.

The current international sites for NCLEX examinations in London, England; Seoul, South Korea; and Hong Kong have been operational since January 2005. It is planned that the new sites will begin to offer the exam sometime in the next year. The new testing sites will be located in Australia, India, Japan, Mexico, Canada, Germany and Taiwan.

This is the equivalent of sending factory operations overseas. The regulatory boards charged with ensuring patient safety are instead acting as handmaidens to the hospital industry and working to facilitate the import of cheap nursing labor from other countries as their way of addressing the nursing "short-

age" (in reality a shortage of nurses willing to work under increasingly difficult conditions).

What you can do to protect yourself

If there is anyone reading this who has NOT yet obtained personal professional liability insurance (i.e., coverage other than through your employer), through a company such as NSO, please do so now. The cost for almost all RNs is \$89 a year. Contact MNA for information on obtaining coverage.

MNA continues to hear about or observe disciplinary actions against nurses who become, frequently through no fault of their own, involved in a complaint to the Massachusetts Department of Public Health (DPH) or to the Massachusetts BORN. A frequent scenario involves a complaint filed to the DPH by a nurse's supervisor, a patient, a visitor or a colleague. A DPH investigation ensues, and whether or not a system problem is the basis for the error or problem, complaints against nurses will almost certainly be filed with BORN. Resolving a complaint can take months to years to resolve. Liability insurance will cover the cost of legal counsel and will provide the necessary expertise in getting the complaint resolved more quickly and more fairly.

For more information on members of the BORN and this policy, contact Mary Crotty, RN, MBA, JD, at MNA at 781-830-5743. ■

New regulatory requirements for criminal background checks

Code of Massachusetts Regulations

Title 803: Criminal History System Board

Chapter 3.00: Access Procedures (Certification)

803 CMR 3.05 (2006)

3.05: Procedures for Agencies Certified Under M.G.L. c. 6, § 172(b) or 172(c) to Follow in Conducting CORI Checks

- (1) An agency certified pursuant to *M.G.L. c. 6, § 172(b) or 172(c)* shall obtain information required by the CHSB on the CORI request form including but not limited to full name, date of birth, mother's maiden name, place of birth, sex, former addresses, height, weight, eye color and may request the social security number, in order to assure that the distribution of CORI relates to the individual for whom the request has been made.
- (2) In order to obtain a CORI check on an applicant, the agency shall:
 - (a) confirm that it is currently certified to perform a CORI check on the current or otherwise qualified applicant under its grant of certification from the CHSB;
 - (b) use the form prescribed by the CHSB;
 - (c) obtain the signature of the individual upon whom the CORI check is being performed, except as otherwise authorized by law;
 - (d) verify the identity of the applicant upon whom the CORI check is being requested with at least one form of government issued photographic identification;
 - (e) maintain a copy of the CORI request form.

Nurse Protect Thyself... Tools to Minimize Your Legal Exposure

Nurses practice every day assisting our patients to reach their optimum health status by caring for them, educating them and teaching them ways to improve their health.

Please come and learn some information vital to the health of your practice. Legal nurse consultants from the Southern New England Chapter of Legal Nurse Consultants will provide information to assist you in practicing safely and efficiently, as well as in how to protect yourself from potential litigation. Strategies for documentation, acceptable abbreviations, chain of command issues, identifying problem patients, sources of standards of care, and JCAHO guidelines will be discussed in detail. Regulations and communication pitfalls will illustrate potential legal issues to avoid. We will explore negligence claims involving nurses and discuss the deposition process and its implications. Case studies and review of standards of practice and what went wrong will be highlighted to assist you in reaching optimum health in your nursing practice. Come, learn and protect yourself.

This program is being provided in direct response to the many requests MNA has received from nurses to address current nursing practice and its legal implications.

See Page 20 for full details.

Benefits Corner

Save 50 percent on tickets & products you want now

The MNA is now working with Working Advantage as a way of offering members access to exclusive discounts on film and theatre tickets, movie rentals, theme parks passes, ski tickets, special family events and online products.

Any MNA member is eligible to take advantage of the Working Advantage benefit program, and registering to do so is easy:

- Simply visit the Working Advantage Web site at www.workingadvantage.com and click on "register."
- Using the MNA's member ID (391321040), complete your one-time registration for free and create your own personal account with a password of your choice.
- Once you have registered, you can place orders via the Web or by phone at 1-800-565-3712. Hours of operation are Monday through Friday, 8:00 a.m. to 6:00 p.m. or Saturdays 9:00 a.m. to 5:00 p.m.

To start taking advantage of discounts that could save you as much as 50 percent, visit www.workingadvantage.com. ■

Hospitals spend millions on ads but deny safe nursing care

The *Boston Globe* recently reported on a health care industry advertising blitz that has hospitals in Massachusetts bombarding consumers with radio, television, print and billboard advertising. The goal? To lure patients to their facilities while, at the same time, refusing to invest in appropriate staffing to protect the patients they attract with their slick messages and promises.

As the *Globe* reported, advertising industry experts report that "advertising by hospitals in Boston media jumped to \$18.4 million in the first 11 months of 2005, nearly four times the \$4.8 million they spent in 2001."

The MNA has seen similar advertising

activity occurring throughout the state, particularly in Worcester where St. Vincent Hospital and UMass Medical Center are spending hundreds of thousands of dollars on competing advertising campaigns to lure patients to their respective emergency departments—while the nurses at both these facilities report that these EDs are dangerously understaffed.

The industry, which made nearly \$1 billion in profits last year, appears to be content to use those resources to hire ad agencies and to pay for media, while neglecting to invest in its most important resource—the nurses who take care of patients. ■

2006

MNF Golf Tournament

Thursday, June 29

Brookmeadow Country Club
Canton, Mass.

- ⊙ 7 a.m. sign-in
8 a.m. shotgun start
- ⊙ Cash awards & prizes for men's, women's & mixed pairs
- ⊙ Hole-in-one prizes
- ⊙ Raffle and award
- ⊙ Register before June 1 for only \$99 per person; \$109 after June 1 (includes breakfast and lunch)



 FOR MORE INFORMATION OR TO REGISTER A FOURSOME
781-830-5745

A fun way to raise funds for nursing scholarships

THE HEALTH AND HUMAN RIGHTS IMPACT OF PALESTINE TERRITORIES

Date: May 17, 2006

Time: 7- 9 p.m.

Location: MNA Headquarters
340 Turnpike Street,
Canton

A light supper will be served. This event is free, but pre-registration is required and can be secured by calling 781-830-5727.

Sponsored by
MNA Diversity Committee



SAVE THE DATE

MassPRO and the Massachusetts Adult Immunization Coalition present
The 11th Annual Adult Immunization Conference

Protecting Adults: Old and New Threats

Tuesday,
April 11, 2006
8:00 a.m. to 3:00 p.m.
DCU Center, Worcester, MA

Keynote Address:

William L. Atkinson, MD, MPH

Medical Epidemiologist
National Immunization Program
Centers for Disease Control and Prevention

CEUs will be offered for nurses and nursing home administrators.

More information will be online at www.masspro.org.



This material was prepared by MassPRO, the Medicare Quality Improvement Organization for Massachusetts, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 8sow-ma-immun-05-07 std-dec-3k

So you think it's safe at work? Notes from the Congress on Health and Safety

Work-related asthma more prevalent among nurses

Nurses report work-related asthma (WRA) in greater numbers than other groups of workers according to the December 2005 issue of the *Occupational Lung Disease Bulletin*.*

In Massachusetts, WRA is a reportable occupational health condition. To receive a copy of the form that is used to report WRA, call the MNA's health and safety division or contact the Occupational Health Surveillance Program at the Massachusetts Department of Public Health at 617-624-5632.

Cases of WRA are sentinel health events that indicate the need for preventive intervention. Massachusetts and three other states track cases of WRA to identify these sentinel health events and describe the industries, occupations and exposures that need attention. For surveillance purposes, a case of work-related asthma is defined as an individual with a physician's diagnosis of asthma and an association between the symptoms of asthma and work.

WRA includes two main categories:

1. Pre-existing asthma aggravated by workplace exposures
2. New onset asthma caused by sensitizers or irritants in the workplace
 - a) Occupational asthma
 - b) Reactive Airways Dysfunction Syndrome (RADS)

RADS is a subset of new onset asthma distinguished by persistent asthma symptoms caused by a one-time high level irritant exposure. Since 1993, physicians in Massachusetts (and since January 2003, all health care providers) have been required by public health regulations to report confirmed and suspected cases of WRA to the Massachusetts Department of Public Health.

SENSOR staff conduct follow-up telephone interviews with those individuals reported to the Occupational Health Surveillance Pro-

gram (OHSP) to learn more about the cases, and to confirm the association of asthma with work. Information from cases is used to identify suspect asthma-causing agents and inform intervention activities.

Between January 1993 and December 2004 SENSOR received 1048 case reports of work-related asthma (WRA). Interviews were completed with 594 cases (57 percent), of

SENSOR Occupational Lung Disease Bulletin

Massachusetts Department of Public Health
Occupational Health Surveillance Program, 250 Washington St, 6th Fl, Boston, MA 02108
Tel: (617) 624-5632 * Fax: (617) 624-5696 * www.mass.gov/dph/bhsre/ohsp/ohsp.htm

which 578 cases met the criteria for WRA.

Individuals with WRA were predominantly female (62 percent) and white (81 percent); seven percent (n=38) were of Hispanic origin. The vast majority of the cases were new-onset occupational asthma (88 percent, n=506).

RADS accounted for 65 cases (11 percent), and the remaining 441 cases were new onset occupational asthma. Work-aggravated asthma accounted for 61 cases (11 percent). An additional 11 cases met the case definition for work-related asthma, but were not classifiable.

Industry, occupation and exposures

Over half of all the WRA cases were employed in the service sector (n=296, 52 percent), mostly in the health care industry (n=168, 30 percent), followed by educational services.

Manufacturing accounted for one quarter of all cases (n=138, 24 percent) led by chemical manufacturing and miscellaneous manu-

facturing. Public administration employed another nine percent, followed by the retail and wholesale trade industries. Construction accounted for only 4 percent.

SENSOR staff record up to three exposures per person that trigger his or her asthma. In many of the cases the specific agent of concern was unidentifiable. The most frequently reported exposures included indoor air pol-

lutants; dusts and fibers; cleaning products; mold; and solvents.

Specific agents identified included latex; isocyanates; smoke; and formaldehyde. Among the 65 RADS cases, cleaning products and unspecified chemicals were most frequently reported.

The impact

WRA can have very serious health and financial impacts on working adults. Eighty-eight percent of those with WRA still had breathing problems at the time of the interview and 23 percent reported their symptoms had become "more severe," since their initial diagnosis. More than half reported one or more emergency room treatments for their asthma symptoms; and nearly one third of the cases reported multiple visits to the emergency department.

A total of 211 cases reported leaving the job that caused their breathing problems, including 19 cases who reported that they were fired because of their breathing problems.

Summary

It is well recognized that only a small proportion of WRA cases are reported to SENSOR and that findings may not be representative of the underlying incidence of WRA in the Massachusetts population. Interview response patterns also influence the findings reported here, which are based on the 57 percent (n=594) of all reported cases who consented to participate in telephone interviews. White-collar workers were more likely to respond than blue-collar workers and women were more likely to respond than men. Thus white collar workers and women are over-represented in the findings.

It is unlikely that the observed decline in reported cases over time reflects a true drop in incidence, but is more likely due to reduced reporting. It has been suggested that this decline may be due, in part, to the time and paperwork required in the face of ever increasing workloads. There has also been increased concern in recent years about patient confidentiality.

Health care providers are reminded that reporting cases of WRA to the Massachusetts DPH is NOT a violation of the Health Insurance Portability and Accountability Act (HIPAA) because Massachusetts regulations require reporting of this condition. HIPAA expressly "authorizes health care providers to disclose protected health information without permission of the individual, to MDPH, the public health authority authorized to receive it."

*The *Occupational Lung Disease Bulletin* is published and circulated by the Massachusetts Department of Public Health; the National Institute for Occupational Safety and Health (NIOSH); and the Sentinel Event Notification System for Occupational Risks (SENSOR). ■

MNA bill would minimize manual lifting of patients

Safe patient handling: successful Australian approach to reducing nurse injuries

Compared to other occupations, nurses continue to number among the highest at risk of musculoskeletal injury. The U.S. Bureau of Labor Statistics gives RNs the dubious distinction of first place for workers compensation claims from back injury.

Massachusetts could learn from the recent remarkable success of Australian health care facilities in reducing the number of nurses injured while handling patients. Anne Hudson, BSN, of the Work Injured Nurses' Group USA (www.wingusa.com) reported recently after participating in the Australian Nursing Federation's (ANF) "No Lifting Expo," held in November 2005 in Melbourne, Victoria:

"After years of talking with injured American nurses about their struggle to obtain medical care when they lose their health insurance along with their job, it was sobering to learn recently of the Australian health care system which provides medical care apart from one's employment or financial status" [...in addition to introducing policies to help prevent injuries in the first place].

The group's "No Lifting Policy," which has proven greatly effective in reducing nursing

staff injuries, lost days, worker's compensation ("WorkCover") claims, and millions of dollars in the cost of claims, is supported by firm national manual handling regulations in Australia.

"No Lifting" facilities in Australia use Louise O'Shea's "No Lift System" (see www.nolift.com) in 85 percent of Victorian public health care facilities and in over 250 health care facilities throughout Australia and New Zealand. This system is based on the use of specially-designed slide sheets and unique patient movement techniques developed by O'Shea, in addition to mechanical floor and overhead ceiling lift equipment.

The Massachusetts Nurses Association has drafted related legislation, H.2662, "An Act Relating to Safe Patient Handling in Certain Health Facilities." The MNA bill would require all health care facilities, including but not limited to acute care hospitals, psychiatric hospitals and nursing homes, to develop and implement a health care worker back injury prevention plan so that manual lifting of patients is minimized in all cases and eliminated when feasible. It also requires the facilities to conduct needs assessments

to evaluate lift and transfer needs, resources and capabilities; to implement safe patient handling policies; to provide specialized training in techniques for lifting and transferring patients; and it would prohibit the discipline of employees who refuse to lift patients due to concerns about worker and patient safety.

As of January 2006, some form of safe lifting legislation has been enacted in three states: Texas (the first state to enact legislation), Ohio and New York. Legislation has also been introduced in six other states (Massachusetts, New Jersey, Washington, Iowa, Minnesota and California).

Worth noting is that Washington's safe patient handling law is the first legislation in the U.S. to require hospitals to provide mechanical equipment for the safe lifting/movement of patients.

If you would like more information about MNA's work on this issue please contact Christine Pontus, associate director of nursing, at 781-830-5754.

For more information on the MNA legislative agenda, go to: www.massnurses.org/leg/legis_agenda.htm ■



Safe patient lifting techniques.

Employee safety at your health care facility

In early January, Reggie Redfern, a retired police chief from Easthampton, called the MNA and asked if he could reprint an article from the April 2005 edition of the Massachusetts Nurse about an emergency room nurse who was assaulted at work. Redfern was interested in it because of his involvement as an educator with hospital security and police departments.

Redfern subsequently invited the MNA to attend a two-day conference that was being hosted by Cambridge Health Alliance and Youville Hospital on Feb. 9 and 10. As part of this conference, Redfern and retired Sgt. Louis Savelli brought participants through a world immersed in gang violence. It was a world that some of us had glimpsed before, but it was also one that we

could never fully understand the way these two police instructors did.

The work Redfern and Savelli are doing is about showing what kind of impact this type of violence is having on our society at large. Health care workers may be at risk and placed in vulnerable situations when dealing with some of these offenders.

Learning to recognize potential offenders' cues and when to notify hospital security was a key element of the training, as this is how police and hospital security can most effectively diffuse or prevent a situation from occurring. Keeping with this theme, Redfern and Savelli submitted the following articles to help MNA members better understand the issue.

Workplace violence and awareness

By Chief Reggie Redfern (Ret.),
President, SRR Traffic Safety Consulting

On Feb. 10, 2006, a nurse at Northwestern Memorial Hospital in Chicago was attacked by a male described as being in his 30s who tried to sexually assault her. The attack took place just before dawn in a public rest room within the hospital. The attacker had been hiding in one of the bathroom stalls and grabbed the nurse before she could break free and flee. Chicago police and hospital security personnel are investigating.

Workplace violence in hospitals and health care facilities is a major concern across the nation for those who are "in the trenches." Nurses, doctors, clerical staff and security personnel face numerous challenges emanating from people from all walks of life, all levels of psychological well-being and at all times of the day and night. There was a time when hospitals, churches and schools were safe places, "hands-off" when it came to violence, but not any longer.

Clearly, any facility that has numerous rooms, storage places, entrances and exits, and ease of movement by staff and non-staff creates a challenge 24 hours a day. Proper handling of patients who become aggressive, threatening or dangerous requires specialized training to calm the disturbance while at the same time applying the proper force necessary to overcome the encounter. Add to this an individual preoccupied with sexually attacking another individual and it may literally become a fight for one's life.

In any hospital, it is the nurses and security that fill shifts around the clock. They are the first line of defense for any facility when it comes to violence. Unfortunately, they are

also the first ones to be viewed as "collateral damage" when someone is determined to disrupt a health care setting.

An area that needs special attention by medical facility personnel so that they do not fall into the category of collateral damage is where, and when, gang members are treated for wounds related to gang violence. With the influx of gangs and gang-related injuries, these individuals are regularly brought to emergency rooms throughout the country. By their very nature, gang members are accustomed to a violent lifestyle and the inside of a hospital. Even though the professionals there are concerned with the individual's health and well-being, a hospital can become a gang member's battle ground.

Simple things in an emergency room such as cutting off a shirt, removing beads and taking off a hat may be viewed as a sign of "disrespect" to an individual's gang colors. Having members of two rival gangs in the same treatment area may bring about additional injuries to anyone present, including those who are trying to save a stranger's life.

No place that the public has access to is totally safe. Attacks have happened in maternity wards where two rival gang members' girlfriends had given birth; in cafeterias; and in admissions areas.

Awareness, through education, is the key to preventing incidents such as these from happening. Awareness of your surroundings applies to the incident in Chicago as well as it does to any hospital in the country. Because hospitals are open 24/7, awareness can save your life even if you are in a public rest room.

Gangs and the workplace

By Sgt. Louis Savelli (Ret.), NYPD
President, Homefront Protective Group

A common misconception held by health care workers, security officers and law enforcement officers has led to a false sense of security. The misconception, simply stated, is that hospitals and health care facilities are neutral territory for gangs and other bad guys. We don't know where anyone came up with that idea. To the contrary, hospitals, doctor's offices, clinics and other health care facilities are frequent venues for gang activity. After a long night of drinking, drugging, gang banging and fighting, many gang members and their rivals end up in hospital emergency rooms and many become admitted patients for short or long-term care. Often, once at the ER in an agitated or intoxicated state, violence is seconds away.

What we have seen in 25 years of law enforcement and health care work, is that gang members, drug dealers, drug abusers and just the average everyday criminal needs little or no provocation to attack a doctor, nurse or health care staff member. In one such case, for no apparent reason other than a long wait in the emergency room, one gang member smacked a nurse in the face. On another occasion, a prostitute threatened the lives of everyone in a doctor's waiting room just because she didn't like the way others were looking at her.

There are many warning signs (indicators) and cautions relating to potential violence from gangs. Some of the things to look for or to be cautious of within your workplace are:

- **Obvious agitation** of patients and/or visitors as they arrive to the ER. This may indicate that they just came from a fight or may be looking for a fight.
- **Mad dogging:** A staring down or staring contest between visitors or directed at staff can be a clear indicator of impending violence. Many times, rival gang members arrive in the ER and begin a mad-dogging session that will usually erupt into violence.
- **Gang identifiers** can be a great indicator of a gang's presence and, of course, if there is a gang presence, the potential for violence—even to staff—increases exponentially. Gang

identifiers can manifest themselves in the form of colors; clothing of the same designer; a specific symbol; tattoos; or a specific sports team. Gang identifiers can be displayed in items on the person of the gang member (i.e., phonebooks, bandannas).

- Other indicators can be the **refusal to give up a bag or clothing** that can be hiding weapons or drugs. Several years ago, at a local hospital in Brooklyn's Sunset Park neighborhood, an ER patient involved in a car accident would not relinquish his clothing to a nurse. He was later observed passing a bag to a friend (fellow drug gang member). When officers responded, it was discovered that the bag possessed several pounds of marijuana ready for sale and that the person who took possession was armed with a gun. Had a nurse or security officer intervened further, the drug dealers were prepared to kill.
- **Perception of disrespect** can be deadly for staff since gang members thrive on wanting respect and need to maintain 'face' in every situation. Some gangs cannot accept orders from a female doctor or nurse because it is against their code. Removal of a gang member's colors by staff can be perceived as a disrespectful act and result in an attack.
- **Weapons** are a way of life for gang members and they seldom leave home without a gun, knife or razor blade. The wrong comment or action by a staff member or patient can result in a shooting, stabbing or slashing.

As evident in the most recent statistics, gangs are spreading and their resulting violence is proliferating. Cities, towns and workplaces have become all too common arenas for their macho street mentality. No longer can a blind or naïve eye be turned toward gangs and their violent tendencies. Understanding and awareness can help thwart and avoid violent situations while saving the lives of staff, patients and visitors alike. Training, protocols, and procedures can insure safety measures are followed and violence at the hands of gangs can be greatly minimized. ■



MNA and District Attorney discuss workplace violence: Norfolk County District Attorney William R. Keating met with MNA staff and advocates at his office during a Jan. 11 program focused on the problem of workplace violence in the health care industry. From left, Evelyn Bain, MNA Health and Safety Division Coordinator; Reggie Redfern, retired police chief, Easthampton; Rosemary O'Brien, chairperson of the MNA's Workplace Violence and Abuse Prevention Task Force; and Keating.

Health & Safety Contacts

For questions, comments or concerns related to health & safety issues, contact:

■ **Evie Bain, MEd, RN, COHN-S**
Associate Director/Coordinator,
Health & Safety
781-821-4625
eviebain@mnarn.org

■ **Christine Pontus, MS, RN,**
COHN-S/CCM
Associate Director, Health & Safety
781-821-4625
cpontus@mnarn.org

Fighting a silent epidemic: the Hepatitis C Coalition

As health professionals, you know the importance of access to reliable and quality services for addressing communicable diseases. We, at the Hepatitis C Coalition, are concerned with improving services for consumers with this often symptom-less liver disease.

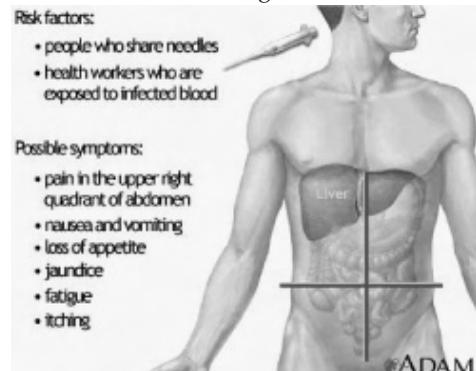
The Massachusetts Hepatitis C coalition brings together providers and consumers to work to increase awareness of Hepatitis C and support programs through education, advocacy and coalition building. With the help of nurses such as you, the coalition can take a more powerful stance in protecting the commonwealth from this unnecessary and preventable illness.

Virus can 'hide' for up to 30 years

Because a person can live 10, 20 or even 30 years without knowing the hepatitis C virus is in their body, much damage can be done during that time and a person can transmit the disease to others. Due to insufficient harm reduction services and other factors, in 2004, 10,127 newly diagnosed cases of hepatitis C were reported to the Massachusetts Department of Public Health. And with se-

vere budget cuts to public health since 2003, services for infected people have sharply decreased.

The coalition knows the challenges we as a health-oriented organization face. But,



together, we use our experiences as consumers and providers to increase the knowledge of hepatitis C within our communities and the legislature and use advocacy to fight for needed programs and services.

One of the coalition's top advocacy efforts has been to support the Pharmacy Access Bill, H.1476. This bill will make it legal for pharma-

cists to sell syringes without a prescription. With increased access to clean syringes, the incidence of hepatitis C will decrease. This is certain as 80-90 percent of all IV drug users are infected with hepatitis C due to sharing dirty needles. The bill passed the House of Representatives and is now posed for a vote in the Senate. Please call your senator in support of this bill. To find out who your senator is visit www.WhereDoIVoteMA.com.

DPH funding for hepatitis C

We also are working full speed ahead in advocating for the hepatitis C line item (4513-1114) in the fiscal year 2007 state budget. A new fact sheet has been developed and we are scheduling meetings with legislators to share our stories and the importance of increasing funds for hepatitis C programs within the Department of Public Health. If you would like to meet with your own representative or senator to talk about hepatitis C funding, please contact Jenny Nathans at the coalition for materials and more information.

We also ask that you make a phone call to your state representative and senator and

urge them to support funding the hepatitis C line item at \$2,505,000 in FY07, and to convey their support to the Chairman of the House Ways and Means Committee. In the current fiscal year, the line item is funded at \$562,876 (down 80 percent since 2002), which has meant the demise of many services. The governor just released his budget recommendations for next fiscal year and he has kept funding at this same level. Without increased funding there can be little improvement to services. The coalition can send you fact sheets, which may be help when you talk to your representative.

The coalition also provides educational opportunities through guest speakers and evening events.

We welcome members of MNA to join the coalition and bring your own expertise to the advocacy arena. Advocacy can be as simple as making a phone call, writing a letter or attending a meeting. Membership is free and meetings are held monthly around the state. If you would like to join the coalition's email list contact Jenny Nathans at 617-524-6696, x112 or at jennynathans@mphweb.org. ■

Hepatitis C: A silent epidemic in Massachusetts

Background

Hepatitis C is a life-threatening, viral illness that is transmitted through blood-to-blood contact by the hepatitis C virus (HCV). Hepatitis C may not show symptoms for many years. As a result, this infectious disease may be transmitted unknowingly. It impairs the liver by destroying liver cells and leads to cirrhosis, cancer and death. The liver is the largest human organ responsible for over 500 bodily functions such as digestion, metabolism, hormones and detoxification.

The problem

It is estimated that over 100,000 people in Massachusetts are living with hepatitis C. In 2004, 10,127 people were newly diagnosed, according to the Department of Public Health. Between 1994 and 2004, reported cases increased by 663 percent in the commonwealth.

In 2003, approximately 12,000 people in the United States died from HCV. The CDC projects that by the end of the decade hepatitis C will kill more people in the US than AIDS.

Funding for hepatitis C programs in the commonwealth has been cut by 80 percent since FY02, leading to unnecessary and preventable illness. In FY06, the funding level was \$562,876 and in FY04 there was no separate line item for hepatitis C. It was nested within HIV. In FY07, the governor has level funded it at \$562,876.

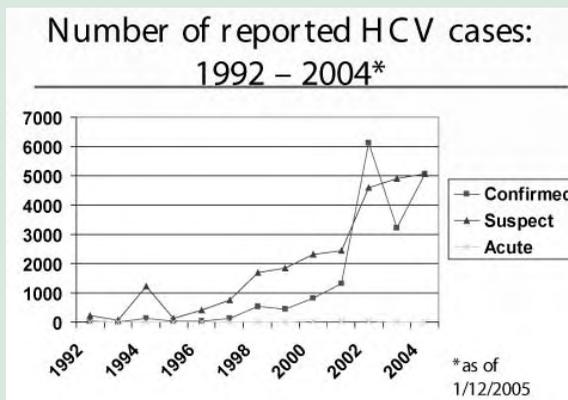
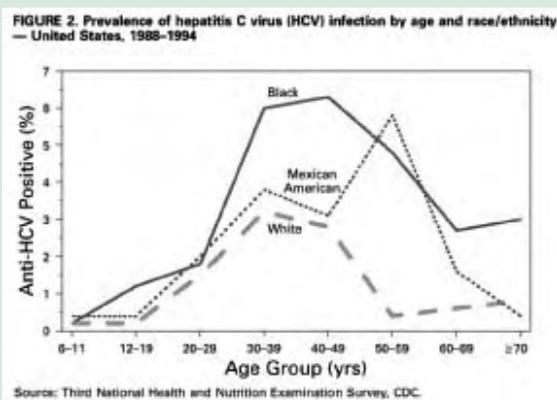
A Solution

Fund hepatitis C programs (state budget line item 4513-1114) at \$2,505,000. Make it possible for the Department of Public Health to address hepatitis C aggressively through:

- Increasing State Laboratory services that test for the presence and status of a disease in a patient.
- Expanding counseling and testing services at community health centers for all hepatitis C patients.
- Standardized educational and training efforts for health care and social service providers and the general public.
- Quality, regional case management services for all infected people.
- Improved surveillance of hepatitis C to assess state needs.

How you can help

- Commit to the Hepatitis C Coalition your support in funding hepatitis C programs at \$2,505,000 in FY07.
- Communicate this support and budget priority to Chairman of the House Committee on Ways and Means, Rep. Robert DeLeo, State House, Room 243, Boston, MA 02133. 617-722-2990.



National data on hepatitis C

Groups at risk

Those who are infected with hepatitis C are often those least able to get adequate care:

- 80-90 percent of intravenous drug users are infected
- 15-30 percent of those infected with HIV
- 22 percent of the homeless
- 15 percent of those incarcerated
- 7 percent of veterans
- 3 percent of health care workers

Projected societal costs, 2010-2019

- 193,100 hepatitis C-related deaths.
- \$10.7 billion in direct medical expenditures.
- \$21.3 and \$54.2 billion in societal costs, respectively, from premature disability and mortality in people under 65 years of age.

* Sources: France Foundation *Phoenix*, 2005 and Mass. Dept. of Public Health



MASSACHUSETTS

For more information, contact:

Jenny Nathans
617-524-6696, x112
jennynathans@mphweb.org
Mass. Hepatitis C Coalition
c/o Massachusetts Public Health Assn.
434 Jamaicaaway
Jamaica Plain, MA 02130

Workplace Violence: Health Care is Not Immune

Wednesday, March 29
At The Lantana, 43 Scanlon Drive, Randolph
Registration: 8:00 a.m. - 8:30 a.m.
Seminar: 8:30 a.m. - 1:30 p.m.

Presented by:

**U.S. Dept. of Labor/OSHA • Massachusetts Nurses Association •
 MA Division of Occupational Safety/On-Site Consultation Program**



MNA



Description: This course is designed for registered nurses, managers, supervisors, safety directors, human resource, risk management, and occupational health professionals in the health care industry who are affected by workplace violence and/or are developing workplace violence prevention programs.

Speakers:

- Mary M. Sennott, RN, Lieutenant, Massachusetts State Police
- Jonathan Rosen, Director of Health and Safety, New York State Professional Employees Federation
- Jean Haertl, Director of Workplace Violence Prevention, Commonwealth of Massachusetts
- Thomas Lynch, Director of Security, Baystate Medical Center
- Thomas Galassi, Deputy Director of the Directorate of Enforcement Programs OSHA, Washington, D.C.

Please note: Once you are registered, confirmation will not be sent. Space constraints require that attendance be limited to two persons from each facility.

Program Cancellation: MNA reserves the right to change speakers or cancel programs for extenuating circumstances. In case of inclement weather, please call the MNA at 781-821-4625 to determine whether a program will run as originally scheduled.

Chemical Sensitivity: In consideration of others, we ask that men and women refrain from wearing fragrances when attending this program.

Contact Hours: Contact hours will be provided by the Massachusetts Nurses Association which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. To successfully complete a program and receive contact hours, you must: 1) sign in, 2) be present for the entire time period of the session and 3) complete and submit the evaluation.

Fees: This program is free of charge.

Registration: To register, please contact Susan Clish in the MNA Nursing Department at 1-800-882-2056, x723 or 781-830-5723 or fax registration form attention Susan Clish

Registration Form: Workplace Violence: Health Care is not Immune • March 29, 2006

Name _____ RN LPN APN Other (specify) _____

Address _____

City _____ State _____ Zip _____

Telephone: Daytime _____ Evening _____

Place of Employment: _____

...UMass

From Page 1

- The forced use of benefit time during leaves of absence, versus an RN having the ability to choose whether or not to use benefit time or to take an unpaid leave
- An end to the practice of benefit time being calculated towards overtime
- The gutting of language specific to "reduction in force" (RIF), resulting in the weakening of the protections given to senior nurses if jobs are cut

In addition to these proposals, hospital management is also asking MNA members to accept what union reps say is language that aims to destroy the future of nursing at UMass. Specifically, these proposals would provide key benefits to senior nurses while newly-hired nurses would not be eligible for the same benefits:

- Senior RNs will continue to receive "traditional benefit time," while new RNs will get "earned benefit time"—resulting in a huge disadvantage in how new RNs accrue time off
- Contributions to senior RNs' defined benefit pension plans will be frozen, and new RNs will only be eligible to participate in a defined contribution plan (i.e., there will not be any hospital-sponsored pension plan in place for new hires)
- A weakening of maternity/FMLA policies

"These are just some of the proposals that management has presented so far," said

Logan. "Essentially they've decided that this negotiating committee is willing to sell out newly-hired RNs. We will never agree to that. We will not sell out our profession by hurting the nurses who will follow us."

New management, new problems

According to union leaders at UMass Memorial University Campus, there have been two major changes that have influenced the current stalemate in contract talks: new expansions and new management.

The hospital is currently in the midst of what it calls its "Lakeside expansion project," which includes the merging of UMass' SACU (a unit focused on day-surgery recoveries) with its PACU (the recovery room for the main operating room). The MNA voiced its concerns about this matter during negotiation sessions that were held specific to the expansion process—but management wouldn't budge. Instead, it insisted that the units would be merged and would operate with only one staff.

"Unfortunately, we have just witnessed an RIF because of this merger," said Judy Locke, vice chairperson of the bargaining unit and an RN in the SACU. "We argued against this for a number of months, but management insisted that the SACU and PACU had to become one unit with one staff."

Locke added that, in reality, the SACU and PACU will co-exist physically once moved to the new Lakeside area, but they will continue to function independently as separate sub-

unit areas with defined staff attending. "We repeatedly asked why they couldn't bring both units over into the new area intact and let them continue to function, each with their own staff. But ultimately management went ahead with its poorly laid plans and, as a result, the SACU nurses were forced into a RIF situation that affected 30 people."

The January 2005 arrival of Sharon Hylka, a vice president from the Memorial Campus, led to the reversal of a 15-year-old practice that benefited both the hospital and nurses.

Historically, the day-shift OR nurses had used their incidental time (changing time) at the end of their shifts to ensure that the first patients of the day were prepped and ready for their 7 a.m. surgeries—an arrangement that worked for everyone involved.

But in January 2005, Hylka changed the arrangement and, as a result, the nurses were denied their use of work time to change into scrubs, even though the practice is protected under state law. Various attempts by the MNA to resolve this issue have been made, but the hospital still refuses to pay the incidental time it owes the nurses.

Management, and Hylka in particular, have also invested a considerable amount of time in attacking Locke and other RNs who are union activists. From denying nurses their rightful benefit time to unjust disciplinary actions, management's modus operandi has been fraught with anti-union efforts and Locke has filed an unfair labor

practice with the NLRB as a result.

In the black, but still under attack

One of the most shocking components of the nurses' struggle to achieve a fair contract is that UMass Medical Center had a budgetary surplus of \$94.3 million in fiscal year 2005—yet management is still determined to decimate the very thing that is most essential in patient care: nursing.

In a Dec. 21 memo to hospital staff announcing the windfall, John O'Brien, president and CEO, wrote that UMass Memorial would continue to be focused "on creating an outstanding patient experience, becoming the workplace of choice ... and serving (the) community."

"A hospital is an institution of nursing care," said Locke, "so Mr. O'Brien's goals cannot possibly be met without that nursing care in place ... which makes us wonder why management is attacking us when they should be thanking us for our contributions, our skills and our dedication."

"To say that the MNA bargaining unit is angry over these issues is an understatement," said Logan. "A newsletter is being distributed after each negotiating session to keep every member informed of what's happening. We expect that action will be required of the bargaining unit in order to stem this attack on our rights and entitlements."

The union's current contract is set to expire in April. ■

MNA nominations & election policies & procedures

1. Nomination process and notification of nominees

Revised policy

- A. All candidates for office, submitting papers to the Nominations & Elections Committee, shall be notified in writing upon receipt of materials by the MNA staff person assigned to the Nominations & Elections committee. The letter of acknowledgement will identify the office sought. All notifications will be sent by MNA no later than June 15 of each year. If no acknowledgment has been received within 7 days of sending the consent to serve form, it is the nominees' responsibility to contact MNA regarding the status of their nomination.
- B. All candidates must be an MNA member or a Labor Program member in good standing at the time of nomination and election.
- C. A statement from each candidate, if provided, will be printed in the *Massachusetts Nurse*. Such statements should be limited to no more than 250 words.

2. Publication of ballot

- A. Preliminary Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the *Massachusetts Nurse*. The order names are listed on the ballot is determined by random selection.
- B. Final Ballot: All candidates who are members in good standing, shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee by the deadline date established by the committee and communicated in the *Massachusetts Nurse*. The order names are listed on the ballot is determined by random selection by the Nominations & Elections Committee or their designee.
- All candidates will receive a draft copy of the Final Ballot prior to the Election Mailing for verification purposes. Confirmation/request for corrections to the ballot should be made in writing to the Nominations and Elections Committee or their designee postmarked within seven days of receipt of the draft ballot.
- For uncontested positions the Nominations & Elections Committee may solicit candidates, accept late applications, and add to the ballot after the final ballot deadline with approval of the majority of members of the Nominations & Elections Committee present and voting.
- C. Ballot Information: All inquiries related to deadlines, status, policies, eligibility to vote and receipt of ballots are to be addressed to the staff person to the Nominations & Elections Committee or a designee.

3. Publication of policies/procedures/campaign practice

All policies, procedures and campaign practices related to the MNA elections shall be distributed to candidates upon receipt of their nomination papers. Notice to all members of availability shall be published in the *Massachusetts Nurse* annually.

4. Campaign practices

- A) All candidates shall have access to the following: membership lists/labels; structural unit rosters; bargaining unit rosters; and MNA on-site mailboxes. Candidates may also have access to campaign space in the *Massachusetts Nurse* and may request time on structural unit and bargaining unit agendas. The following conditions must be met.
1. Request for labels/lists/rosters* must be in writing and signed by the candidates. All requests will be honored provided they comply with the MNA information/label request policies.
 2. Requests from the candidate for time on structural unit or bargaining unit agendas must be in writing and directed to the appropriate chair. The staff person for the group must also be notified of the request. All candidates for a specific office must be provided with equal access and time.
 3. Structural units and bargaining units may invite candidates to speak at a meeting. All requests must be in writing with a cc to staff. All candidates for a specific office must be provided with equal access and time.
 4. All costs for labels/space in the *Massachusetts Nurse*, and mailing shall be the responsibility of the candidates. Labels will be provided at cost. Ad space in the *Massachusetts Nurse* will be at a specific advertising rate.
 5. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.
 6. All campaign mailings utilizing MNA membership labels shall be sent through a mailing house designated by the MNA. Mailing utilizing rosters may be done directly by the candidates.
 7. The membership list shall be available for review/inspection, by appointment with the Membership Department. Lists or records must remain on the premises.
- B. All candidates must follow acceptable practices in the acceptance of goods, services and contributions. This includes
1. Employers shall not provide money, supplies, refreshments or publication of and "endorsement" on behalf of a candidate.
 2. Candidates may not use MNA, Region or employer stationery to promote their candidacy.
 3. Candidates may not use postage paid for by MNA, Region or an employer to mail literature to promote their candidacy.
 4. Neither MNA its structural units or bargaining units may use dues money for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all

candidates for a particular office are invited and no candidate is shown preference over another.

5. Individual members may make voluntary contributions of money, goods or services to a candidate.
6. The amount that a candidate may expend in campaigning is not limited by MNA.
7. MNA elected and appointed officials may endorse candidates. In the event that the endorsement is to appear in the *Massachusetts Nurse*, then and only then, the endorsements must be verified on the official MNA Campaign Endorsement Form and must accompany ad copy. However, no endorsements may carry identification as to the MNA office held by the endorser (see attachment A).
8. MNA staff shall not wear promotional materials of any candidate or in any manner promote the candidacy of any individual.
9. Candidates shall not use the MNA corporate logo on campaign materials.
10. Campaigning or campaign materials are not allowed on MNA premises with the following exceptions:
 - When invited to a MNA structural unit or bargaining unit meeting.
 - Meeting attendees may wear promotional material.

5. Ballot/voting instructions

- A. Ballot will be mailed at least 15 days prior to the date which it must be mailed back (postmarked).
- B. Complete area (as per instructions on form) next to the name of the candidate of your choice. You may vote for any candidate from any Region.
- C. Do not mark the ballot outside of the identified area.
- D. Write-in votes shall not be considered valid and will not be counted.
- E. Enclose the correct and completed voting ballot in an envelope (marked Ballot Return Envelope), which does not identify the voter in anyway, in order to assure secret ballot voting. **ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE.**
- All 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. (At the discretion of the Nominations & Elections Committee, mailing envelopes containing the voter's name and address may be checked off on a master membership list. This process may be of the total membership list, or randomly selected envelopes.)
- If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to:
- MNA Secretary, c/o Contracted Election Administrator (address)
- In the upper left-hand corner of this envelope you must:
- a. Block print your name
 - b. Sign your name (Signature required)

c. Write your address & Zip

If this information is not on the mailing envelope, the secret ballot inside is invalid.

- F. The ballot must be received no later than _____ AM/PM on (Day) (Date) in order to be counted.
- G. The ballots must be mailed to : _____ MNA Secretary.

Contracted Election Administrator (Address)

6. Observation

- A. Each candidate or their designee who is a current MNA and/or Labor Relations Program member is to be permitted to be present on the day(s) of the opening and counting of the ballots. Notification of intent to have an observer present must be received in writing or electronic message from the candidate 5 working days prior to the ballot counting date.
- B. Each observer must contact the MNA staff person assigned to the Nominations & Elections Committee 5 working days prior to the day in question for space allocation purposes only.
- C. The observer must provide current MNA membership identification to election officials and authorization from the candidate.
- D. No observer shall be allowed to touch or handle any ballot or ballot envelope.
- E. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.
- F. All observers and candidates will keep election results confidential for 72 hours after the ballot procedure is completed and certified.

7. Candidate notification

- A. Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. 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. Hard copies of the election results shall be sent to each candidate.
- B. Results of the MNA election will be kept confidential until all candidates are notified. Notification of all candidates will occur within 72 hours of certification of the election.
- C. Results will include the following:
 - Number of total ballots cast for the office in question
 - Number of ballots cast for the candidate.
 - The election status of the candidate (elected/not elected)
- D. Any MNA member may access these numbers by written request.
- E. Election results will be posted at the annual meeting.

8. Storage of election materials

- A. Pre Election: All nomination forms and all correspondence related to nominations shall be stored in a locked cabinet at MNA headquarters. The Nominations & Elections Committee and staff

See *Election policies*, Next Page

...Election policies

From Previous Page

to the committee shall have sole access to the cabinet and its contents.

B. Post Election: All election materials including ballots (used, unused and challenged), envelopes used to return marked ballots, and voter eligibility lists shall be stored in a locked cabinet at MNA headquarters for one year. The Nominations & Elections Committee Chairperson and staff to the committee shall have sole access to the cabinet and its contents.

9. Post-election press release

The Department of Public Communications shall check the information on file/CV data for accuracy/currency with the elected candidate prior to issuing a press release.

*Member List—a computer listing of the total MNA membership eligible to vote, including name, address, billing information etc.

*Membership Labels—computer generated labels of the total MNA membership eligible to vote, provided in keeping with MNA Label Sales Policies.

*Rosters—computer generated list of the Board of Directors of MNA and all MNA structural units. List includes names and addresses.

Approved by Board of Directors: 5/16/02, 8/21/03, 3/17/05

**Notice to MNA members:
MNA Dues Increase**

Please note that the implementation of the final stage of the staggered dues increase voted in by the membership will become effective July 2006.

The total monthly dues will be \$65. This incorporates the regional dues, but does not include any local dues your unit may have.

Please update the Division of Membership if you no longer work in a bargaining unit, as well as any change in name or address in order that all relevant information will get to you.



Consent to Serve for the MNA 2006 Election

I am interested in active participation in the 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 (6 for 2 years)
- Congress on Health Policy (6 for 2 years)
- Congress on Health & Safety (6 for 2 years)
- Center for Nursing Ethics & Human Rights (2 for 2 years)

**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 Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.)

MNA Offices	Regional Council Offices

Past Offices/Association Activities (Committee, Congress, Regional Council, 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*. 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, 2006
Final Ballot: June 15, 2006

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

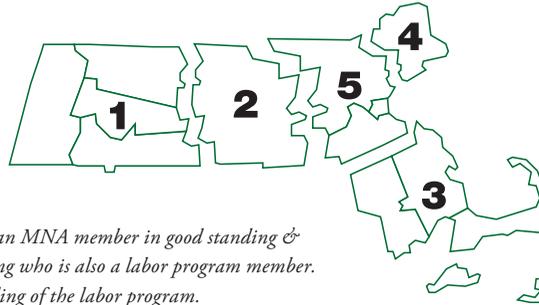
Consent to Serve for the MNA Regional Council

I am interested in active participation in MNA Regional Council

At-Large Position in Regional Council

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 & 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 Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.)

MNA Offices	Regional Council Offices

Past 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*. 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, 2006
Final Ballot: June 15, 2006

Return completed forms to the Chairperson of your specific Regional Council:
 Region 1: Patricia Healey, MNA Region 1, 241 King Street, Suite 215, Northampton, MA 01060
 Region 2: Jeannine Williams, MNA Region 2, 193 Boylston Street, Suite E, West Boylston, MA 01583
 Region 3: Peggy Kilroy, MNA Region 3, 449 Route 130, Sandwich, MA 02563
 Region 4: Catherine Evlog, MNA Region 4, 10 First Avenue, Suite 20, Peabody, MA 01960
 Region 5: James Moura, MNA Region 5, 340 Turnpike Street, Canton, MA 02021

Regional Council election

Pursuant to the MNA Bylaws: Article III, Regional Councils, Section 5: Governance
 The governing body within each region will consist of:

- a. (1) A Chairperson, or designee, for each MNA bargaining unit.
 (2) One Unit 7 representative on each regional council, to be designated by the Unit 7 President.
 (3) Seven at-large elected positions. General members, labor members, and labor program members are eligible to run for these at-large positions. At-large members serve a two year term or until their successors are elected.
- b. At-large members shall be elected by the Regional Council's membership in MNA's general election. Four at-large members shall be elected in the even years for a two year term and three at large members shall be elected in the odd years for a two year term.

Proviso: This election commences in 2006

Please note the consent to serve form for the Regional Council at-large positions is on this page. Four members will be elected this year to serve a two-year term. ■

R.A.D. MNA to hold Rape Aggression Defense System classes

The Rape Aggression Defense System (R.A.D.) is a women-only program of realistic and comprehensive self-defense tactics. It teaches the importance of awareness, prevention, risk reduction and risk avoidance, while progressing on to the basics of hands-on defense training. R.A.D. is not a martial arts program.

The MNA will be offering a three-part R.A.D. program to its members beginning in March 2006:

- Monday, March 27
5:30 - 9:30 p.m.
- Monday, April 3
5:30 - 9:30 p.m.
- Monday, April 10
5:30 - 9:30 p.m.

All classes will be held at MNA headquarters in Canton, and all classes will be taught by nationally certified R.A.D. instructors. A workbook/reference manual will be provided.

There is a no charge for MNA members. Non-MNA members will be charged \$45 for the three-part program, but are not eligible for reimbursement.

For more information or to register, contact Susan Clish at 781-830-5728.



Scholarship funding available through the Massachusetts Nurses Foundation

Kate Maker Scholarship

This scholarship was established to honor the memory of Kate Maker, RN, a great leader and powerful activist. Kate's primary focus as an activist was with the MNA. Kate was a long-time member of the MNA Board of Directors, and she served two terms as the chairperson of her bargaining unit at UMass Memorial Health Care's University Campus in Worcester. Kate participated in pickets and strikes for nurses at several Worcester-area hospitals and was particularly effective when it came to explaining the connections between safe-RN-staffing ratios and their immediate impact on patient safety.

The scholarship will be awarded to a student (entry level or practicing RN) who is pursuing an associate's or bachelor's degree in nursing. Preference will be given to students living and/or working in the Worcester area first, and then to other areas of MNA Regional Council 2. If the applicant is a practicing RN who is pursuing a bachelor's degree, she/he must be an MNA member.

Janet Dunphy Scholarship

Funded by a scholarship established by Regional Council 5, these scholarships are

given annually to an MNA member in good standing in Regional Council 5 and who is pursuing a B.S., M.S. or doctoral degree. Second preference will be given to those seeking advanced degrees in public health policy or labor relations at any level. If the applicant is an MNA member in a collective bargaining unit, an additional reference is required from your local unit representative/committee member attesting to distinguished service within your local unit. Anyone who is known to have crossed a picket line cannot be considered.

Regional Council 5 Scholarship

(Child of member in nursing program under age 25.) Funded by Regional Council 5, these scholarships will be awarded to a family member of an MNA member in good standing from Regional Council 5 and who is enrolled in an NLN accredited program in nursing.

Regional Council 5 Scholarship

(Child of member—higher education under age 25.) Funded by Regional Council 5, these scholarships will be awarded to a family member of an MNA member in good stand-

ing from Regional Council 5 and who is enrolled in an accredited program in any course of study.

Regional Council 5 Scholarship

(Spouse/domestic partner in nursing program; second preference will be given to those pursuing degree in public health policy, health care professional track or labor relations.) Funded by Regional Council 5, these scholarships will be awarded to a spouse/domestic partner of an MNA member in good standing from Regional Council 5 and who is enrolled in an NLN accredited nursing program.

Regional Council 4 Scholarship

Funded by Regional Council 4, this scholarship is given to an active Regional Council 4 MNA member to assist with his/her studies for a B.S., M.S. or doctoral degree in nursing.

Regional Council 3 Scholarship

Funded by Regional Council 3, scholarships are being offered to an MNA member in good standing and active in Regional Council 3 to assist with his/her studies for an A.D., B.S, M.S. or doctoral degree.

Regional Council 3 Scholarship

(Child of member in nursing program.) Funded by Regional Council 3, scholarships are being offered to a child of an MNA member in good standing and active in Regional Council 3 to assist with his/her studies in an accredited associate or baccalaureate nursing program.

Regional Council 2 Scholarship

Funded by Regional Council 2, scholarships will be awarded to an active Regional Council 2 member in good standing to assist with his/her studies in an accredited bache-

lor's, master's or doctoral program in nursing or a family member continuing their education in nursing.

Regional Council 2 Scholarship

(Family/Child of member in nursing program.) Funded by Regional Council 2, scholarships will be awarded to a family member/child of an active Regional Council 2 member in good standing to assist with his/her studies in nursing.

Regional Council 1 Scholarship

Funded by Regional Council 1, this scholarship is offered to a family member of a Regional Council 1 member, or a student sponsored by a Regional Council 1 member pursuing a degree in nursing.

Labor Relations Scholarship

Two scholarships are funded annually by a grant established by the MNA Division of Labor. The scholarships are for an RN or health care professional who is also an MNA member in good standing. Applicants must also be enrolled in a bachelor's or master's degree program in nursing, labor relations or related field. Additional reference is required from your local unit representative identifying your involvement in labor relation/collective bargaining activities.

MNA Unit 7 Scholarship

Two scholarships are being offered to members of Unit 7 State Chapter of Health Care Professionals pursuing a degree in higher education. One will be awarded to a registered nurse and one will be awarded to a health care professional.

For more information or to request a scholarship application, call 781-830-5745. Printable applications are also available at www.massnurses.org. ■

MNA incumbent office holders for 2006

President

Beth Piknick, RN (2005-2007)

Vice President

Donna Kelly-Williams (2004-2006)*

Secretary

Jim Moura, RN, BSN (2005-2007)

Treasurer

Nora Watts (2004-2006)*

Directors (2 from each Region, Labor Seat)

Region 1

Diane Michael (2004-2006)*
Irene Patch (2005-2007)

Region 2

Mary Marengo (2004-2006)*
Kathlyn M. Logan, RN (2005-2007)

Region 3

Stephanie Stevens (2004-2006)
Vacancy

Region 4

Vacancy
Fran O'Connell (2005-2007)

Region 5

Elizabeth J. Sparks (2003-2006)*
Connie Hunter, RNC (2005-2007)

At-Large Director (Labor Seat)

Karen Coughlin, RN, C (2005-2007)
Richard Lambos, RN (2005-2007)
Barbara Norton, RN (2005-2007)
Karen Higgins, RN (2005-2007)
Sandy Ellis (2004-2006)**
Nancy Gilman (2004-2006)*
Judy Smith-Goguen (2005-2007)

At-Large Director (General Seat)

Tina Russell, RN (2005-2007)
Jeannine Williams, RN (2005-2007)
Sandy Eaton, RN (2005-2007)
Joanne Hill (2004-2006)*
Sharon McCullum (2004-2006)*
Rosemary O'Brien (2004-2006)*

Labor Program Member

(Non-RN, Health Care Professional)

Beth Gray-Nix, OTR/L (2005-2007)

Nominations & Elections Committee

Stephanie Stevens (2004-2006)

Bylaws Committee

Kathryn F. Zalis (1999-2001)
Elizabeth Kennedy (2002-2004)
Margaret Sparks (2000-2002)
Jane Connelly (2003-2005)**
Sandra LeBlanc (2001-2005)**

Center for Nursing Ethics & Human Rights

Ellen Farley (2004-2006)
Lolita Roland
Anne Schuler
Kelly Shanley (2004-2006)

Congress on Health Policy & Legislation

Donna Dudik (2004-2006)
Marilyn Crawford (2004-2006)**
Sandra Hottin (2002-2004)*

Congress on Nursing Practice

Mary Amsler (2005-2007)
Karen A. Carpenter (2005-2007)
Marianne Chisholm (2004-2006)*
Ellen Deering (2005-2007)
Stephanie V. Holland (2005-2007)
Marian Nudelman (2004-2006)*
Christine A. O'Brien (2004-2006)
Margaret M. Webster (2004-2006)
Linda A. Winslow (2004-2006)*

Congress on Health & Safety

Terri J. Arthur (2004-2006)*
Janet Butler (2004-2006)*
Mary Ann Dillon (2005-2007)
Sandra E. LeBlanc (2004-2006)*
Kathleen Sperrazza (2004-2006)*
Lorraine MacDonald (2005-2007)
Gail Lenehan (2005-2007)
Elizabeth O'Connor (2005-2007)
Mary V. Bellistri (2005-2007)*
Michael A. D'Intinosanto (2004-2006)*
Janet K. Reeves (2004-2006)*

Donations Needed for MNF Annual Auction!

We Need Your Help: The Massachusetts Nurses Foundation is preparing for the annual golf tournament that is scheduled for June 2006, as well as its annual silent and voice auction to be held during the MNA's 2006 convention.

Donations are needed to make these fundraising events a big success. Your tax-deductible donation helps the Foundation raise funds to support nursing scholarships and research.

- ✓ Valuable Personal Items
- ✓ Gift Certificates
- ✓ Works of Art
- ✓ Craft Items
- ✓ Memorabilia & Collectibles
- ✓ Vacation Packages
- ✓ Gift Baskets

Your support is appreciated

Jeannine Williams
MNF President

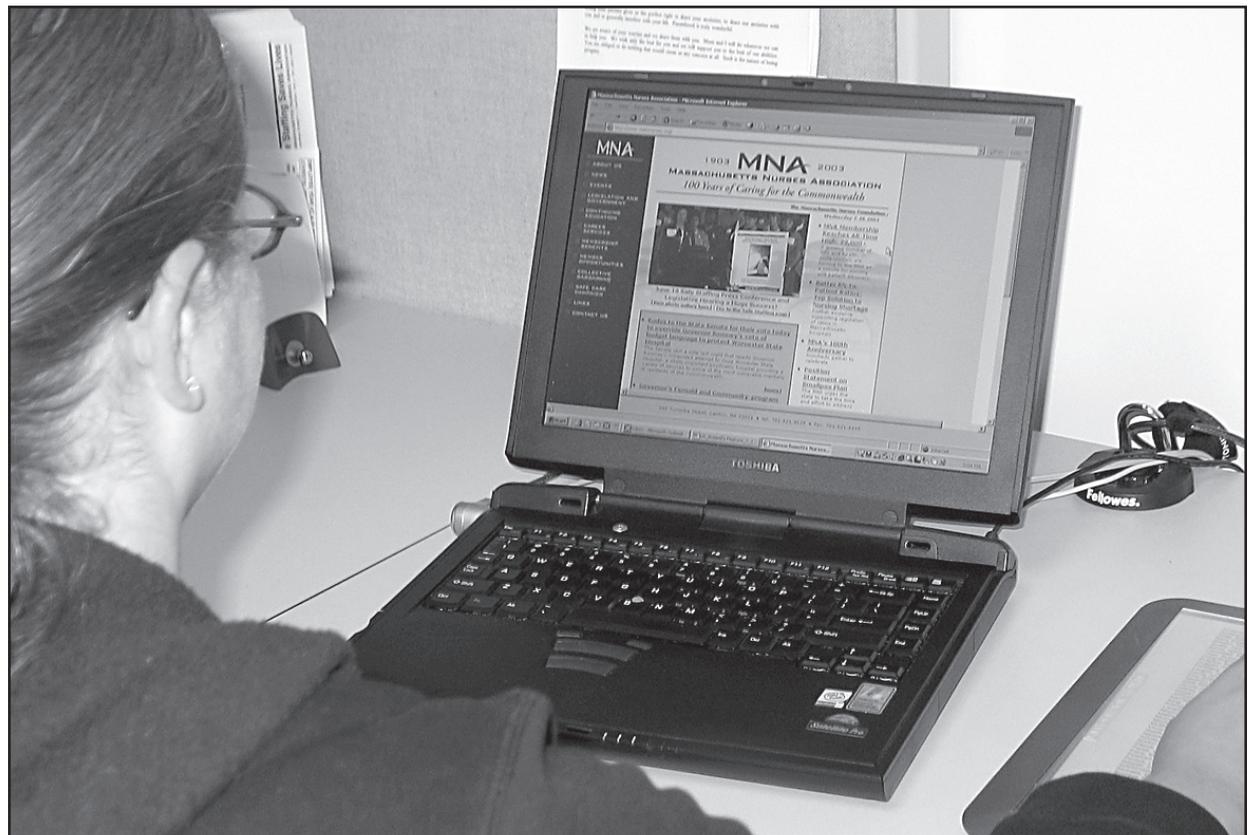
Patricia Healey
MNF Secretary

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to: MNF, 340 Turnpike Street, Canton, MA 02021



Free online courses!

NEW online Continuing Education Programs on the MNA Web site



Current program topics include:

Fragrance Free! Creating a Safe Healthcare Environment

1.2 contact hours

The goal of this program is to ensure a therapeutic environment in which the patient and the nurse can interact, as well as to create a healthy workplace in which employees can practice.

Workplace Violence

1.1 contact hours

The goal of this program is to provide nurses and others with an understanding of the extent and severity of workplace violence in the health care setting, the effects this violence has on nurses and other victims and learn to identify hazardous conditions that can be corrected to prevent violence.

Participating RNs and healthcare professionals have the option to either complete their studies in “one sitting” or over the course of several days and/or visits—whatever is most convenient.

MORE EXCITING GROUP TRIPS TO EUROPE IN 2006!

MNA is pleased to announce we are promoting these trips.

GREECE, WITH A THREE-NIGHT GREEK ISLAND CRUISE

\$1,869* outside cabin or \$1,799* inside cabin
Oct. 25 – Nov. 2, 2006

We are offering this spectacular nine-day/seven-night tour to Greece and the Greek Isles at a beautiful time of year for the area. While in Greece, we will be staying in Athens and touring the local sites of the ancient capital. We will also tour key sites outside of Athens in Delphi and Corinth. This trip will include a three-night cruise aboard the Louis Cruises' *Perla*. While onboard we'll visit the following Greek Islands: Mykonos, Rhodes and Patmos as well as the Turkish Island of Kusadasi. This trip includes round trip air from Boston and transfers to and from the hotel. Almost all meals are included (three lunches are on your own) as well as daily tours. This trip is sure to fill quickly, so reserve soon.



FLORENCE, VENICE AND ROME

\$1,729*
Nov. 9-17, 2006

Join this wonderful nine-day/seven-night tour featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. The tour will include four nights in the beautiful Spa town of Montecatini (just outside of Florence). From there you will have day trips to Florence, Venice, Siena and San Gimignano. On the day we travel south to Rome, we will visit the picturesque city of Assisi. The remaining three nights will be in Rome where we will have a full-day tour of the Colosseum, the Parthenon, the Spanish Steps, the Trevi Fountain and much more. The other day in Rome will include a tour of Vatican City. This trip includes round trip air from Boston and transfers to and from the hotel. Breakfast and dinner daily is included as well as one lunch. Don't miss this grand tour of Italy's key cities.



Reserve Early  Space is Limited

To receive more information and a flyer on these great vacations, contact Carol Mallia via email at cmallia@mnarn.org and provide your mailing address.

*Prices listed are per person, double occupancy based on credit card purchase. Applicable departure taxes are not included. Check purchase price is \$30 lower than the price listed.

MNA membership dues deductibility 2005

Below is a table showing 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	\$28.50	5.0%

The Massachusetts Nurses Association joins MITSS in providing support to nurses involved with an adverse medical event.

"To Support Healing & Restore Hope"

Program Mission/Philosophy

- We believe that nurses have a professional responsibility to support colleagues who have been affected by unexplained medical outcomes or adverse patient events.
- We believe that early support can lessen the emotional effects on the nurse clinician provider.
- **Are you a nurse who has been impacted emotionally by an experience associated with an adverse medical outcome?**
- **Would you like to talk confidentially to a MITSS therapist?**
- **Would you like to join in a peer-led support group?**
- **Would you like to join or participate in a structured support group led by an experienced psychologist?**

Medically Induced Trauma Support Services (MITSS), Inc. is a non-profit organization that supports, educates, trains, and offers assistance to individuals affected by medically induced trauma.

MITSS supports clinicians using the following resources:

- One-on-one interaction via phone
- Group sessions led by a professional facilitator
- Training for fellow survivors who would like to help others

MITSS Toll-Free Number
MNA MITSS Referral Line
MITSS Web Site

888-36-MITSS
781-821-4625, x770
<http://mitss.org>

This service is available to any RN in Massachusetts.



MNA

MNA CONTINUING EDUCATION COURSES

Spring 2006 Courses

Managing Conflict: The Verbal Solution

Description This program will provide nurses with an understanding of the management of conflict in the workplace and skills necessary to its effective management.

Speaker Joe-Ann Fergus, BSN, RN

Date March 23

Time 5:30 – 9 p.m. (*light supper provided*)

Place MNA headquarters, Canton

Fee MNA members free; others \$65

Contact Hours* 3.0

MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Workplace Violence: Health Care is Not Immune

Description This course is designed for registered nurses and others in the health care industry who are affected by workplace violence and/or are developing workplace violence prevention programs.

Speaker Evelyn Bain, MEd, RN, COHN-S

Date March 29

Time 8:30 a.m. – 1 p.m.

Place The Lantana, Randolph

Fee MNA members free; others free

Contact Hours* 5.3

MNA Contact Susan Clish, 781-830-5723 or 800-882-2056, x723

The Real Nursing World: Transition from Student to RN

Description Don't miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration, labor relations and political action, and career counseling. Representatives from area hospitals and other health care facilities will be available before and after the program to discuss employment opportunities.

Facilitator Carol Mallia, RN, MSN

Panel TBA

Date March 28 – Springfield Marriott, Springfield
March 29 – Worcester Crowne Plaza, Worcester
April 4 – Lombardo's, Randolph

Time 5:30 – 9:30 p.m. (*light supper provided*)

Place (see above)

Fee Free to senior nursing students and faculty

MNA Contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Nurse Protect Thyself...Tools to Minimize Your Legal Exposure

Description This program will provide nurses with a tool kit of information to minimize liability in nursing practice situations. The elements of negligence and how nurses are accountable through regulations, scope of practice and standards of care will be addressed. Documentation and its uses in litigation will be discussed and strategies provided to protect your nursing practice.

Speakers Legal Nurse Consultants, Southern New England Chapter of the American Association of Legal Nurse Consultants

Date April 7

Time 8:30 a.m. – 4 p.m. (*light lunch provided*)

Place MNA headquarters, Canton

Fee MNA and AALNC members \$75; others \$99

Contact Hours Will be provided

MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719.

Advanced Cardiac Life Support: Certification & Recertification

Description This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day certification and a one-day recertification course. Recertification candidates must present a copy of their current ACLS card at the time of registration.

Speaker Carol Mallia, RN, MSN and other instructors for the clinical sessions

Date April 11 and April 12 (Certification); April 6 (Recertification)

Time 9 a.m. – 5 p.m. (*light lunch provided*)

Place MNA headquarters, Canton

Fee Certification: MNA members free; others \$195
Recertification: MNA members free; others \$165

Contact Hours* 16 contact hours for certification only

Cardiac and Pulmonary Pharmacology

Description This program will provide nurses, from all clinical practice settings, with a better understanding of how cardiac and pulmonary medications work. The actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.

Speaker Carol Mallia, RN, MSN

Date May 16

Time 5 – 9 p.m. (*light supper provided*)

Place MNA headquarters, Canton

Fee MNA members free; others \$65

Contact Hours* 4.5

MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Disaster Preparedness: An All-Hazards Approach for Nurses

Description This three-part program provides an overview of the "All-Hazards Approach" to disaster management geared to the special role of nurses. The development of approaches and capacity to deal with common natural and technological disasters (hurricanes, floods, forest fires, earthquakes, flu outbreaks, power outages, natural gas explosions) as well as with chemical, biological, radiological and nuclear threats and the role nurses can play in responding to disasters will be discussed. This approach calls for the development of adaptable plans which provide the basis for dealing with a variety of hazards and disasters, including terrorist acts. Part 1) All hazards approach overview; Part 2) Community, family, self: disaster planning, nurse involvement; Part 3) Psychosocial affects of disaster, nursing management. Participants may elect to attend any or all parts.

Speakers Part 1: Anthony Fulcalaro, EMT; Capt. Lawrence P. Ferazani
Part 2: Cynthia R. Butters, RN, MS, Ed.D.; Mary Conant, RN, BSN
Part 3: Lisa Gurland, RN, Psy.D; Karen Carpenter, APRN, BC, FNP, JD

Date June 1 – Part 1
June 14 – Part 2
June 21 – Part 3

Time 5 – 9 p.m. (*light supper provided*)

Place MNA headquarters, Canton

Fee MNA members free; others \$45

Contact Hours* Will be provided

MNA Contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Cardiac and Pulmonary Emergencies

Description This program is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation and ABG interpretation, as well as clinical management of respiratory distress, will be addressed.

Speaker Carol Mallia, RN, MSN

Date June 20

Time 5 – 9 p.m. (*light supper provided*)

Place MNA headquarters, Canton

Fee MNA members free; others \$65

Contact Hours* 3.9

MNA Contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

All Continuing Education programs run entirely by the MNA are free of charge to all MNA members.

("Nurse Protect Thyself" is provided in conjunction with another organization and is not free.)

**SEE NEXT PAGE FOR
REGISTRATION AND INFORMATION
FOR ALL CE COURSES**

Region 3 Moves to a New Office

On March 1, the MNA Region 3 office moved to a new location



New address:
60 Route 6A
Sandwich, MA 02563

Old address:
449 Route 130
Sandwich, MA 02563

Our phone number and email address are unchanged.

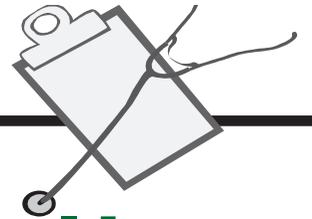
Phone: 508-888-5774

Email: mnaregioncouncil3@adelphia.net

CONTINUING ED COURSE INFORMATION

- Registration** Registration will be processed on a space available basis. Enrollment is limited for all courses.
- Payment** Payment may be made with MasterCard, Visa or Amex by calling the MNA contact person for the program or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021.
- Refunds** Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.
- Program Cancellation** MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. **In case of inclement weather**, please call the MNA at 781-821-4625 or 800-882-2056 to determine whether a program will run as originally scheduled. Registration fees will be reimbursed for all cancelled programs.
- *Contact Hours** Continuing education contact hours for all programs except "Advanced Cardiac Life Support" are provided by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for "Advanced Cardiac Life Support" are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
To successfully complete a program and receive contact hours or a certificate of attendance, you must:
- 1) **Sign in**
 - 2) **Be present for the entire time period of the session**
 - 3) **Complete and submit the evaluation**
- Chemical Sensitivity** Scents may trigger responses in those with chemical sensitivities. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

Senior Nursing Students



The Real Nursing World: Transition from Student to RN

These unique programs provide senior nursing students with the opportunity to hear, first-hand, what it is like to transition from the school environment to the world of professional nursing. A distinguished panel of guests that includes recent graduates and experienced nurses will share their experiences and present strategies for transitioning successfully. Topics will include:

- How to best manage a job search in today's nursing environment
- The importance of securing a complete new-graduate orientation program and preceptorship
- Successful interview strategies for finding the right job

Representatives from area hospitals and other health care facilities will be available before the program to discuss employment opportunities. Attendees are encouraged to bring copies of their resumes. A light supper will be served.

March 28 ♦ 5:30 - 9:30 p.m..

Springfield Marriott, Springfield

March 29 ♦ 5:30 - 9:30 p.m

Crowne Plaza Hotel, Worcester

April 4 ♦ 5:30 - 9:30 p.m.

Lombardo's Function Facility, Randolph

These programs are free to all senior nursing students and nursing faculty. Space will fill quickly! You must pre-register for the program by contacting Theresa Yannetty at the MNA, 800-882-2056, x727, or by email at tyannetty@mnarn.org, with all the information listed.

THE REAL NURSING WORLD – TRANSITION FROM STUDENT TO RN

- March 28 – Springfield Marriott, Springfield**
- March 29 – Crowne Plaza Hotel, Worcester**
- April 4 – Lombardo's Function Facility, Randolph**

Name _____

Permanent Home Address _____

City _____

State _____

Zip _____

Home Telephone: () _____

Email _____

I am a senior nursing student at _____

My graduation date will be: _____

My degree will be: _____

*Return completed registration form by March 24 to: Massachusetts Nurses Association, Attn: Nursing Department, 340 Turnpike Street, Canton, MA 02021
To email your registration, include the information requested above and send to: tyannetty@mnarn.org*

MNA Member Discounts Save You Money

Personal & Financial Services

PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION.....800-247-1500 (8:00 A.M. TO 6:00 P.M.)
Leading provider of professional liability insurance for nursing professionals with over 800,000 health care professionals insured.

CREDIT CARD PROGRAM

MBNA AMERICA..... 800-847-7378
Exceptional credit card at a competitive rate.

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

ISI NEW ENGLAND INSURANCE SPECIALIST LLC800-959-9931 OR 617-242-0909
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.

DISCOUNT TAX PREPARATION SERVICE

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RELIANT MORTGAGE COMPANY 877-662-6623
Save on your next home loan/mortgage with discounts available to MNA members and their families. Receive discounts off mortgage applications for home purchase, refinance and debt consolidation loans. Inquire into no points/no closing costs programs and reduced documentation programs. Receive free mortgage pre-approvals.

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MNA member discount is available for all household members. No service changes when choosing convenient EFT payment plan. Prices competitive with AAA. For a no obligation quote visit www.colonialinsuranceservices.com.

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Save 10–20 percent on SuperHome rate plans with no activation fee plus 20 percent discount on accessories. Some discount plans include free nights (9 p.m. to 7 a.m.) and weekends.

T-MOBILE..... 781-888-0021
Get more of the wireless products and services that keep mobile professionals connected. T-Mobile is offering MNA members and their families a free phone with activation, free nationwide long distance and roaming and free nights and weekends (on specific plans). International rates also available. No activation fee is required for members.

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Receive an 8 percent discount on plans priced \$34.99 and above! Receive a free Motorola V60s on any new purchase or upgrade.

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Enjoy free incoming call plans and direct connect. Save 10 percent on rates and 30 percent on equipment. Many phones to choose from, including the new 1830 and the new Blackberry 7510. Now you can order online with no shipping or account setup fees at www.nextel.com/massnurses/

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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.

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MNA DIVISION OF MEMBERSHIP800-882-2056, x726
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

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MASS BUYING POWER..... 866-271-2196
Mass Buying Power is a no-cost, no-obligation benefit offered to MNA members. Before you make your next purchase visit www.massbuy.com for any new products and services. Log in as a group member (sign-in name: MBP, password, MBP)

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Discount prices on a broad range of products. Nationwide shipping or local pickup available. Register at mnadiscounproducts.com (member ID: 391321040).

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Lower your home heating oil costs by 10–25 cents per gallon or \$150 per year.

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

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Showcase Cinemas/National Amusements, \$7. AMC Theatres, \$5.50. Regal Cinemas (not valid first 12 days of new release), \$6. Call to order by phone with Mastercard or Visa.

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..... 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

Members now have access to discounts for movie tickets, movie rentals, theme parks, ski tickets, Broadway shows, and much more. Register today at www.workingadvantage.com (member ID available by calling 781-830-5726).

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MNA DIVISION OF MEMBERSHIP800-882-2056, x726
Purchase discount admission tickets for \$30 per person (seasonal).

**Take advantage of these special discounts specifically designed for MNA members.
For more information, contact the representative listed or call member discounts at the MNA, 800-882-2056, x726.
All discounts are subject to change.**

Medical Mission: Honduras, April 2006

The MNA Diversity Committee is seeking donations of medicines and other items that will make a difference in the lives of Honduran citizens. These items will be delivered to Honduras in April during a medical missions trip.

Below is a list of items that are needed. All donations will be appreciated.

Donation Wish List

- Infant and pediatric Tylenol, liquid and tabs
- Pediatric Motrin
- Infant and pediatric decongestant
- Adult Motrin, Naprosyn and Tylenol
- Adult cold and cough remedies
- Adult vitamins
- School supplies
- Shoes and socks
- Toothbrushes
- Bar soaps; hotel soaps are great
- Reading glasses—invaluable!
- Spanish-language children's books
- Popsicle sticks and yarn
- Cash donations—to help people in need of medical treatments/interventions.
- *Please, no candy or balloons*

Please make sure all expiration dates are at least one year out.

Send donations to MNA, Attn: Medical Missions,
340 Turnpike St., Canton, MA 02021.

For information—including how to join the medical missions team—
contact Carol Mallia via email at cmallia@mnarn.org.



The MNA
Diversity Committee



MNA

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?

CALL THE MNA PEER ASSISTANCE PROGRAM

ALL INFORMATION IS CONFIDENTIAL
781-821-4625, EXT. 755
OR 800-882-2056 (IN MASS ONLY)
WWW.PEERASSISTANCE.COM

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. Contact: Donna White, 617-469-0300, x305. Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. Contact: LeRoy Kelly, 508-881-3192. Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock Street, Suite 209, Quincy. Contact: Terri O'Brien, 781-964-9546. Meets: Wednesdays, 5:15 p.m. & coed at 6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Eleanor O'Flaherty, 508-559-8897.

- Meets: Fridays, 6:30-7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Contact: Jacqueline Sitte, 781-341-2100. Meets: 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. Meets: Mondays, 6–7 p.m.
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Facilitator: Teri Gouin, 978-352-2131, x15. Meets: Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor, Beverly. Contact: Jacqueline Lyons, 978-697-2733. Meets: Mondays, 6–7 p.m.

- Partnership Recovery Services, 121 Myrtle Street, Melrose. Contact: Jay O'Neil, 781-979-0262. Meets: Sundays 6:30–7:30 p.m.

Western Massachusetts

- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Contact: 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. Meets: Wednesdays, 7–8 p.m.

Southern Massachusetts

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-790-1944. Meets: Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke. Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.

- Substance Abuse Support Group, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

Other Areas

- Maguire Road Group, for those employed at private health care systems. Contact: John William, 508-834-7036 Meets: Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Contact: Sharon Goldstein, 800-445-1195. Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 5th Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8852, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m. ■



This could be your big break!

MNA-produced movie to feature nurse actors & actresses

The MNA is looking for a few budding actors and actresses to appear in an educational video about how bargaining units can be most successful during contract negotiations. Once completed, the video will be used as a training tool at bargaining units throughout New England.

MNA members who are interested in participating should be able to make a time commitment of no more than 25 hours and should also be willing to travel to the MNA's Canton office.

Filming is expected to begin within the next few months.

For information or to answer the casting call, contact Joe Twarog at 781-830-5757. ■

Movie nurse trivia

From Nurse Ratched to Nurse Betty, nurses have figured prominently in scores of movies.

Below is some trivia about movie nurses gathered from the Internet Movie Database:

- There were 8,070 nurse characters listed.
- 173 roles were specifically identified as "Male Nurse"—and one was played by a woman!
- Singer-actress Diahann Carroll broke racial stereotypes in 1968 by starring in the first TV show to feature an African-American woman as a professional character. She played "Julia," a nurse. ■

Michael Moore wants YOU to be in his next movie

"Sicko" to focus on the health care industry's atrocities

Friends,

Have you ever found yourself getting ready to file for bankruptcy because you can't pay your kid's hospital bill, and then you say to yourself, "Boy, I sure would like to be in Michael Moore's health care movie!"

Or, after being turned down for the third time by your HMO for an operation they should be paying for, do you ever think to yourself, "Now THIS travesty should be in that movie?"

Or maybe you've just been told that your father is going to have to just, well, die because he can't afford the drugs he needs to get better—and it's then that you say, "Damn, what did I do with Michael Moore's home number?"

OK, here's your chance. As you can imagine, we've got the goods on these crooks. All we need now is to put a few of you in the movie and let the world see what the greatest country ever in the history of the universe does to its own people, simply because they have the misfortune of getting sick. Because getting sick, unless you are rich, is a crime—a crime for which you must pay, sometimes with your own life.

About four hundred years from now, historians will look back at us like we were some sort of barbarians, but for now we're just the laughing stock of the Western world.

So, if you'd like me to know what you've been through with your insurance company, or what it's been like to have no insurance at all, or how the hospitals and doctors wouldn't treat you (or if they did, how they sent you into poverty trying to pay their crazy bills) ...if you have been abused in any way by this sick, greedy, grubby system and it has caused you or your loved ones great sorrow and pain, let me know.

Send me a short, factual account of what has happened to you—and what IS happening to you right now if you have been unable to get the health care you need. Send it to michael@michaelmoore.com. I will read every single one of them (even if I can't respond to or help everyone, I will be able to bring to light a few of your stories).

Thank you in advance for sharing them with me and trusting me to try and do some-

thing about a very corrupt system that simply has to go.

Oh, and if you happen to work for an HMO or a pharmaceutical company or a profit-making hospital and you have simply seen too much abuse of your fellow human beings and can't take it any longer—and you would like the truth to be told—please write me at michael@michaelmoore.com. I will protect your privacy and I will tell the world what you are unable to tell. I am looking for a few

heroes with a conscience. I know you are out there.

Thank you, all of you, for your help and your continued support through the years. I promise you that with this "Sicko" we will do our best to give you not only a great movie, but a chance to bring down this evil empire, once and for all.

In the meantime, stay well. I hear fruits and vegetables help.

Yours, Michael Moore ■

MASSACHUSETTS NURSES ASSOCIATION

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MNA Discount Products* provides you with discount prices on TVs, Audio/Video, Digital Cameras, Giftware, Appliances, Jewelry, Luggage, to list a few. We offer shipping, as well as local pickup in our Canton, MA facility. Simply register at www.mnadiscountproducts.com with your company code MNA2006 and start saving today!

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The first 100 people to register by March 31st will be automatically entered in a drawing to win this Canon PowerShot A410 Digital Camera & Selphy CP Compact Photo Printer**!

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PowerShot SD550 DIGITAL ELPH

7.1 Megapixel Digital Elph • Large 2.5" LCD screen and optical viewfinder • Fast Frame Rate Movie Mode • 15 Shooting Modes • DIGIC II Image Processor • USB 2.0 Hi-Speed Interface



PowerShot S2 IS DIGITAL CAMERA

5.0 Megapixel Digital Camera • Super Long 12x Optical, 48x Combined Zoom • 1.8" Vari-Angle LCD screen & Special Night Display function • 20 shooting modes • X II Image Processor and iSAPS technology • High-quality 30fps VGA continuous movie recording



PowerShot SD450 DIGITAL ELPH



5.0 Megapixel Digital Elph • 3x Optical Zoom • 2.5" LCD screen and optical viewfinder • Fast Frame Rate Movie Mode • DIGIC II Image Processor • USB 2.0 Hi-Speed Interface



8 Megapixel EOS Digital SLR • CMOS Sensor • Fast 3 frames-per-second shooting with 14 frame burst and 0.2 second startup time • High-speed, Wide-area 7-point AF with superimposed focusing points • DIGIC II Image Processor • USB 2.0 Hi-Speed Interface

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A new MNA family benefit



Reliant Mortgage Company is proud to introduce the **Massachusetts Nurses Association Home Mortgage Program**, a new MNA benefit that provides group discounts on all your home financing needs including:

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We can advise you with options for refinancing your current mortgage to reduce your monthly payments, change the term of your loan, or put the equity in your house to work to consolidate debt or pay for home improvements. And if less than perfect credit (including bankruptcy or foreclosure) is a problem, ask us about practical "make-sense" underwriting. Whatever your needs, we're here to help. Give us a call at **877-662-6623**. It's toll free.

As an MNA member, you and your family are entitled to receive free mortgage pre-approvals, and credit analysis.

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1.877.MNA.MNA3



NEED A SPEAKER FOR YOUR CLASS?

Call the



MNA

Speakers Bureau

The MNA Speaker's Bureau provides experts to assist nursing school faculty in their efforts to bring important and topical information to students. Below is a listing of topics and speakers available free of charge to speak to your class.

- **Safe Staffing Saves Lives—The Case for RN-to-Patient Ratio Legislation**
An analysis of the causes and impact of the current staffing crisis in Massachusetts on nurses and patients, review of research to support legislation, detailed explanation of the current safe staffing bill with a discussion of its benefits to the profession and patient care.
Presented by Charles Stefanini, MNA Director of Legislation and Governmental Affairs
Contact: cstafanini@mnarn.org; 781-830-5716
- **The Role of Political Action in Protecting Nursing Practice**
A review of the impact of politics and government regulation on nursing practice and health care with an emphasis on how nurses can and should use the political process to protect their profession and improve care for their patients
Contact: cstafanini@mnarn.org; 781-830-5716
- **No Time for Silence—Using Public Opinion to Protect Nursing Practice**
A program promoting the need for nurses to be more visible and vocal in the media, in their communities and other forums to help shape public opinion to protect issues important to the profession. Includes a rationale for action, specific communications strategies and case histories.
Presented by David Schildmeier, MNA Director of Public Communications
Contact: dschildmeier@mnarn.org; 781-830-5717
- **Medication Errors: Focus on Prevention**
This program describes the complexity of the medication system in acute care facilities. It is designed to assess and review medication administration systems to improve their safety.
Presented by Dorothy McCabe, MNA Director of Nursing
Contact: dmccabe@mnarn.org; 781-830-5714
- **A Primer on Accepting, Rejecting and Delegating a Patient Assignment**
This program provides a framework for decision making based on the Nurse Practice Act and other regulatory agencies to safeguard nursing practice and patient care.
Contact: dmccabe@mnarn.org; 781-830-5714
- **Obtaining Your First Position: A Primer**
A program for senior nursing students to provide practical information on how to secure their first position in the field, including job search, resume preparation and interviewing tips.
Contact: dmccabe@mnarn.org; 781-830-5714
- **Forensic Nursing and Care of the Sexual Assault Patient**
A discussion on sexual assault and the prevalence of assault across the lifespan, options for medical care, forensic medical examinations, prophylaxis and counseling resources.
Presented by Mary Sue Howlett, RN, Training Coordinator, SANE Program
Contact: mhowlett@mnarn.org; 978-687-4262
- **The Role of the Mass. BORN and Its Relationship to Your Practice**
A program covering the BORN'S regulatory authority in the state, rules and regulations governing the practice of nursing, the BORN disciplinary process, and the need for nurses to maintain professional liability insurance.
Presented by Mary Crotty, RN, MNA Associate Director/Nursing Research
Contact: mcrotty@mnarn.org; 781-830-5743
- **The MNA—Who We Are and What We Do**
A program describing the role, mission, organization and activities of the MNA, with a review of key issues and accomplishments of the organization.
Contact: dschildmeier@mnarn.org; 781-830-5717
- **Unions and Nursing—The Power of Collective Bargaining**
This program covers the history of unionization in nursing, what unions do, the benefits of union representation, as well as information on the process for forming a union.
Contact: dschildmeier@mnarn.org; 781-830-5717
- **History of Nursing in Mass.—100 Years of Caring for the Commonwealth**
This program traces the history of professional nursing and the MNA in the commonwealth, from its birth in 1903 through establishment of the RN role under law, its growth and development up until today.
Contact: dschildmeier@mnarn.org; 781-830-5717
- **Managing Conflict: The Verbal Solution**
This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies, including situational analysis and effective listening and communication skills will be addressed. The program will conclude with an interactive discussion of case scenarios related to conflict management.
Contact: jfergus@mnarn.org; 781-830-5714
- **Recognizing and Supporting Colleagues with Substance Abuse Problems**
The disease of addictions, affects 10-15 percent of the nursing profession. This program will discuss the risk factors for nurses as well as the occupational signs and symptoms.
Contact: cmallia@mnarn.org; 781-830-5755
- **Menu of Occupational Health and Safety Programs**

 - **Bloodborne Pathogens—Your Legal Rights:** Addresses OSHA regulations related to the Bloodborne Pathogens Standards.
 - **Ergonomics—No More Aching Backs:** Addresses the myths around musculo-skeletal injuries, the regulatory guidelines to reduce such injuries and an overview of the types of patient lifting and moving equipment that are available in the marketplace today.
 - * **Fragrance-Free—Creating a Safe Health Care Environment:** Addresses the scientific evidence of the toxicity of chemical components of fragrances and the adverse health effects these products are known to cause in patients and workers.
 - * **How Safe is Your Hospital? Recognizing Hazards in Your Work Environment:** Provides an introduction to the types of hazards that are present in hospitals and other health care settings and methods to reduce and eliminate those hazards.
 - **Latex Allergy:** Addresses the extent of the problem, the signs and symptoms of latex allergy and methods to eliminate exposure to natural rubber latex in health care settings.
 - **Smallpox - A Brief Introduction:** Utilizes materials from the CDC and Massachusetts Department of Public Health to provide nurses with tools to recognize the signs and symptoms of smallpox and to become familiar with the plan to be implemented in the event of an outbreak.
 - **The Adverse Health Effects of Environmental Cleaning Chemicals:** Addresses the scientific evidence of the toxicity of chemical components of many environmental cleaning chemicals and the adverse health effects these products cause in patients and workers.
 - **Workplace Violence - Recognition, Intervention and Prevention:** Addresses the frequency and risk factors associated with workplace violence in health care settings. The program also identifies strategies to reduce risk factors and provide effective interventions for nurses and other health care workers physically injured and psychologically affected by violence at work. There is an emphasis on the importance of reporting such violence and reporting tools are supplied to participants. .
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