

MASSACHUSETTS NURSE

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RNs blast UMass Memorial as hospital reports large profit

The registered nurses' negotiating committee at UMass Memorial Medical Center – University Campus (UMMHC) blasted management during their July 28 talks, for its continued demand for more than 50 contract concessions in the wake of the hospital's posting of healthy profits. The latest fillings from the Massachusetts Division of Health Care Financing show that the UMMHC had a profit of \$6.2 million for the first six months of this calendar year.

The MNA bargaining unit at the UMMHC – University Campus has been in negotiations for a new contract since last December, and the nurses claim management has lied to them. "Early in the process management showed us a presentation that claimed the hospital would lose \$40 million this year, even though they made \$94 million last year," said Kathy Logan, RN and chair of the unit. "They used this dire forecast as the reason they were asking for 50 major concessions while offering no pay increase. They lied to us and now we know the truth."

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UMass Medical Center nurses staging informational picket last winter.

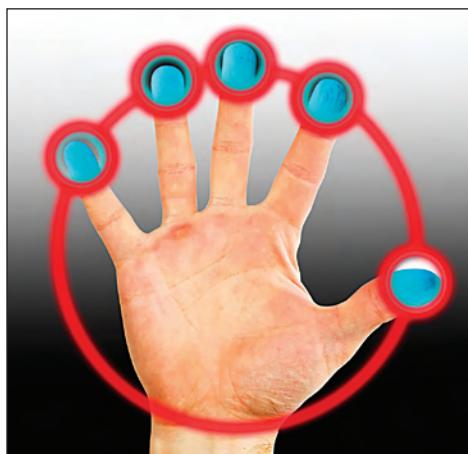
2025: A nursing odyssey

By Deb Rigiero

Your mission, should you choose to accept it after reading this work of fiction, is to determine which technologies are current, which are futuristic, and which are total fantasy. While you read this article, think about the new technologies that are being introduced in your facility.

Boldly going where no nurse has gone before

The year is 2025. The average life expectancy is 90 for men, 93 for women. The age for mandatory retirement is 75. Most cancers are curable. Heart disease is still the number one killer for both men and women. Cardiac surgery is performed via laparoscope on beating hearts. Obesity is a disease of the past thanks to medication that prevents overeating and the country's obsession with fitness and



appearance has become all encompassing. Each citizen has a computer chip implanted in the left inner forearm that has his or her complete electronic medical record (EMR)

encoded on it. America has finally caught up with the rest of the world and has universal health care.

There is a moneyless system in place that uses your electronic financial record chip (also implanted) as your bank card and credit card. Homeland security monitors all purchases via a quantum computer that is designed to flag any unusual activity in bank accounts or purchasing habits. Cars run on hydrogen, not gas, and the air quality is greatly improved.

But today we will be looking at a day in the life of ICU nurse Betty. She is 65 and would have been golfing in Florida if the government hadn't increased the retirement age. Nurse Betty has bid online for the overtime shift that she is currently working and she must have been the lowest bidder, because

See *Odyssey*, Page 5

MNA sues to protect health benefits for same-sex spouse

The MNA has filed a suit in federal court seeking to reverse an arbitration award that denied health insurance benefits to the same-sex spouse of a registered nurse employed by Merrimack Valley Hospital in Haverhill, which is owned by Essent Healthcare of Nashville, Tenn.

Maria Ciulla, RN, a resident of Methuen and the nurse who was denied health coverage for her spouse, stated the essence of the case in a letter she wrote to Merrimack Valley Hospital CEO Robert Allen following the arbitration ruling. "This is outright sexual orientation discrimination. I am an RN and RNs care for and treat people from

all walks of life. Our patients vary in race, color, religion, mental status, educational level, financial level, and yes, even sexual orientation. I treat people as I would like to be treated: as an equal. I am only asking to be treated as an equal."

The lawsuit, which was filed in U.S. District Court in Boston, claims the arbitrator and the hospital violated specific union contract language that forbids discrimination based on sexual orientation. It also charges that the arbitrator overstepped his authority in deciding the case, deliberately ignoring the facts and arguments presented in the case by both parties, while inappropriately

reaching into federal statutes, especially the Defense of Marriage Act (DOMA) to justify the hospital's voluntary decision to deny equal health benefits to its gay and lesbian employees. The MNA is being supported in the lawsuit by Gay & Lesbian Advocates & Defenders (GLAD), New England's leading legal rights organization dedicated to ending discrimination based on sexual orientation. GLAD will also be filing briefs in the appeal and providing advice on the case.

"This is a blatant case of discrimination by an overzealous, out-of-state employer who purposefully chose to discriminate against

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MNA
Labor Conference
at the
MNA Convention
in Sturbridge
Oct. 4
9:30 a.m. – Noon
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For the latest
developments
impacting nurses,
visit
www.massnurses.org

Nurses' guide to single-payer reform

Chapter 58: An overview of the state's health care reform plan

Select passages from Richard Kirsch's "If Wishes Were Horses: The False Promise of the Massachusetts Health Plan"

Revealing history

"The campaign that led to enactment of the Massachusetts legislation was designed by Health Care For All (HCFA), a highly respected and effective, 20-year old health care advocacy organization.

"The focus of the campaign was on expanding coverage—rather than controlling cost. The strategy was to build strong grassroots and public support and to forge an alliance with major non-profit insurers who would be favored in a reformed system and with hospitals and doctors who would get higher Medicaid reimbursement.

"The cudgel that would force [legislative] action was placing an initiative to enact the legislation on the Massachusetts ballot in November 2006. HCFA built a strong coalition of consumer, community and faith based organizations to back the initiative effort. The HCFA initiative proposal included subsidies for the cost of health coverage for low to-middle income families and a requirement that employers pay a percentage of payroll to cover their employees.

"As the petition effort sped forward, the speaker of the Massachusetts House of Representatives introduced a bill that was very similar to the HCFA proposal. Governor Romney countered with his own proposal, based on a requirement that individuals must purchase coverage, which did not include any employer contribution.

"The majority leader of the state Senate agreed with the Romney approach of not requiring employers to pay for coverage [and] the final legislative agreement placed the cost of paying for coverage for the uninsured entirely on families and taxpayers. (The legislation *does* include a small assessment of up to \$295 on businesses that do not provide coverage, but these funds are not used to pay for health coverage; they are to compensate hospitals and health centers for the cost of providing services to uninsured patients.)"

Expanding coverage

"As of July 1, 2007 all individuals will be required to have health coverage if the State—through a new authority called the Commonwealth Health Insurance Connector—says that affordable insurance is available for those individuals. The legislation does not specify what is affordable. The mandate will be enforced through the Massachusetts income tax system, with penalties that escalate over time for those who are not insured.

"The Commonwealth Care Health Insurance Program will offer subsidized individual coverage, with no premiums for those who earn below 100 percent of FPL [Federal Poverty Level], and an income-based sliding scale for premium payments for those who earn up to 300 percent of FPL. The coverage will be provided through the same handful of plans that now cover people in Medicaid managed care. The coverage will include all currently mandated health benefits. The plans will not include a deductible but the level of other cost sharing is not specified.

"[But] there is no way to know what the state will deem affordable and whether the public funds allocated for this program will be sufficient to make the coverage affordable.

"If the state funding is sufficient to make the coverage affordable, the Commonwealth Health Plan, coupled with SCHIP and Medic-

individual burden."

Insurance reforms and mandates

"Some 215,000 uninsured in Massachusetts (39 percent of the uninsured) earn more than 300 percent of FPL. These individuals would be required to purchase coverage if the State decides that affordable coverage is

Chapter 58: what the experts say

"This week's proposals merely repeat one from 20 years ago when Governor Dukakis was celebrating passage of his universal healthcare bill. That plan imploded within two years, and Massachusetts' new health reform legislation looks set to repeat that disaster."

—Steffie Woolhandler and David Himmelstein, professors of medicine at Harvard University

"This mandate throws financially-struggling individuals into battle with insurance agents, insurers and caregivers,"

—Alan Sager and Deborah Socolar, directors of the Health Reform Program, Boston University School of Public Health

"The bill will worsen the complex and costly administrative system that wastes funds needed to pay for actual health services,"

—Alice Rothchild, MD and board president of the Alliance to Defend Health Care

"This bill is going to exacerbate the crisis in Massachusetts health care. It will move more people into individual health plans, the costliest and most wasteful insurance plans on the planet, without taking any steps to contain the costs that neither the State, nor its employers or its residents can afford. Only a plan that consolidates health care finance and streamlines delivery, such as the single-payer model adopted successfully in much of the rest of the world, can provide quality, sustainable health care for all."

—Sandy Eaton, RN and chair of Mass-Care

aid, will provide the framework for covering most of the uninsured who earn under 300 percent of FPL. This may be a shaky solution in the long run since it will depend on continued very high levels of public funding.

"If adequate public funding is not maintained, given the rapid increase in health care inflation, individuals will be required to pay a higher percentage of income for coverage. Individuals who cannot in reality afford coverage that the State nevertheless deems affordable will face tax penalties and no coverage.

"The existence of the program may also be an incentive for more low-wage businesses to drop coverage, adding to the public and

available.

"While the legislation includes some insurance reforms meant to reduce costs in the individual market, there is no reason to think that the premiums will be less than now available in the group market. The legislation merges the individual and small group market, which will lower the cost of individual policies while raising the cost of small business policies."

The impact on employer coverage

"Under the legislation, employers with more than 10 workers who do not make a 'fair and reasonable' contribution toward employee health insurance will be required

to contribute a fee of up to \$295. The fee is not used to fund the purchase of insurance coverage; it is designated to fund the 'free care pool,' a fund that compensates hospitals and community health centers for serving the uninsured. The fee may be reduced if the free care pool does not need all the funds.

"In addition, there is a 'free rider' surcharge on employers who do not provide insurance, if one of their workers uses the free care pool more than three times or its employees as a group use the pool more than five times a year. The free rider surcharge creates serious anti-worker incentives for these employers and their workers including: encouraging the firing of an uninsured employee who uses the free care pool; putting a premium on hiring younger healthier workers; avoiding hiring workers with a health problem; discouraging uninsured workers from seeking needed care; and leading uninsured workers to pay out of pocket for care rather than apply for coverage from the free care pool. Scary stuff.

"It is impossible to say what the impact of this legislation will be on employer-based coverage. But I believe that the legislation has the potential to seriously erode such coverage. By establishing a public consensus that individuals are primarily responsible for health coverage, dropping coverage becomes more acceptable. The public would be now providing subsidies for moderate-to-middle income adults and make it easy for employers to pay into the subsidized pool. An employer who pays its \$295 a year can be said to have done its civic duty.

"Of course, if something appears to be too good to be true, it is. The Massachusetts claim to achieve universal coverage is a false promise, never likely to be enacted. When Massachusetts did not require employers to contribute to health coverage, it placed the obligation for paying for coverage entirely on taxpayers and consumers. The resulting political backlash is very likely to lead to the individual mandate never actually becoming a requirement."

Massachusetts as a model

"The debate over reform in Massachusetts must be seen in the context of the broader debate about the direction of health care reform in the nation.

"The Right sees health care as a consumer good like any other consumer good and that health care markets work like other markets is pure fantasy, at odds with everything we know about how health care is actually consumed. But health care markets are exactly the opposite of the basic economic theory of consumer demand. That theory is based on consumers, who have complete information, creating demand based on their preferences.

"In health care, it is not consumers who have the most information and who drive demand. We spend hundreds of thousands of dollars educating doctors and other practitioners so that they can make informed decisions about what the proper supply of health care should be to treat disease. We give the suppliers of health care the legal authority to determine demand: prescribe



President's column**Question: What does Labor Day mean for nurses? Answer: Everything!**

This year's Labor Day weekend was very special for me for two reasons. First, it marks the end of my first full year as president of the MNA, an experience that continues to be a true honor for me. It has given me the chance to stand for an organization that represents the best of what the labor movement means for working people. I am so proud of all the good work that has been done by this organization on behalf of our members, all registered nurses and all of the patients we care for.

Which leads me to the second reason why this past Labor Day was special to me.

Over the holiday weekend I had the privilege of appearing on a radio talk show program where the topic was "Labor Day and what it means for working people." I was among a cadre of leaders from different unions throughout the state who were given time to answer a single question. In my case, as the guest representing the profession of nursing and unionized nurses, the question was "What does Labor Day mean to you as a nurse?"

My answer? Everything!

I told the host that, for nurses, the union movement has been the most important development in the history of our profession as it has given us a voice and the power to defend our profession and to advocate for our patients.

Before nurses had unions, we were truly second class citizens in the health care arena. Nurses were paid on the same level as clerical workers and janitors; we had no health insurance benefits; very few were paid time and half for overtime; and we were expected to not only take care of patients, but to perform all manner of custodial tasks that no professional should be expected to perform.

Unions have changed that dynamic. I told the show's host that unions have given us a voice and vehicle to defend our rights as professionals and as patient advocates.

A recent study of cardiac patients in

California hospitals found that patients cared for in unionized hospitals have better outcomes and are more likely to heal faster than patients cared for in non-union hospitals. The reason given in the study was two fold. First, the authors cited the fact that nurses in a union hospital have a legally protected voice to speak up about working conditions that may compromise patient care. But secondly, because nurses in unionized facilities have more power, they are higher paid with better benefits—which allows unionized hospitals to recruit and retain better staff. Turnover has been shown to be reduced in unionized hospitals, which



Beth Piknick

better off in unionized hospitals.

As someone who has been a nurse for nearly three decades, I have personally seen the great transformation in nursing with the growing power of nurses unions. In fact, I was one of the elected union leaders back in 1981, when my hospital—Cape Cod Hospital—was among the first handful of hospitals to go out on strike. We were on strike for 17 days over poor wages, shift rotation and other issues. And most recently we just negotiated landmark language in our contract to set RN to patient ratios for nurses.

Our union has also been a leader in fighting for worker safety. Nursing is one of the most dangerous jobs there is. Nurses are injured as much as construction workers and we are assaulted on the job as often as prison guards and police officers. Thousands of nurses every year are exposed to deadly diseases such as HIV and Hepatitis due to needle stick and sharps injuries. The MNA has taken a leadership role in developing contract language

nurses should always celebrate the power we have gained and the advances we have made with that power. We need to let the public know that a unionized nurse is the best ally they have when they need health care services.

I also told the radio host that unions are especially important for nurses, because we,



A recent study of cardiac patients in California hospitals found that patients cared for in unionized hospitals have better outcomes and are more likely to heal faster than patients cared for in non-union hospitals.

means nurses stay longer and develop better skills.

According to a recent national survey, nurses in unions are paid as much as \$2.50 more per hour than non-union nurses. They work significantly less forced overtime than non-union nurses. And they have better health insurance, and pay less for it than non-union nurses.

By nearly every measure, nurses are much

and to passing laws to better protect health care workers.

I had to leave ICU nursing due to a debilitating back injury. But, through my union and the voice it provides me, I have been able to work with my local bargaining unit and my hospital management to implement safe patient handling systems to prevent other nurses from suffering a similar fate.

So on each and every Labor Day, unionized

under law and our licenses, are personally responsible and accountable for the safety of our patients. Hospitals, under an arcane law, are only liable for up to \$20,000 if something goes wrong in the care of a patient. The nurse who cares for that patient can lose his or her license to practice and could be sued for negligence.

In such an environment, where we are personally responsible for what happens to the patient in the environment created by hospital managers and administrators, it only makes sense that we use the collective power of a union to ensure that the environment we work in is as safe as possible.

I told this host, and we need to remind ourselves of this fact, that patients are safer because of unions—and that nurses are treated better and paid better because of unions. We all benefit because of the presence of unions in the health care arena. ■

...Single Payer

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tests and medications and undertake medical procedures. While good practitioners listen to their patients, they use their training and experience *and* listening to determine the best course of care—that's their job. We don't want consumers to be practicing medicine, particularly when they are using cost as their prime method of determining treatment.

"The other part of the economic theory that's absurd when it comes to health care is the idea of consumers acting from their preferences. Would you prefer cancer to heart disease? If you have cancer would you prefer chemotherapy to radiation? People end up in the health care system quite against their wishes, particularly when it comes to the serious illnesses that are responsible for most health care spending."

Expanding coverage/controlling cost

"To all this I can hear the advocates of Massachusetts health saying, you miss the point. Our goal was to expand coverage, not control cost. Their argument might well go

something like this: 'Our first obligation is to right the fundamental injustice in our health care system: leaving 550,000 people in Massachusetts (and 45 million people in the nation) uninsured. The systemic problem of high health care costs can not be an excuse to deny coverage to the uninsured. Uninsured people don't have the luxury of worrying about theories of health economics or larger debates about the direction of the nation. They need health coverage and our obligation is to do everything we can to help them get it.'

"From my point of view, this is the strongest argument for defending what was accomplished in the Massachusetts legislation. It's certainly the most candid. But I would question it's validity on two grounds. The first is that, as we have pointed out, a good part of what was supposedly accomplished in Massachusetts is a chimera, with almost no likelihood of actually providing coverage, because it does not make health care affordable or control costs. The second reason is that we

have ample evidence that failing to tackle the larger structural problems will result in only short term gains.

"The advantages of single-payer are clear and go well beyond the elimination of excess administrative costs that is too often the prime rallying point of single-payer advocates. National health insurance provides the basic structure for universal coverage: everyone is automatically covered in one large pool. It provides the tools for systemic affordability: setting prices; controlling supply; limiting out of pocket costs; directing funds towards high quality care. But these goals, all of which stem from the concept that health care is a public good rather than a private commodity, can be achieved in various measures with systemic changes that don't require a single-payer system.

"As students of health care systems in other nations know, there are numerous ways to assure affordable, universal coverage other than through a single-payer, national health insurance system. What all these systems have in common is that health

care is a public good, not a private commodity. Donald W. Light has studied health care systems in developed nations and identified ten benchmarks that foster a "justice-based" health care system (Fostering a Justice-based Health Care System, *Contemporary Sociology*, 1999; 29; 62-74.) These benchmarks include: universal participation regardless of health condition, risks and ability to pay; minimizing non-financial barriers; comprehensive and uniform services; equitable financing through community-rated contributions and ability to pay; value through clinical and financial efficiency; public accountability and choice of providers.

"There are no shortcuts. Wishing won't make it so. Winning real health care reform requires a clear vision, a persistent, strategic energy and a belief in the miracle of change."

Richard Kirsch is executive director of Citizen Action of New York and the Public Policy and Education Fund of New York. This is a publication of the Public Policy and Education Fund of New York; April, 2006. ■

Nursing on Beacon Hill: Legislative Update

Romney signs Sexual Assault Nurse Examiner bill

Governor Romney recently signed legislation codifying the nationally-recognized Sexual Assault Nurse Examiner Program (SANE). The bill's lead sponsors were Sen. Susan Tucker (D-Andover) and Rep. Peter Koutoujian (D-Waltham), with Sen. Richard Moore (D-Uxbridge) acting as the lead Senate

proponent during debate.

SANE delivers the coordinated, expert forensic care necessary to increase successful prosecution of sex offenders and to deliver the highest level of care to sexual assault victims.

Codification of the current certification, program administration practices and clinical

protocols is necessary to ensure that all SANE operations throughout the commonwealth are conducted in a consistent manner that is of the highest quality. It also ensures that all future changes to the current practices and protocols are thoroughly reviewed by a multi-disciplinary board of experts. ■

House overrides veto of school nurse tenure bill

During the week of July 24, the Massachusetts House of Representatives and Senate cast unanimous votes to override the governor's veto of H. 1087, the school nurse tenure bill.

This legislation provides school nurses with professional teacher status and classifies school nurses who have served in the public schools for at least three previous consecutive school years as teachers, for the purpose of determining tenure and other employment

rights.

The bill is important in addressing pay equity issues for school nurses, a position the MNA has long articulated. Speaking on the House floor in support of the override were Reps. Christine Canavan (D-Brockton) and Patricia Haddad (D-Somerset).

Rep. Haddad noted, "I want to make something clear: school nurses are no longer the person a child goes to with a bumped head or skinned knee. We ask them to do feeding

tubes, catheters, to give children psychotropic drugs. We ask that they have a bachelor's degree and take part in everything that the child comes to school with health issues, mental health issues, our school nurses help them. We are required to give every child an education and when possible in the district and we are asking school nurses to do more and more. They have long been professionals. Many school districts already do this. This will require the rest to come on board." ■

How Will the New Massachusetts Health Care Bill Affect YOU?

WANT TO KNOW
WHAT YOU CAN DO?

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>>> DID YOU KNOW THAT:

- *Most uninsured people will now have to buy their own insurance, without any or with very little financial support?*
- The Bill will *not* help the underinsured or those with poor quality insurance, including those on Medicare paying high out-of-pocket costs?
- It will *not* attempt to reduce the costs of health insurance for individuals and businesses paying the highest prices in the world?

>>> DID YOU KNOW THAT:

- *40 percent of the uninsured in Massachusetts, the 292,000 who earn more than three times the poverty level income, will be forced to purchase their own health insurance without any help or subsidies from the state? Poor quality health insurance for an individual three times the poverty line will cost them 20 percent of their total income.*
- *The Bill raises only \$170 million per year in new spending to help subsidize 748,000 uninsured people in Massachusetts? This is not enough to pay for even poor quality health care for 45,000 people. All other funds used by the Bill are a shell game, most taken out of Free Care - which provides medically necessary health services for the uninsured - and moved into more wasteful plans run by for-profit insurance companies.*
- *This Bill, which will affect the lives of hundreds of thousands, was bought and paid for by healthcare industry lobbyists? Industry lobbyists spent over \$7.5 million in lobbying expenses this year to make this Bill work for them, which it does: forcing uninsured individuals into the private insurance market will create a massive expansion of business and profit for insurers, without reforming the system of waste and discriminatory health care access for Massachusetts residents.*

>>> DID YOU KNOW THAT: every developed nation in the world offers comprehensive health care for all of its residents, except the United States? And they *pay less* for it? Let's organize together against these attempts to shift health care costs onto low-income people, and let's fight for the universal, quality health care that we know is possible!

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www.massnurses.org

MNA
MASSACHUSETTS NURSES ASSOCIATION



...Odyssey

From Page 1

she got the shift.

It is 6:15 a.m. and Nurse Betty is on her way to work. She has programmed the route she wants to take and set the car on autopilot, and she was also certain to program in a stop at Dunkin' Donuts. She sends her order via BlackBerry so she can speed through the drive-through line. She puts her arm in the scanner to charge her EFR, she gets her coffee, and she is on her way. Nurse Betty spends the rest of her drive to work browsing the daily newspaper on her in-car computer.

Beam me up, Betty!

Betty gets into work at 6:40 a.m. She scans her badge in order to get into the garage, and then uses her thumb print to open the employee entrance doors and access the employee elevator. The doors to the ICU are locked and Nurse Betty opens them with her thumb print.

Once on the unit, she picks up the handheld computer assigned to her and receives her assignment and patient reports for the shift. Nurse Betty activates her hand-held and, as a result, her patients' call lights signal her computer and the hospital tracks her location—all the while, her computer access is monitored. By this point in her day, Nurse Betty has had no contact with any other co-workers.

Any phone calls that Betty receives are processed through the main operator and transferred to the appropriate departments, and all orders/calls concerning her patients are linked to her computer—including lab values, physician calls and family calls.

Both of Betty's patients are in their own rooms and, as she meets with each of them, she scans their EMRs in order to ensure proper identification and to determine the patient's needs, medication schedules and medical histories. She then examines each patient and dictates her findings into a headset that automatically transfers all of the information to her computer.

Nurse Betty's first patient requests pain medication and she accesses the room's pharmacy system via retinal scan and calls up the appropriate drug. The system delivers the med via a series of tubes and within seconds it is available. She then administers the medication and sets the computer to record the patient's vital signs every five minutes

for one hour.

Betty repeats the routine with her second patient but, while doing so, her handheld device vibrates to indicate that there is an important message waiting for her from a physician.

The doctor explains that she is scheduling video rounds for the second patient in five minutes and adds that she wants Nurse Betty to participate in order to provide feedback to the physician. This is essential because, in 2025, Nurse Betty is the only health care professional who actually has physical contact with the patient.

We control the vertical, we control the horizontal

She sets the TV to video conferencing, alerts the patient that the physician will be speaking to him in a few minutes and removes his dressings so the doctor can view the incision from a recent surgery.

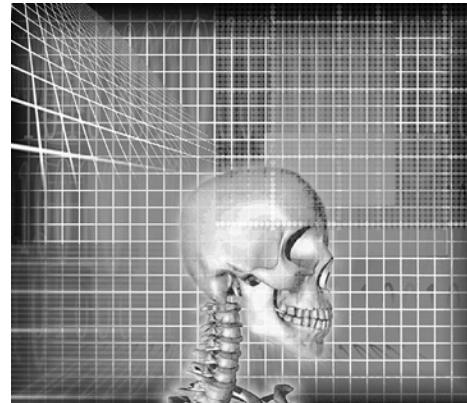
The video round goes smoothly. The patient is improving and, as a result, the doctor changes the orders for the dressing while the nutritionist changes the patient's diet in order to improve wound healing. In all likelihood, the patient will be discharged the following day.

Nurse Betty pages the personal care attendant to help her reposition and perform morning care on her patients. She has to wait because the attendant is assigned to two other nurses as well, so Betty starts the a.m. care on her own. She then completes her notes verbally and the computer converts voice to written words.

Lunch time comes and Betty calls down to the cafeteria to order her meal. She scans her EFR on the phone and the meal is credited to her account. Her food arrives the same way the patient's meals arrive, via ANT (automated nutrition transport). She sits in the employees lounge near her patients' rooms and tries to enjoy her quiet lunch. She is quickly interrupted by her patient's call bell, responds to it and then continues with lunch. There are multiple small lounges near the patient rooms so the nurses can be available when the patients need them.

Nurse Betty continues her shift, answering to her patients' needs and rarely interacting face-to-face with her co-workers or management. The only time she actually has contact

with the other RNs scheduled that day is when there is an emergency and more than one nurse is needed. Patients are transported robotically; reports are given via computers; and physicians remotely monitor their



patients. Her movements are monitored continuously and her patients have access to her for the entire shift.

Open the pod bay doors, Betty

Betty finishes her shift, records her patient reports via the computer and waits for the signal that her replacement is there. Her replacement's handheld computer signals Betty that she is available and on duty, and Betty is then able to turn in her computer and

leave the hospital.

She sets the automatic pilot on her car and electronically orders her groceries via her on-board computer. She also checks out the balance of her EFR and determines that she needs to bid on line for another shift. But otherwise, her day is finished.

Resistance is futile, so may the union be with you

The above story is a work of fiction. However, some of the technology described in the article is current, some is close to being available and some is just the imagination of the author. The purpose of the article is to point out that not all technology is bad. In fact, much of it is needed and will improve our lives. But, unfortunately, technology can also be used to isolate the worker, monitor the worker's activity/productivity, invade individual privacy, and discipline the worker.

We need contract language that prevents the inappropriate use of technology. We need to educate our members to be aware of changes and report them immediately to the appropriate union representatives. And we need to insist on negotiating any changes in technology. In essence, we need to "get smart."

This article will self destruct in 30 seconds. ■

...UMass

From Page 1

Negotiations have not gone well. In response, hundreds of nurses picketed outside the facility in August. While the nurses have made several innovative offers that were tied to management withdrawing some of the most draconian concessions, the hospital administrators have refused to withdraw any of the 50 concessions. Still on the table are management proposals to strip the pension plan, increase health insurance costs, and take away eight sick days, three holidays and three personal days, while also cutting the nurses bi-annual step increases by 40 percent.

"Perhaps what is most disappointing about this newly discovered profit level is that we had to find it out on our own. The administration continued to act as if they were looking at a \$40 million loss while they were doing

quite well," said Judy Locke, RN and vice chair of the unit. "Now we understand why the administrators refused to give us a copy of their doom and gloom report. We wanted to analyze their projections but they refused; and now we know why."

If the hospital were to strip the nurses of the benefits that they have gained in the last 25 years of negotiations, Logan is fearful of the effect on patient care. "If we were to lose these benefits many of our nurses would leave and head to Boston. We are the only Level One Trauma Center in central Massachusetts; and if the nurses can't get the pay and benefits here, they will take their vast experience to Boston. We all understand the negative effect that will have on patient care."

In order to draw additional attention to their fight, the RNs also recently launched a petition drive demanding that John O'Brien, the Medical Center's CEO, remove the concessions from the table in order to attain a settlement. ■

...Lawsuit

From Page 1

their gay and lesbian employees when they could have treated all spouses equally and complied with their contractual obligation not to discriminate," said Roland Goff, director of labor relations for the MNA, the union representing the nurses at Merrimack Valley Hospital.

Background

Ciulla, a nurse who works on a telemetry unit at Merrimack Valley Hospital, was lawfully married to her same-sex partner on Oct. 1, 2005 after the landmark Goodridge decision was issued by the Massachusetts Supreme Judicial Court. Shortly thereafter, she attempted to enroll her new spouse in the hospital's health insurance plan but was denied enrollment. She then filed a grievance under

her union contract, which clearly stipulates that the hospital cannot discriminate against employees based on sexual orientation.

The case was brought to arbitration, where it was heard by Arnold M. Marrow, an administrative law judge with the American Arbitration Association. At the hearings, Martee J. Harris, a corporate vice president for human resources for Essent Healthcare, testified that she had approached BlueCross/Blue Shield of Massachusetts (BC/BS), the administrator of Essent's self-insured health plan, to have them change the definition of spouse under the Merrimack Valley Hospital plan to include all legal spouses except the legal spouses of gay and lesbian employees. BC/BS had previously changed the plan's definition of spouse after the Goodridge decision to clarify that the legal spouses of all employees should be eligible for health care coverage regardless of whether they are

of the same sex or different sex.

The hospital contended that the denial of coverage was lawful under the union contract because the contract itself did not specify eligibility for same-sex couples, even though it does expressly forbid the hospital from discriminating based on sexual orientation.

"Without telling us they were doing it, and with the authority of officials living and working outside of our state, Essent went out of its way to alter a right granted to our members now depriving them of equal access to health care benefits simply because the affected members are gay men and lesbians," Goff said. "This was a deliberate and unseemly attempt to discriminate against gay and lesbian members of the bargaining unit."

In explaining his decision to deny such benefits, the arbitrator wrote that he would not be relying on the union contract language granting him authority to decide the matter,

nor would he rely on any argument by the employer. Instead, Marrow wrote, "I find it necessary to go outside the language of the collective bargaining agreement to construe the Act [DOMA], as well as the potential impact of other aspects of federal law (ERISA) in order to properly decide the issue before me."

Having disregarded the legal arguments presented by the parties, Marrow took it upon himself to manufacture a rationale that would allow the hospital to hide behind federal law as an excuse to discriminate where the truth is that the hospital has the discretion under federal law to treat all employees and their spouses equally.

"The arbitrator clearly violated his authority and did not 'construe' the contract to reach his decision," Goff said. "And the fact that he did so as a means of depriving someone of their lawful rights is appalling." ■

Keeping nurses safe on the job: News from the Congress on Health and Safety

Successful outcome for an MNA nurse injured in assault at Holyoke hospital

By Evie Bain

The 2004–2007 agreement between the MNA and Providence Hospital in Holyoke resulted in contract language addressing workplace violence and workplace violence prevention.

Shortly after signing the contract in 2004, a joint labor/management committee was formed that met periodically for about 18 months. At one point, however, management changes at the hospital threatened to sidetrack the process, but MNA members held the course.

As a result of this work, guidelines were developed for all staff at Providence Hospital that included algorithms for prevention and intervention for workplace violence in all hospital areas, i.e.: in-patient departments caring for children, teens and adults; in the detox unit; and in the outpatient methadone programs.

Some items in the algorithm are consistent throughout the facility, while others are specific to the patient population. One consistency is training and education and a second is post-event treatment and follow-up. In the prevention phase of the algorithm, it is stipulated that the guidelines must be available and communicated to all employees through unit-based training programs. This would assure that staff and management would be on the same page for prevention, intervention and follow up actions, should an incident occur.

On June 12, 2006 an incident occurred that involved a nurse/MNA member. The nurse was assaulted by a female juvenile during a time when other clients and staff were in the gym. The extent of her injuries required immediate follow-up in the emergency department (ED) of Mercy Hospital, a sister hospital to Providence Hospital. She was examined and her injuries (cervical neck sprain time and extensive contusions to her face) were documented. She was referred to the facility's occupational health provider (OHP). The nurse did not take photos of her injuries.

Holding perpetrators of violence accountable

After being treated in the ED, the nurse went to the police department to file a criminal complaint as a result of the assault. As the police questioned the injured nurse, they documented in the police report the type and extent of her physical injuries. This documentation was essential for the court proceedings and the outcome that were to follow.

The morning after the assault, the nurse went to the OHP at Mercy Hospital as directed, and was immediately referred to a licensed clinical social worker for evaluation and counseling for post traumatic stress. Originally, the injured nurse did not think that this was necessary, but the OHP explained the value of this type of intervention following assaults and she agreed to participate.

In discussions with MNA staff following the event, the nurse felt that the intervention related to post traumatic stress was an important component of her recovery. She noted that as the social worker prepared her to return to work she stated in the accom-

modations that she was not to work on the same floor with the patient who had assaulted her.

The injured nurse returned to work within days of the assault, the court case is still in process. The nurse noted that she felt supported by her manager and co-workers as well as.

The manager of the unit followed the accommodation as described by the social worker and supported her decision to address this as a criminal action. He assisted her in obtaining necessary documents that were required by the court.

Due to the lack of placement options for juvenile females, the hospital was not able to transfer the juvenile immediately. On July 10, nearly one month following the assault, at the show cause hearing, the police determined to arraign the juvenile immediately. She was held on bail at the DYS lockup. The nurse believed that the police report and the description of her injuries were critical pieces of information in this court decision.

When asked what was the most difficult aspect of this incident? The nurse replied "Having others [the young patients] witness this violence when they were in a setting that should be healing them from other violence they have experience."

Lessons learned

- Take photos of physical injuries: The MNA strongly recommends taking photos whenever there are physical signs of an injury, whether from

an assault, a dermatitis or an allergic reaction. These have great impact on future outcomes, particularly since the evidence fades over time.

- Speak out and follow through: Healing is accomplished by speaking out and following the guidelines. The injured nurse believes she is in a good place now and is empowered and not victimized by this incident.

The nurse noted that more staffing on the unit might have reduced the probability of this incident. Research shows that low staffing levels—during mealtimes, outings and breaks—is associated with workplace violence, particularly in psychiatric settings.

She also stated that keeping more space between herself and the client would be a future consideration, always keeping in mind that even though the client may not have been assaultive for a long period of time during this admission, the client had a history of violence. Research shows that a history of violence is the best predictor of future violence.

- Develop plans for an organized response for emergency situations: the MNA bargaining committee and staff members who worked on developing the guidelines and algorithms that were utilized in this event believe that the time spent in discussions and planning with the management at Providence Hospital was time put to good use. The outcome here was

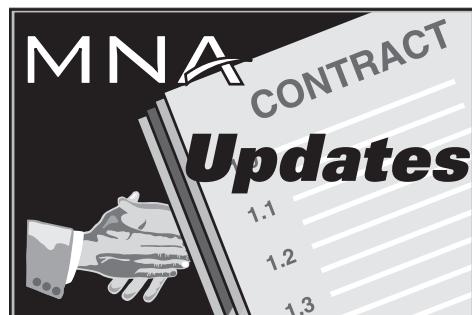
beneficial to the injured nurse, to the hospital and probably to the clients. Holding perpetrators of this type of violence accountable sends a strong message that you will be held accountable for your behavior, yes, even in a hospital.

These guidelines for prevention and intervention of workplace violence were showcased in 2005 at a workers health and safety conference that was sponsored by the University of Lowell, PHASE project. These guidelines have since been presented at other OSHA training programs related to workplace violence prevention.

Second successful outcome with this contract language

Previously there was an article in the *Massachusetts Nurse* describing another nurse at Mercy Hospital in Springfield, a hospital also in the Sisters of Providence network, with similar contract language. This nurse also received excellent support and follow-up care, including psychosocial intervention. These guidelines are noted in the contract. The nurse returned to work after a period of time, with specific accommodations that were followed and today is working comfortably in the same position as prior to the tragic event.

Joint labor/management committees formed for the purpose of addressing workplace violence, can provide valuable insight and develop workable interventions, while stressing compassion and respect for injured workers. ■



Providence Hospital

The bargaining unit at Providence Hospital is preparing for negotiations to begin this fall. An open meeting to discuss and vote on proposals that should be brought to the table was held on Sept. 7.

West Springfield School Nurses

The West Springfield School Nurses met throughout the summer with a mediator and they continue in their struggle for professional pay parity.

VNA & Hospice of Cooley Dickinson

MNA members at the VNA & Hospice of Cooley Dickinson, Inc. held their first annual summer party. The unit also recently produced and distributed its first-ever newsletter and it has seen very good attendance at its monthly membership meetings. ■

Nursing News Briefs

Congress on Nursing Practice seeks members

There are currently several open seats on the Congress on Nursing Practice that the MNA hopes to fill in the near future.

The Congress works on practice issues impacting the nursing community that can be addressed through education, policy, legislation or position statements.

Examples of previous accomplishments are programs and position statements on Medication Errors and Accepting, Rejecting and Delegating a Work Assignment.

Congress members are now working to

develop a nurse mentorship program.

People interested in participating must be MNA members. The Congress meets the fourth Monday of the month 10 times per year at MNA headquarters in Canton. MNA (telephonic attendance can be arranged). Meetings are held from 5:30 p.m. to 7:30 p.m..

For information, contact Dorothy McCabe 781-830-5714 or via email at dmccabe@mnarn.org. ■

MNA to offer courses in conversational Spanish, Portuguese

The MNA is planning to offer two, four-week evening courses for RNs in conversational Spanish and Portuguese. Each course will be 16 hours in length.

The plan is to schedule one course this fall

and another next spring.

Visit www.massnurses.org for more information, or look for details in the October edition of the *Massachusetts Nurse*. ■

Open position: associate director, division of nursing

The MNA is seeking an associate director in the division of nursing. This position will be accountable for carrying out the activities related to the labor goals of the association.

Extensive current clinical expertise and knowledge of clinical nursing and the regulatory requirements related to nursing practice necessary. Candidate should have a demonstrated competence in planning, presenting, implementing and evaluating nursing educa-

tion programs. Should also have experience in researching and writing articles for publication related to nursing practice issues, as well as documented collaborative skills in working with groups of direct care nurses. A master's degree in nursing preferred.

Please send resumes to: Shirley Thompson, Director of Operations, MNA, 340 Turnpike St., Canton MA 02021. Fax: 781-821-4445. E-mail: sthompson@mnarn.org. ■

MNA

MASSACHUSETTS NURSES ASSOCIATION



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Available at www.massnurses.org

Simply click on the "continuing education" link at the top of the page!

The Programs

- **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.

- **Fragrance Free! Creating a Safe Health Care 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 for employees.

Program Requirements

To successfully complete a program and receive contact hours, you must read the entire program, take and pass the post-test and complete the program evaluation. To pass the post-test, you must achieve a score of 80 percent or above. Your certificate of completion will be available immediately, on the "My Account Page," upon successful completion of the program.

Accreditation

This online continuing nursing education activity is provided by the Massachusetts Nurses Association, which is accredited as a provider of continuing education by the American Nurses Credentialing Center's Commission on Accreditation.

***There is no charge for these programs.**

Division of Labor Action: Education & Training

Remembering PATCO: U.S. labor movement still feeling effects after 25 years

By Joe Twarog

"Our struggle must not go unheeded, but rather, it should be allowed to have as much publicity as possible for the sake of future generations of Labor. We are an important facet of American history, and our story needs to be preserved, no matter if we are seen as right or wrong."

—Written by a fired PATCO member in 1985 and taken from the official PATCO Web site

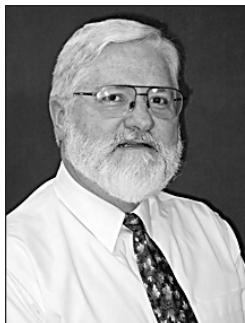
It has been 25 years since the ill-fated Professional Air Traffic Controllers Organization (PATCO) strike of August 1981. Although it wasn't obvious at the time, this affair would come to have a tremendous impact on the U.S. labor movement. In fact, the consequences are still being felt today.

In 1981, Ronald Reagan was the newly elected president. He ran on a pro-family platform and promised a "New Beginning" (his long forgotten administration's theme) for the country. The Iranian hostage crisis that humiliated the United States and helped to ruin Jimmy Carter's presidency, ended on the day of Reagan's inauguration. Union membership stood at 23.2 percent of the workforce in 1980 (as opposed to 12.5 percent in 2005).



PATCO represented some 13,000 workers who were highly skilled and highly trained professionals—including many Vietnam War veterans—with major responsibilities that affected millions of lives daily. They safeguarded air travel in this country by communicating with pilots, keeping aircraft at safe distances and safely guiding them to the ground. Controllers often recounted that this work involved many panic-filled hours during heavy traffic periods. Stress was a constant factor in their lives.

The controllers' employer was the Federal Aviation Administration (FAA). The union had a rocky and highly adversarial relationship with the FAA over the years. The FAA had an abrasive and autocratic management style that actively discouraged employee input. The FAA operated on a strict military model of giving orders without question or comment. Controllers who raised issues with the FAA over radar and equipment troubles that often led to system failures were considered to be disloyal and were then harassed at the workplace. The FAA inevitably blamed the system failures on "negligent employees." Controllers were often required to work eight-hour shifts without taking any breaks and were frequently unable to take sick leave. In addition, they were often mandated to work up to 20 hours of overtime per week. They worked short staffed and with antiquated equipment. As bargaining approached in 1981, both sides expected a very tough and contentious fight. In fact, the Carter admin-



Joe Twarog

istration had already put in place a plan to operate without the PATCO workers. PATCO's labor relations activities were governed by the Civil Service Reform Act (CSRA) of 1978. Unlike the National Labor Relations Act, wages, benefits and hours of work cannot be negotiated at the bargaining table under the CSRA. Instead, these issues are determined through Congress. The union could only directly negotiate over working conditions. And, most important, strikes were (and still are) prohibited under the CSRA.

The PATCO members were not new to mobilizing the membership and to job actions. They had conducted nationwide slowdowns and sickouts for better pay and benefits, training and equipment, staffing and retirement in 1968, 1969, 1970, 1974, 1975 and 1978 and had created a group of "responsible militants" to organize and lead the membership (Rebecca Pels, *The Pressures of PATCO*) as well as establishing a National Controller Subsistence Fund, which the FAA saw as a strike fund.

The Reagan factor

In October 1980, PATCO met with candidate Reagan and explained their issues and concerns to him. He wrote them a letter agreeing to support them and address their concerns if elected.

"You can rest assured that if I am elected president, I will take whatever steps are necessary to provide our air-traffic controllers with the most modern equipment available and to adjust staff levels and work days so that they are commensurate with achieving a maximum degree of public safety. I pledge to you that my administration will work very closely with you to bring about a spirit of cooperation between the air-traffic controllers. Such harmony can and must exist if we are to restore the people's confidence in their government."

Ronald Reagan's letter to
Robert Poli, president of PATCO
Oct. 20, 1980

Subsequently, PATCO was one of the very few labor unions that endorsed his candidacy (the others being the Teamsters and the Air Line Pilots Association). Needless to say, when candidate Reagan became President Reagan, he quickly ignored the letter. Its tone of cooperation and concern of only months before turned into one of dark threats and stern ultimatums.

At the bargaining table

PATCO had a number of critical issues to discuss at the bargaining table that year. In an intense and high-stress job, their priority bargaining demands focused on quality of work life and safety issues (their own and the public's). These included a 32-hour work week, updated computer equipment, and an achievable retirement (89% left work before retirement due to the job stresses).

In fact, when surveyed, most PATCO members identified their top issues as a reduction in job stress/anxiety and enhancing safety. Wage increases were also on the table, but were very low on the priority list. The average controller's salary was \$33,000 per year while the average annual salary in the United States in 1981 was \$12,760. So the controllers were viewed as highly-paid workers and did not evoke much sympathy from the working public. Yet, despite the safety issues and demands for modern equipment, the media only focused on the wage demand for a \$10,000 increase per year and tagged the controllers as privileged and greedy. PATCO deserves much of the blame for this since it did not clearly identify its key issues. Instead, it allowed the employer and media to do so to their detriment. This was an initial proposal and everyone understood that it was subject to significant modification. But it provided a vulnerable opening that the FAA capitalized on and the media dutifully fell into line by highlighting only this proposal.

In fact, PATCO made many missteps throughout the process. PATCO's leadership was arrogant, isolated and aloof from the labor movement. It did not work with its fellow unions in air transportation and it regularly crossed picket lines. It did not reach out to the greater labor community and the AFL-CIO as it entered into the strike. It did not sufficiently prepare its membership for the consequences of engaging in an illegal strike, nor for the aftermath. Unfortunately, the bad relations with the labor community gave unions a feeble excuse to not support PATCO. Only the Canadian and Portuguese air traffic controllers supported PATCO with a two-day action.

PATCO had managed to form an "81 Committee," which was designed to plan and advocate a legislative agenda, prepare for negotiations, conduct a public relations campaign, and ultimately create a grassroots strike structure to prepare for a national strike (from *Turning the Tide: Strategic Planning for Labor Unions*, by David Weil).

Meanwhile, the FAA formed a "Management Strike Contingency Force" a year prior to the contract's expiration and it had already planned its legal strategy. In addition, the FAA and the Justice Department had drawn up a list of PATCO activists to arrest along with plans to use injunctions, fines and criminal proceedings (all of which they acted on). The FAA even printed its "Job Action Contingency Plan" in the *Federal Registry* in November 1980. The employer was ready!

Despite all this, the tone was ultimately set by President Reagan. He took the get-tough approach and the American public responded. The public was hungry for decisive action of any sort from a perceived "strong president." If we couldn't beat the Iranian students in Tehran, at least we could kick the stuffing out of a small professional union at home. When PATCO struck on Aug. 3, 1981, Reagan ordered the strikers—who were engaged in an illegal and unprotected work stoppage—to return to their jobs within 48 hours or be fired.

Most did not return. And almost 11,350 of the PATCO members (approximately 70 percent) were fired and barred from ever

working in their profession again. The issue of safety and workplace control was lost in the media frenzy and *The New York Times* editorialized that the firings were "a commendable precedent."

The immediate consequences of the strike were: 85 percent of air traffic controllers went out on strike and 6,000 of 14,000 (43 percent) daily flights were cancelled. The FAA however insisted on keeping planes flying—even in the face of endangering public safety. PATCO reported 481 near misses in the first year of the strike in comparison to 10 near misses reported in the prior 10 years!

The message from the president was clear and it was simple: "It's okay to bust your union." Private industry soon took up that message in subsequent labor struggles. The social compact of working matters out, even after a bitter strike, was over. Now the strategy was to crush unions and eradicate them entirely. Ironically, even as this played out, Reagan hypocritically applauded the militant Polish workers' union Solidarnosc and its anti-government strike. This is not unlike George Bush today supporting the formation of unions in China while opposing them in



New Jersey and Houston.

Management consultants flourished and a new, slick industry of union-busting was born. Of course, union-busting has always existed, at least as long as there have been unions. But now, instead of wearing Pinkerton uniforms and carrying guns and baseball bats, the "consultants" wore three piece suits, worked behind the scenes, operated on the edge of the law, and were paid obscene amounts for their efforts. Most importantly, all of this had the blessing of the president.

In 2000, *New York Times* columnist Thomas Friedman was still celebrating Reagan's attack on unions by writing, "The most important thing Mr. Reagan did was break the 1981 air traffic controllers' strike, which helped break the hold of organized labor over the U.S. economy."

Legacy and consequences

The legacy of this strike remains with us today. Fast forward to 2006 and consider the present state of affairs in the workplace, in labor law and in the country:

- We have, globalization, NAFTA, free trade, U.S. jobs leaving the country in droves, and an actively anti-union NLRB and a Supreme Court hostile to workers' rights.
- A cynical Congress, led by presidential hopeful Sen. Bill Frist, unabashedly links an increase in the federal minimum wage (not raised since 1997) to massive tax breaks for the likes of Paris Hilton and the heirs to the Wal-Mart fortune.
- The news media—newspapers, television, radio, internet—have few (or no) labor reporters on their staffs who

MNA

MASSACHUSETTS NURSES ASSOCIATION

The Palestinian-Israeli Conflict for Nurses: Health Care in the Crossfire

(A light supper will be served.)

DATE: November 14, 2006
TIME: 6–8 p.m.
LOCATION: MNA Headquarters
 340 Turnpike Street, Canton
PRESENTERS: Alice Rothchild MD
 David Sherman, RN, MSN, CCRN

Program Description: Except for those in the military, most American nurses have never practiced their profession under constant conditions of war. Even military nurses generally don't work under conditions where their institutions are often directly involved in the fighting. Most Americans have some awareness of the Palestinian-Israeli conflict, but what we read in the media is often not an accurate portrayal of the situation, including as it relates to health care. We will look in depth at the effects of the conflict on health care professionals' work and on their patients, and what we can do about it.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Men and women are requested to avoid wearing scented personal products when attending this meeting/program.

Fee: Free. Pre-registration is required.



Registration Form:

The Palestinian - Israeli Conflict for Nurses: Health Care in the Crossfire
 November 14, 2006

Name _____

RN LPN APN Other (specify) _____

Address _____

City _____ State _____ Zip _____

Telephone: Day _____ Evening _____

Place of Employment _____

*To register, please return this form to: Theresa Yannetty, Division of Nursing, 340 Turnpike Street, Canton, MA 02021 or call to register at 781-830-5727 or 800-882-2056 x727. Pre-registration is required.

Learn how nurses make a difference in developng nations: short-term medical missions



Members of the MNA Diversity Committee's Medical Missions team will talk about their experiences during a recent Mercy Ships trip to Honduras. Learn first-hand how this team of nurses and healthcare professionals provided medical care to impoverished communities. The team will describe the challenges of working in this environment and how they were able to make a positive change in the community.

To learn more and to discover how you can be involved in a future mission, attend an upcoming informative program at the MNA:

**Information meeting:
 October 10, 2006**

5:30 – 7:30 p.m. • MNA headquarters, Canton

Missions Trip: Jan. 17-24, 2007

This program is free and a light supper will be provided.
 Please contact Theresa Yannetty at 781-830-5727
 or tyannetty@mnarn.org to register.



MNA members join demonstration against imminent Kentucky River Decision

Outcome could eliminate nurses' rights to unionize, advocate for patients

More than 200 RNs—including a delegation from the MNA—recently participated in a march and rally in Chicago to protest an imminent threat to nurses' democratic rights to union representation and their ability to safely advocate for their patients.

At issue is an imminent decision by the National Labor Relations Board (NLRB) on a series of pending cases known as "Kentucky River." Specifically, the American Hospital Association (AHA)—joined by the national Chamber of Commerce and other corporate interests—wants to eliminate the union-protected rights of nurses and other lead employees who assign and delegate work to others. The AHA is pushing for a ruling, expected any day, and labor supporters expect an unfavorable outcome considering that the Bush Administration has stacked the NLRB with attorneys and members who are hostile to unions. If the decision is unfavorable, the federal labor board could declare hundreds of thousands of RNs as "supervisors," and thus ineligible for union representation, and the protection it provides for their patient advocacy.

For nurses, the decision could unfairly strip them of their ability to advocate for patients without the threat of retaliation. The decision would ultimately threaten patient safety and could lead to chaos in hospitals across the country.

The Aug. 8 protest began with a rally at Daley Plaza and was followed by a march to the headquarters of the AHA. Other participating organizations included Chicago Jobs With Justice; Maine State Nurses Association/NNOC; United Electrical, Radio and Machine Workers; Nurses Professional Organization-Kentucky/NNOC; Physicians for a National Health Program; Communication Workers of America District 4; and Pennsylvania Assn. of Staff Nurses and Allied Professionals. ■



"Sitting in" for patient care.



The MNA delegation outside the AHA.



View from inside the marching crowd.



Patty Healy addresses the crowd.

...PATCO

From Page 8

- understand the issues and can report knowledgeably without resorting to the usual negative stereotypes of organized labor or to their own prejudices.
- Our educational system teaches the youth of this country little of American labor history.
- The NLRB has become so politicized that it no longer remotely reflects its original mission as laid out in 1935—to fairly and impartially represent workers' rights by investigating and remedying unfair labor practices.
- Strikes are now often viewed as counter-productive and to be avoided at all costs. Even some major unions have now adopted that approach and abandoned strikes and job actions as a legitimate tool in labor relations.
- Companies are much more apt to use replacement workers to break a strike.

- Concessions in pay and benefits are routinely demanded of unionized workers—invariably to "save the company."

While all of these impacts are not directly attributable to the crushing of PATCO, the well was poisoned and the tone was set. The ruthless PATCO firings resulted not only in the destruction of a union, but also in the destructions of many families and communities as incomes were lost future employment prospects were destroyed, and home foreclosures and suicides resulted.

Conservative columnist George Will noted that the handling of PATCO by Reagan "produced a cultural shift, a new sense of what can be appropriate in business management: layoffs can be justifiable even when a company is profitable if the layoffs will improve productivity and profitability." Everything in the name of profit became the unapolo-

getic motto for American industry and the "pro-family agenda" quickly morphed into a "pro-profits agenda."

The future

Despite this depressing episode in labor history, the U.S. labor movement has not and will not lie down and die. Its demise has long been predicted, and hoped for in some quarters. The struggle for a voice and control of the workplace continues today—around safe staffing levels, mandatory overtime, training and orientation, preserving real pensions, health insurance, as well as even the right to have a union. The PATCO workers and their sacrifice must be remembered and recognized, by the labor community and the public for the issues that they brought to light.

The U. S. Government Accounting Office issued a report to Congress in 1986 that only

five years after the strike there was no discernible difference between the comments of a senior controller from that of a newly hired one. The critical issues that PATCO raised were never addressed. As air traffic volume has increased dramatically since 1981, staffing levels remain a primary concern. The FAA has touted its plans to train and hire significant numbers of new air controllers, yet hired a total of 13 in fiscal year 2004.

The issues remained the same: frustration with management, safety concerns, stress and a lack of control over the workplace. This resulted in a new union being formed, the National Air Traffic Controllers Association (NATCA). NATCA was certified in 1987 and is affiliated with the AFL-CIO.

And, like a Phoenix, PATCO was recertified as a union as an affiliate of OPEIU, AFL-CIO early in 2006 and has begun to organize again. ■

Annual golf tourney nets \$14,000 for nursing scholarships

The Massachusetts Nurses Foundation—a non-profit organization that supports scholarships and research in nursing—held its 11th annual golf tournament on June 29 and raised over \$14,000 for its scholarship programs.

Approximately 140 participants enjoyed the 18-hole Florida scramble style tournament that was held at the Brookmeadow County Club in Canton. A buffet-style awards luncheon was served and numerous tournament prizes and awards were presented.

The MNF thanks all of its sponsors, players and volunteers for helping to make this year's tournament a success, including MNA's Regional Council 3 for sponsoring 36 members

from its area.

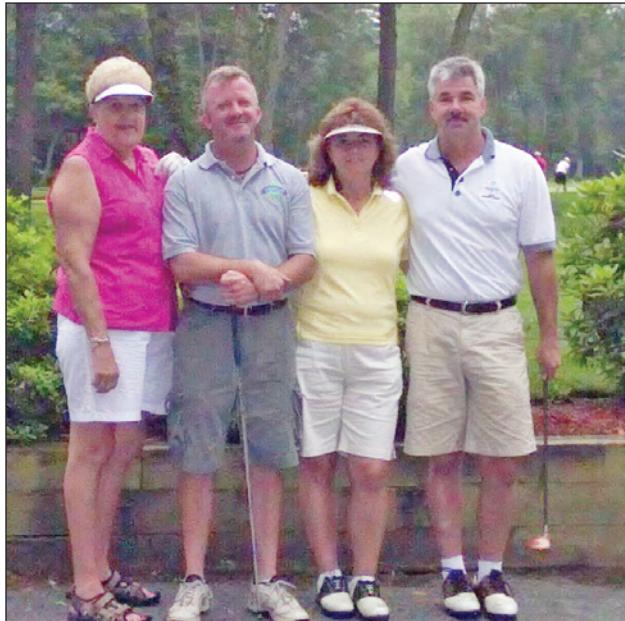
Special thanks to our patron sponsors:

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- Renovation Services, Inc.
- Siena Construction Corporation

Other supporters of this year's tournament include:

- Bloom's Buslines, Inc.
- Carrier Corporation
- Choice Health Care Staffing Group

- Colonial Insurance
- Corry Associates
- Denise Jezewski, RN
- Frontier Capital Management Company, LLC
- ISI New England Insurance Specialist, LLC
- Mindshift Technologies
- MNA Mortgage
- MNA Regional Council 1
- MNA Regional Council 4
- Prize Possessions
- Professional Employees Union of the MNA
- Tina Russell, RN ■



Above (in no order): Jeannine Williams, John Gary Williams, Mary Krumsiek and Jim Mitchell.



Region 2 members (in no order): Linda Gregory, Laurie Doherty, Kim Witkowski and Deb Raymond.



Above (in no order): Barbara Lavelle, Patty Wright, Sue Hamel, Maxine Keefe.

MNASM

Labor Conference • October 4, 2006

at the MNA Convention • Sturbridge Host Hotel and Conference Center

Panel to discuss the NLRB and "Kentucky River" cases, Speakers featured from 9:30 a.m. to Noon:

Robert Battista, Chair, NLRB

Robert J. Battista was appointed by President Bush and confirmed by the Senate to serve as Chairman of National Labor Relations Board (NLRB) for a term expiring December 16, 2007. Previously, he practiced employment and labor relations law with the Detroit firm Butzel Long, representing companies, multi-employer associations, public employers and educational institutions.

Susan Schurman, President, National Labor College

Dr. Schurman has served as President of NLC since January 1997. Under her leadership, the college has been established as an independent post-secondary institution and acquired Middle States accreditation. Prior to becoming president of NLC, she was director of the Labor Studies Center at the University of Michigan and served as the director of the Labor Extension Program at Rutgers, the State University of New Jersey.

Ross Eisenbrey, Economic Policy Institute

Ross Eisenbrey, EPI's policy director since January 2002, is a lawyer and former commissioner of the U.S. Occupational Safety and Health Review Commission. He worked for many years as a staff attorney in the House of

Representatives, as legislative director for Rep. William Ford, and as a committee counsel in the U.S. Senate. He served as policy director of the Occupational Safety and Health Administration from 1999 until 2001.

Steve Early, Assistant to the Vice President, District 1, Communications Workers of America

Steve Early has been active in labor for nearly 35 years. He is an administrative assistant to the VP of the Communications Workers of America (CWA) District 1. He has been involved in organizing, bargaining, and/or major strikes at NYNEX, Bell Atlantic, AT&T, Verizon, Southern New England Tel, SBC, Cingular and Verizon Wireless. Early has written about workers' rights for the *Boston Globe* and *Boston Herald*, *Los Angeles Times*, *New York Times*, *The Nation*, *Labor Notes*, *New Labor Forum*, *Social Policy WorkingUSA*, *The Guild Reporter*, *United Mine Workers Journal* and many other publications.

Following the speakers there will be an educational segment from 1:30 - 3:30 p.m. on the details of the "Kentucky River" cases, the implications and our response.

Donations Needed for MNE 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



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: Steve Nikolsky, 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. ■

MNA Member Discounts Save You Money

Personal & Financial Services

PROFESSIONAL LIABILITY INSURANCE

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

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 LLC 800-959-9931 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

TAXMAN INC. 800-7TAXMAN
20% discount on tax preparation services.

HOME MORTGAGE DISCOUNTS

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.

TAX REVIEW SERVICE

MERRIAM TAX RECOVERY 508-340-0240
Experts in recovering overpaid taxes.

LIFE & ESTATE PLANNING

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

Products & Services

AUTO/HOMEOWNERS INSURANCE

COLONIAL INSURANCE SERVICES, INC. 800-571-7773 OR 508-339-3047
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.

CELLULAR TELEPHONE SERVICE

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.

VERIZON WIRELESS 617-571-4626
Receive an 8 percent discount on plans priced \$34.99 and above! Receive a free Motorola V60s on any new purchase or upgrade.

SPRINT NEXTEL COMMUNICATIONS 617-839-6684
Save up to 30% on equipment, up to 23% on rate plans and up to 10% on accessories. Choose from a wide selection of phones. Blackberry and Treo devices and mobile connection cards for your laptop computer. Call Don Lynch or email Donald.Lynch@Sprint.com or visit www.nextel.com/massnurses to place an order today

DISCOUNT DENTAL & EYEWEAR PROGRAM

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

JIFFY LUBE DISCOUNT

MNA DIVISION OF MEMBERSHIP 800-882-2056, x726
Obtain an MNA discount card to receive 15% discount on automobile products & services. Consumer Referral Service

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)

DISCOUNT PRODUCTS BY MEMBER ADVANTAGE

MEMBER ADVANTAGE 781-828-4555 OR 800-232-0872
Discount prices on a broad range of products. Nationwide shipping or local pickup available. Register at mnadiscounproducts.com (member ID: 391321040).

OIL BUYING NETWORK DISCOUNT

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

WRENTHAM VILLAGE PREMIUM OUTLETS

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.

SIGHT CARE VISION SAVINGS PLAN

MNA DIVISION OF MEMBERSHIP 800-882-2056, x726
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

HEALTH CARE APPAREL

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

BROOKS BROTHERS DISCOUNT

Enroll online to receive 15% discount at Brooks Brothers, Adrienne Vittadini and Carolee. Visit <http://membership.brooksbrothers.com>. (ID=87400, PIN=97838)

Travel & Leisure

NEW AVIS RENTAL CARE DISCOUNT

AVIS 1-800-331-1212
Discounts can be used for both personal and business travel. For full benefits, the Avis Worldwide Discount (AWD) number must be given to the reservation agent: Q282414. Visit www.zavis.com to set up your own personal profile or for more information.

HERTZ CAR RENTAL DISCOUNT

HERTZ 800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

DISCOUNT MOVIE PASSES

MNA DIVISION OF MEMBERSHIP 800-882-2056, x726
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.

DISCOUNT HOTEL & TRAVEL PRIVILEGES

CHOICE HOTELS INTERNATIONAL (SOS PROGRAM) 800-258-2847
20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #00801502. Membership in Guest Privileges Frequent Traveler Program.

NEW DISNEY DISCOUNT

Members can now take advantage of discounted tickets to Walt Disney World and Disneyland along with other Florida attractions. Begin saving by calling 800-331-6483 or check out the discounts on our Web site at www.massnurses.org.

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

MNA DIVISION OF MEMBERSHIP 800-882-2056, x726
Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

UNIVERSAL STUDIOS FAN CLUB

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).

SIX FLAGS NEW ENGLAND

MNA DIVISION OF MEMBERSHIP 800-882-2056, x726
Purchase discount admission tickets for \$30 per person (seasonal).

**For more information, contact the representative listed or call member discounts at the MNA, 800-882-2056, x726.
All discounts are subject to change.**

MNA CONTINUING EDUCATION COURSES

Fall 2006 Courses

Post Traumatic Stress Disorder – Nursing Implications

Description This program will address the characteristic signs, symptoms, therapeutic approaches and nursing management of patients experiencing post traumatic stress disorder. Considerations relative to traumatic events throughout the life span and cultural barriers will be included.

Speakers Ronald Nardi, MSN, APRN
Carol Dacey, BSN, RNC
Kim Choi, BSN, RN

Date Sept. 14, 2006

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$95.

Contact Hours* 3.6

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

Basic Dysrhythmia Interpretation

Description  This course is designed for registered nurses in acute, sub-acute and long-term care settings to learn cardiac monitoring and dysrhythmia interpretation. Implications and clinical management of cardiac dysrhythmias will also be discussed. Course will include a text book and require study between sessions one and two.

Speaker Carol Mallia, RN, MSN

Dates Sept. 19, 2006 – Part 1

Sept. 26, 2006 – Part 2

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$125

Contact Hours* 9.0

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

Anatomy of a Legal Nurse Consultant

Description  This program, co-provided by MNA and the Southern New England Chapter, AALNC, will introduce the nurse to the scope of practice of the legal nurse consultant. The history and evolution of this important role, its multifaceted components, including practice environments, litigation process, case evaluation for compliance with standards of nursing/healthcare practice, nurse expert witness role, risk management and other important considerations will be described. Professional certification also will be addressed.

Speakers Legal nurse consultants

Date Sept. 28, 2006

Time 5:30 – 8:30 p.m. (light supper provided)

Place MNA Headquarters, Canton

Fee MNA & AALNC members, \$65; others, \$95

Contact Hours* Will be provided.

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

Advanced Cardiac Life Support Certification and 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 Oct. 11, 2006 and Oct. 18, 2006 (Certification)

Oct. 18, 2006 (Recertification)

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

Place MNA Headquarters, Canton

Fee Certification: MNA members Free; Others \$195

Recertification: MNA members Free; Others \$165

Contact Hours* Will be provided.

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

Diabetes 2006: What Nurses Need to Know

Description  This program will discuss the pathophysiology and classification of Diabetes, Types 1 and 2. Nursing implications of blood glucose monitoring and non-pharmacological interventions such as exercise and meal planning will be addressed. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in

the pre/post operative, ambulatory care, home care and school setting will be discussed.

Speaker Ann Miller, MS, RN, CS, CDE

Date Oct. 19, 2006

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$150

Contact Hours* 7.2

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

Oncology for Nurses

Description  This program will increase knowledge in oncology nursing. The content will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of Hospice care. (Class size limited to 25 participants).

Speaker Marylou Gregory-Lee, MSN, RN, NP, Adult Nurse Practitioner

Date Nov. 1, 2006

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$150

Contact Hours* 7.2

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

Critical and Emerging Infectious Diseases

Description  This program is designed to provide nurses with current information regarding critical infectious diseases, e.g. HIV/AIDS, Tuberculosis, Hepatitis, MRSA and emerging infectious diseases, e.g. Avian flu, Marburg virus, SARS, EBOLA, BSE and other diseases. The morning session will address specific diseases, their epidemiology, signs/symptoms, treatment and prevention. The afternoon session will address protecting nurses and others from disease exposure through the use of environmental and work-practice controls, as well as personal protective equipment.

Speakers Alfred DeMaria, MD

Maureen Spencer, MS, RN

Thomas P. Fuller, ScD, CIH, MSPH, MBA

Date Nov. 3, 2006

Time 8:30 a.m. - 4 p.m.

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$150

Contact Hours* 7.0

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

Addictions in Nursing: A Profession at Risk

Description  Participants will learn to recognize the characteristics of nurses at risk for substance abuse and substance dependence and identify occupational risk factors and occupational signs of substance abuse. Important considerations in assisting colleagues with substance abuse problems and resources available to them will be addressed.

Speaker Donna White, RN, PhD, CADAC-II

Date Nov. 14, 2006

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$65

Contact Hours* 3.8

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

Interpreting Laboratory Values

Description  This program will enhance the nurse's ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.

Speaker Carol Mallia, RN, MSN

Date Nov. 28, 2006

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$65

Contact Hours* 4.4

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

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. Actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.



Speaker Carol Mallia, RN, MSN

Date Dec. 5, 2006

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

Safe Patient Handling: Protect Your Patient and Your Back

Description This program will address many of the issues and concerns as well as the current possible solutions related to the age old and ongoing problem of safe patient handling in the field of nursing.

Speakers Marthe Kent, N.E. Regional Administrator, OSHA; Carol Bates, Compliance Assistant Specialist, OSHA; Linda Haney, RN, MPH, COHN-S, CSP; Kathleen Nelson, PT; William S. Marrae, Ph.D., CPE

Date Jan. 12, 2007

Time 8:30 a.m. – 1 p.m.

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$125

Contact Hours Will be provided.

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

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 and
- 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.

Note: All CE programs run entirely by the MNA are free of charge to all MNA members. Pre-registration is required for all programs.

Free online courses!

NEW online Continuing Education programs on the MNA Web site

Current program topics include:

► **Fragrance Free! Creating a Safe Healthcare Environment**

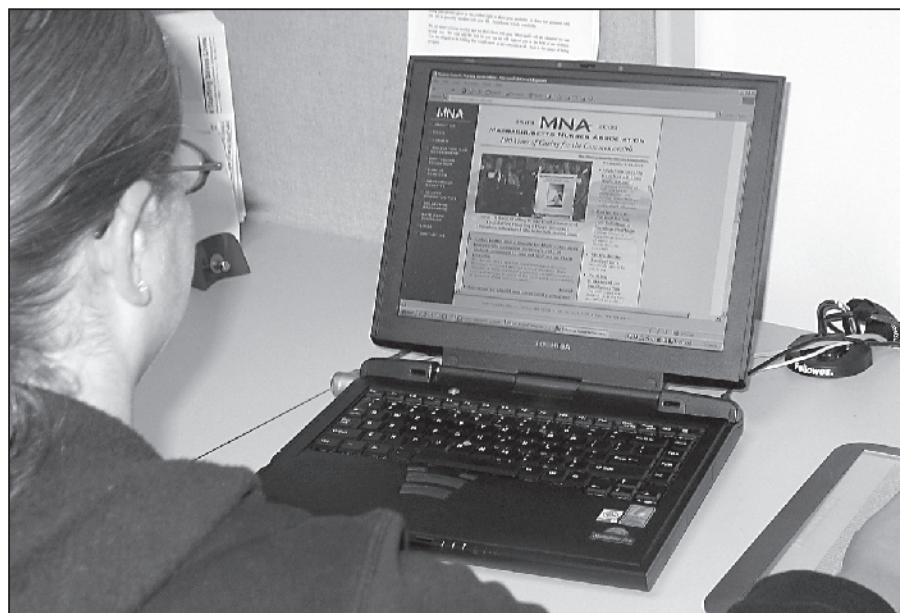
1.2 contact hours

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.

Visit www.massnurses.org

Emergency Preparedness

Last year in response to Hurricane Katrina MNA staff and members responded to the disaster in many ways. Nurses and other staff met at MNA to discuss strategies; shared information about our members who were on site in New Orleans; posted regular updates about volunteer efforts on the MNA Web site; organized donations and mailings of scrubs and personal care items to nurses who were already onsite or who traveled to New Orleans; volunteered at Otis Air Force Base on Cape Cod; coordinated communications with the Massachusetts Department of Public Health; etc. These efforts were greatly appreciated and led to discussions about ways to organize in the future.

The MNA Emergency Preparedness Task Force has been meeting regularly. Staff are currently organizing Emergency Preparedness Manuals, which will contain hard copies of information that may be useful should Web sites/PC access go down. MNA offered a three-session course on "All-Hazard Disaster Preparedness" in the spring and summer, which was booked to capacity. Several of the attendees, as well as other MNA members, subsequently requested that MNA keep their names on a list should a future disaster require a call for volunteers. There are many volunteer options to consider, but several members want MNA to maintain a list in order to assure accessibility if needed, and also to use for periodic updates of developments in the now burgeoning "disaster" field.

At its August meeting the MNA Board approved the "MNA Emergency Preparedness Volunteer Form" as a method of maintaining contact information for nurses interested in volunteering should the need arise.

MNA strongly encourages nurses to participate at the local level by becoming involved with their town or city health department's emergency preparedness planning committee, and by becoming CERT trained (Community Emergency Response Team). The commonwealth is also organizing a volunteer database called MSAR (Massachusetts System of Advance Registration of voluntary health personnel). Contact information is listed below.

Finally MNA emphatically encourages all volunteers—and ALL nurses—to obtain your own personal, professional liability coverage to protect your nursing license!

For more information please contact Mary Crotty at mcrotty@mnarn.org 781.830.5743 or Chris Pontus, cpontus@mnarn.org, 781.830.5754. ■

Emergency Preparedness Volunteer Information

This contact information may be used by MNA for routine emergency preparedness communications and/or in the event of an emergency or disaster. The information may be shared with emergency relief agencies or organizations. You will periodically be asked by MNA to update your data to keep contact information current.

PLEASE NOTE: MNA strongly encourages nurses to obtain personal professional liability coverage!

First name: _____ MI: _____ Last name: _____

Please indicate: RN: _____ NP: _____ Retired? Yes _____ No _____

Are you an MNA member? Yes _____ No _____ If not, would you like to be? Yes _____ No _____**

Nursing area(s) of expertise: _____

Street address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

Mobile number: _____

Email address: _____

Other information or skills (i.e. languages spoken, etc): _____

Please return this form to Mary Crotty, 781-830-5743 or Chris Pontus, 781-830-5754 at:
MASSACHUSETTS NURSES ASSOCIATION
 340 Turnpike Street, Canton MA 02021

MNA HOODED SWEATSHIRTS NOW ON SALE

Order Form

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

ITEM	SIZE	PRICE	QTY	TOTAL
Sweatshirt	Small	\$35.50		
Sweatshirt	Medium	\$35.50	SOLD OUT	
Sweatshirt	Large	\$35.50	SOLD OUT	
Sweatshirt	X-Large	\$35.50		
Sweatshirt	XX-Large	\$38.50	SOLD OUT	
Sweatshirt	XXX-Large	\$41.50		
Shipping & Handling (\$5.50 per item)				
GRAND TOTAL				

Payment

Check enclosed (Payable to MNA)
 Please charge my Visa MasterCard American Express

Card Number _____ Expires (Mo/Yr) _____

Signature as shown on credit card _____

Return this form with payment to MNA, 340 Turnpike Street, Canton, MA 02021

New MNA hooded sweatshirts are now available. Gray, hooded sweatshirts of cotton/poly blend are excellent quality and feature the MNA logo on the chest and across the back.



The MNA 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



Toll-Free Number: 888-36-MITSS
MNA Referral Line: 781-830-5770
www.mitss.org

MNA

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.

Travel to Europe with MNA in 2007!

Paris & the French Countryside April 10-18, \$1,999*

Our Paris and the French countryside tour begins with three nights in Rouen, and will include two full days of sightseeing, including a day in Normandy and Bayeux to see the D-Day landing beaches, the American Cemetery and a stop to see Queen Matilda's famous Bayeux Tapestry. The next day, we'll visit the Mont St. Michel, the most famous abbey in the world. After a morning tour of Rouen, including a visit to the Cathedral of Notre Dame, and some free time for shopping and browsing; we are off to Paris for a four-night stay. Our first full day in Paris, features a panoramic sightseeing tour and the afternoon at leisure for museum visits. The next day, a morning tour to the Palace of Versailles with the afternoon again free in Paris for shopping and sightseeing. The following day features a Chateau Country tour to the Loire Valley where we will visit Blois and Amboise. We'll tour the Chateau de Chambord and Chateau de Chenonceau.



Sorrento, Italy May 24-June 1, \$1,899*

Join us on a tour of one of southern Italy's premier vacation resorts. This all-inclusive nine-day, seven-night trip includes air, transfers, hotel and all meals as well as guided tours. The tour will feature Sorrento, Naples, Pompeii, the Isle of Capri and Amalfi Drive. Visits to Positano; the Cathedral of St Andrew; the Museum of Correale; orange, lemon and olive groves; vineyards; and the Castel dell'Ovo in Naples will also be arranged. Offered as an all-inclusive trip, this package is a great value.



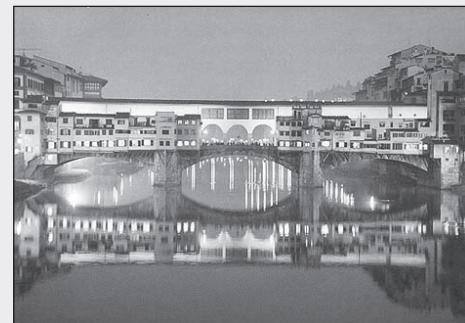
Costa Del Sol plus Madrid Nov. 6-14, 2007, \$1,769*

This Spain tour will feature the first five nights in the beach resort of Torremolinos on Spain's Costa Del Sol with the last two evenings in Madrid. We will enjoy a sightseeing tour that includes Ronda, Granada to see the Alhambra, Seville and Gibraltar. En route to Madrid, we'll visit Toledo, and while in Madrid, we'll have a panoramic city sightseeing tour, and visit to the Prado museum. The last afternoon will be free for individual sightseeing and shopping. This tour includes three meals daily except our last full day in Madrid where lunch is on your own while in the Costa Del Sol.



Florence, Venice & Rome Oct. 30-Nov. 7, 2007, \$1,869*

Join this wonderful nine-day/seven-night trip 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. From there, day trips to Florence, Venice, Siena and San Gimignano will be arranged. The time in Rome will include a full-day sightseeing tour of the Coliseum, the Parthenon, the Spanish Steps, the Trevi Fountain, Vatican City and much more. This trip includes round-trip air from Boston and transfers to and from the hotel. Breakfast and dinner included, as well as one lunch.



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 check purchase. Applicable departure taxes are not included in the listed prices. Credit card purchase price is \$30 higher than the listed price.

Benefits Corner

New MNA member benefit

Blue Cross/Blue Shield of Massachusetts health insurance plans are now available by calling 1-800-422-3545, extension 65414 Susan O'Connell for information in regard to the plans, like HMOBasicBlue Direct, HMOBlueDirect and BlueHealthKids. You may also view a broad idea of costs across the state for the BCBSMA plans on the Mass.gov website for the Division of Insurance. You are eligible for coverage if:

- You are a resident of Massachusetts actually living in Massachusetts;
- You meet the plan's requirements regarding residence within the plan's approved service area;
- And you are not enrolled in Medicare or Medicaid. ■

MNA membership dues deductibility for 2005

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

Region	Amount	Percent
All Regions	\$28.50	5.0%

Congress on Nursing Practice to launch mentorship program

A mentorship program for MNA members will begin this fall. There will be two categories of programs: one for experienced nurses who want to become mentors and the other for nurses who want to be mentored.

The mentorship program was developed with three areas of concentration:

- **Labor:** which will provide entry involvement into union-based activities in the workplace
- **Career:** which will provide information on avenues for professional growth and advancement, including specialty areas, advanced education and certification
- **Organizing/legislative initiatives:** which will provide entry into legislative activities and/or statewide initiatives.

Mentors will need to attend a three-hour workshop focused on specific aspects of mentorship. Break-out sessions for the three categories of mentorship also will be featured.

Interested members should fill out the form below and return it to the MNA. For questions, call the Division of Nursing at 781-821-4625.

Application: MNA's Mentorship Program

Name _____

Address _____

E-mail address _____

Phone _____

Years of experience _____ Area of expertise _____

I want to be a mentor I am interested in being mentored

Preferred area of concentration: Labor Career Organizing/Legislative Initiatives

Return to:

MNA's Division of Nursing, 340 Turnpike Street, Canton, MA 02021

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Automobile discount of 6%. Convenient fee free EFT available.



Homeowners Policy

12% discount when we write your automobile. 3% renewal credit after 1 year the policy has been in effect.



MNA MASSACHUSETTS NURSES ASSOCIATION MEMBER DISCOUNT PRODUCTS SHOPPING SITE



COOLPIX L1

Nikon's COOLPIX L1 combines 6.2 effective megapixels and a generous 5x optical Zoom-Nikkor lens for stunning 16" x 20" prints. The incredible, bright 2.5" LCD makes for easy composition and image playback. Easy to use and feature packed, the COOLPIX L1 is a camera that suits any lifestyle.



COOLPIX L2

- 6.0 effective megapixels
- 3x optical Zoom-Nikkor glass lens
- Prints as large as 16x20"
- 16 Scene Modes
- USB and PictBridge Compatible

L2 L3 L4

The big, bright 2.0" LCD makes it easy to compose and share pictures.



COOLPIX L3

- 5.1 effective megapixels
- 3x optical Zoom-Nikkor glass lens
- Prints as large as 16x20"
- 16 Scene Modes
- USB and PictBridge Compatible

Compact and portable, they include Nikon's Exclusive Feature System, which makes taking great pictures easy.



COOLPIX L4

- 4.0 effective megapixels
- 3x optical Zoom-Nikkor glass lens
- Prints as large as 11x17"
- 15 Scene Modes
- USB and PictBridge Compatible



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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:

- Purchases & Refinances
- Home Equity Loans
- Debt consolidation
- Home Improvement Loans
- No points/no closing costs
- Single & Multifamily Homes
- Second Homes
- Condos
- No money down
- Investment Properties

Group discounts: As the only MNA-endorsed mortgage lender, we provide qualified members and their families with low rates and group discounts. Take advantage of free mortgage pre-approvals, free credit analysis, and free review of purchase and sale agreements for homes financed through the program.

Expert advice: Whether you're a first-time or experienced homebuyer, choosing the right mortgage is important business. Reliant mortgage consultants are available to MNA members and their families to answer your questions, and walk you through the mortgage process.

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.

MNA
MASSACHUSETTS NURSES ASSOCIATION

- \$275 Off Closing Costs
- 1/8 Point Discount off Points Incurred
- Free Pre-Approvals
- Low Rates & Discounts
- No Point/No Closing Cost Programs Available
- Also Available to Direct Family Members

CALL THE MNA ANSWER LINE FOR PROGRAM RATES AND DETAILS:

1.877.662.6623
1.877.MNA.MNA3



2006 MNA Convention

“Solidarity, Strength and Spirit”

October 4-6

Sturbridge Host Hotel and Conference Center



Featured Speakers



Elaine Bernard

Thursday Keynote Address

“Building Power for Nurses in the Workplace”
Elaine Bernard, Ph.D., Executive Director, Labor and Worklife Program, Harvard Law School

The challenges of organizational change for the transfunctional role of nursing staff and their leaders.



Helen Drinan

Thursday Plenary Address

“Standup, Speakout.”
Helen Drinan, Senior Vice President for Human Resources, Caritas Christi Health Care

Steps for effective utilization of human resources for impacting nurses’ working conditions and patient care.



Martha Jurchak

Friday Keynote Address

“From Quinlin to Schiavo: Do You Know Your Legal and Ethical Duties?”

Martha Jurchak, Ph.D., RN and the MNA Center for Ethics and Human Rights.



Regina Shearer

Friday Closing Plenary Address

“Nurses are Our Heroes in Healthcare”
Regina Shearer, Executive Director of Academic Administration, Rivier College, Nashua, N.H.

A joyful, spirited and inspirational presentation applauding nurses’ impact on healthcare.

Convention Schedule

Wednesday, October 4

9–9:30 a.m.	Registration, Continental Breakfast, Silent Auction
9:30 a.m.–Noon	General Labor Program
Noon–1:30 p.m.	Lunch, Live Auction, Silent Auction
1:30–3:30 p.m.	Program Breakouts (TBA)
5 p.m.	Silent Auction closes
6–7 p.m.	Registration for Awards Dinner, Publick House
7–10 p.m.	Awards Dinner—Publick House Historic Inn

Thursday, October 5

7–8:30 a.m.	Registration, Continental Breakfast, Exhibits, Silent Auction
8:30–10 a.m.	Keynote Address: “Building Power for Nurses in the Workplace.” Elaine Bernard, Ph.D., Executive Director, Labor and Worklife Program, Harvard Law School
10–10:30 a.m.	Coffee Break, Exhibits, Silent Auction
10:30 a.m.–Noon	Plenary Session: “Standup, Speakout.” Helen Drinan, Senior Vice President for Human Resources, Caritas Christi Health Care
Noon–2 p.m.	Lunch, Exhibits Open, Live Auction, Silent Auction
Noon–2 p.m.	Unit 7 Business Meeting/Lunch
1–2 p.m.	Region 5 Business Meeting
2 p.m.	Exhibits and Silent Auction Close Mass. Nurses PAC/MNA Business Meeting
6–7 p.m.	MNA Reception
8 p.m.	Mass. Nurses PAC Fundraising Dinner. <i>Join us for an evening of comedy and music.</i>

Friday, October 6

7:30–8:30 a.m.	Registration, Continental Breakfast, Silent Auction
8:30–10:00 a.m.	Keynote Address: From Quinlin to Schiavo: Do You Know your Legal and Ethical Duties? Martha Jurchak, Ph.D., RN, and the MNA Center for Ethics and Human Rights.
10–10:30 a.m.	Break, Silent Auction pick-up
10:30 a.m.–Noon	Closing Plenary Address: “Nurses are Our Heroes in Healthcare.” Regina Shearer, Executive Director of Academic Administration, Rivier College, Nashua, N.H.

For Registration Forms and Complete Details,
www.massnurses.org