

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

Vol. 83 No. 1



**MNA denounces
state's plan to close
Taunton State Hospital**

ADVOCATE



TAUNTON STATE HOSPITAL
◀ MAIN ENTRANCE PARKING ▶

February/March 2012



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Testimony in favor of the Mass. Medicare for All bill

Sandy Eaton presented the following testimony before the Joint Committee on Health Care Financing at the State House on Dec. 15.

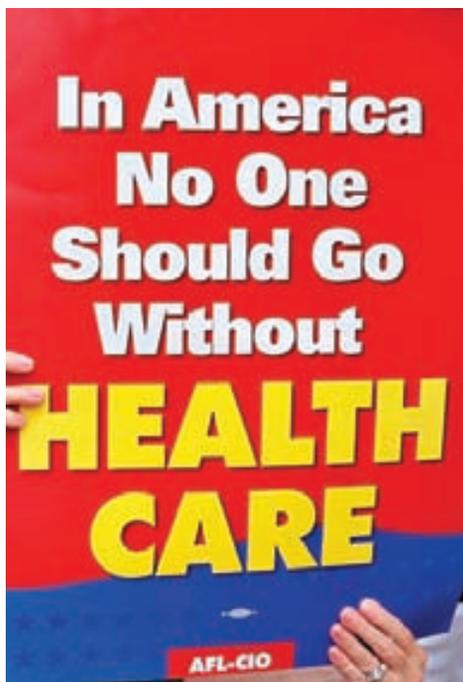
My name is Sandy Eaton. I am a registered nurse currently employed by Quincy Medical Center. I am also a member of the Massachusetts Nurses Association and I chair the Legislative Council of the National Nurses United, a national union of 175,000 nurses laboring in the vineyards of health care from Maine to California. The MNA is its local incarnation. I offer testimony here today on behalf of the NNU.

There are two compelling reasons to move to a health care system based on the social insurance model: affordability and humanity. Therefore, we support the many state single-payer bills filed around the country, including the Massachusetts Medicare for All bill that we are considering today. However, in order to maximize the benefits of such state-based approaches, the enactment of federal legislation is required.

The AFL-CIO has endorsed and the NNU vigorously supports the American Health Security Act of 2011, filed in the U.S. Senate on May 10, 2011 by Sen. Bernie Sanders of Vermont (S.915) and in the U.S. House on the same day by Rep. Jim McDermott of Washington (H.R.1200). We feel that this bill most effectively provides for the full implementation of the state-based approach. Therefore, we feel our introduction of it here today complements our discussion of the creation of a single-payer system of universal health care in the commonwealth.

While it may seem naive to be building support for progressive national legislation at this moment in history, we are hopeful that we will bring about a change in the balance of forces in the U.S. Congress in the current election cycle, or certainly in the one thereafter. As a nation, we cannot afford not to move to a system where health care is acknowledged as a human right.

There are specific features of the American Health Security Act that we find particularly helpful. States would be required to set up state-based health security programs, which we expect could be developed out of the exchanges required by the Patient Protection and Affordable Care Act of 2010. The state of Vermont is showing the way. Standards will be set that would require a single high standard of care nationally. Special attention is given to rebuilding our public health infrastructure and expansion of resources in underserved rural and urban areas, largely through full funding for community health centers. Workforce



weaknesses will be addressed, particularly the crying need for more primary care clinicians, nurses, physicians, and dentists. Waivers for ERISA and other impediments will be issued. Funding will not only come from the usual payroll and income taxes, but from a tax on financial transactions.

The National Nurses United launched a Main Street Contract campaign early in June. A key plank in this campaign is strengthened and improved Medicare for all. The funding for this contract is a 0.5 percent tax on financial transactions. We estimate that this would generate up to \$350 billion per year. We've carried this campaign from Wall Street to Capitol Hill to the G20 summit in Cannes.

On July 22, 2009, President Barack Obama, in answering a question at a town hall meeting, declared, "I want to cover everybody. Now, the truth is that, unless you have a single-payer system—in which everybody is automatically covered—then you're probably not going to reach every single individual." The public health demands that every individual has access to health care.

We have learned a lot from the Vermont approach, specifically their using the process of setting up the Health Exchange to lay the foundation for single-payer. Sanders/McDermott enables states to utilize the reforms and structures the states put in place now under PPACA to be the basis for single-payer when that becomes fully feasible in 2017. In that sense, this is the federal legislation that most easily transitions from state reforms now to true universal health care, with enhanced and actually effective cost control mechanisms. ■

the Massachusetts **nurse**

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

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Contact MNAinfo@mnarn.org with comments or questions.

www.massnurses.org

Massachusetts
Nurses
Association



Be very afraid: The BORN wants to change regs on delegation of nursing tasks

Proposal opens door to allow unlicensed staff to administer meds

By Donna Kelly-Williams

MNA President



Donna Kelly-Williams

Earlier this month, the MNA received a draft report from a "Collaborative Task Force" of the Board of Registration in Nursing, which was established in 2010 to make "evidenced-based recommendations to guide the practice of RNs and LPNs relative to delegation and training." In the report, the BORN states that this process was initiated in response to the filing of specific pieces of legislation that have called for a process to allow licensed nurses to delegate medication administration to unlicensed personnel in two settings: home care and long-term care.

Specifically, the report states that its primary focus is the issue of the provision of nursing tasks and activities delegated by the nurse to unlicensed personnel in settings (home care) where the nurse does not retain accountability for the care provided by the unlicensed personnel. The example given is the patient who is being cared for by a home health aide, neighbor or friend on a long-term basis, where the care provided is needed to maintain stability and independence at home. This may be an elderly patient living alone who needs assistance with daily colostomy care, or help with administration of medications for a chronic condition.

The MNA/NNU understands this dilemma, and believes that this is an issue that needs to be addressed with an advisory ruling for this specific situation. And we are willing to engage in a process involving frontline home care nurses and other stakeholders to develop that ruling.

Unfortunately, as part of this process, the BORN, through the task force, is proposing sweeping changes to the language in the Nurse Practice Act that rewrite the entire section of the law dealing with ALL aspects of nursing delegation for all settings.

Worse still, the draft language for the new section of the law on delegation is ambiguous at best and we believe it can undo important protections in the law that prevent the delegation of nursing tasks, specifically

medication administration, in a number of settings, including long-term care and acute care. While this may not be the intention of the task force, the written words in the law live on for decades and can be manipulated by unscrupulous employers, placing both nurses and patients in jeopardy.

While the BORN states in its report that the MNA was invited to participate in this process, we have NO RECORD of anyone receiving such an invitation. In addition, I, along with other MNA staff, have been attending BORN meetings and other meetings with members of this task force for months, and this effort was never mentioned or discussed until recently when this report was about to be unveiled.

In moving forward with this process, the BORN has opened up its report for public comment, which the MNA has submitted. The MNA's response includes the following points:

- As stated above, we believe the narrow issue of allowing the delegation (including training and monitoring) of certain tasks to unlicensed personnel in specific home care situations is an issue that needs to be addressed through *two* carefully developed advisory rulings. One ruling

should address nurse delegation to unlicensed personnel in settings where the care is "incidental" (BORN's term for situations where the unlicensed person is not employed by an agency and/or is coming into the home on an irregular basis); and the other advisory should address the home care situation where licensed nurses and unlicensed personnel are employed and under the supervision of an agency. These are two different situations which currently need to be addressed and which call for different recommendations.

- The board must not touch the regulations containing delegation language currently in place. It has worked in the settings for which it applies and any tampering with this language could have serious negative unintended consequences.
- We have requested a meeting between members of the MNA board and staff with the BORN to discuss our concerns in detail, since we were never formally invited to participate in a process that impacts the staff nurses we represent.
- In developing the advisory ruling on the home care delegation issue, as has been done by the BORN in the past, we believe the BORN should hold a series of regional hearings across the state where home care and other frontline nurses can discuss the proposed changes and offer input so that the advisory that is developed reflects the real-world concerns of nurses and patients.

You can be assured that we will keep you informed of further developments and will alert you to any opportunities we create for you to lend your voice to this vitally important process. Visit the MNA Web site at massnurse.org to view the full text of the MNA's letter to the BORN. ■

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



MNA denounces state's plan to close Taunton State Hospital

Frontline caregivers, MNA say state's mental health system is already in shambles

The Massachusetts Nurses Association/National Nurses United is currently engaged in an organization-wide effort to protect mental health services in the state. The effort began after the Massachusetts Department of Mental Health informed members of the MNA/NNU of its plan to close Taunton State Hospital, one of only six state-operated mental health facilities specializing in caring for those who suffer from acute and chronic mental illness.

The shocking proposal, which was announced during a meeting of senior DMH staff, could result in more than 169 beds being eliminated from the commonwealth's already strained and overloaded mental health system.

"This is a cold hearted and dangerous decision that will have devastating consequences for the mentally ill in our state," said Karen Coughlin, RN, a nurse at Taunton State Hospital and vice president of the MNA/NNU. "We have no mental health care safety net in Massachusetts. There are not, and have not been, enough beds or services in the system for years. This decision will only exacerbate a long-standing crisis. People will continue to go without care, crime will increase, homelessness will increase, more people will end up in the corrections system and many more will commit suicide. This closure along with other cuts to programs and services represents the state's continued abandonment of the mentally ill in our society."

To understand the role and value of the state's inpatient facilities, one needs to have a clear picture of the clients they serve. "At our inpatient facilities, particularly at my facility, Taunton State Hospital, we take care of a significant number of forensic patients, which means they come to us from corrections facilities or the court system. They have varying levels of criminal involvement and some with histories of violent behaviors. At all of our facilities we have many frail, elderly mentally ill patients who can't be cared for in nursing homes. A large percentage of our patients have a dual diagnosis of mental illness and substance abuse which complicates their placement in community settings. We have a number of women suffering from serious trauma who are self abusive and suicidal and need intensive mental health monitoring and care. These are patients who often have nowhere else to go in the system," Coughlin explained. "This plan makes no sense. Our system has been operating well over full capacity for years. We can't provide the care people need even with our facility open. The other issue is geography. We are now forcing patients and families to travel to Worcester, Tewksbury or out to Western Mass.



for their mental health care. It's a travesty."

In fact, there is a shortage of psychiatric beds throughout the entire health care system in our state, including the private sector. Right now, psychiatric patients clog emergency rooms across the state, some waiting for 72 hours or longer for a psychiatric bed placement. According to a recent statement by Attorney General Martha Coakley, in a report concerning the disposition of psychiatric beds following the sale of hospitals to Cerberus/Steward Health Care, "The need for inpatient psychiatric and detoxification hospital beds is critical. Any further reduction in these services would have a significant negative impact on the ability of the commonwealth to provide for mental health services."

A 2009 report by the DMH showed that the census at facilities like Taunton State was running at an average of 97 percent, and at the time of the closure announcement, the census at Taunton State was over capacity. The same DMH document pointed to "an already significant reduction to DMH community services with the elimination of day and employment services and a reduced case management workforce." It further stated that, "more than 200 of the 788 adult patients in DMH continuing care facilities are ready for discharge but appropriate community services are not available."

Public opposition to the proposed closure of Taunton State Hospital was clear and swift. At a meeting organized by Sen. Marc Pacheco (D-Taunton), more than 100 local and state officials, state employees and concerned citizens

crowded into a Taunton church to voice their collective opposition to the proposed closure. Pacheco also made it clear that the proposal is not set in stone. "For those that think [the proposal] is a done deal, please get that out of your mind. It is not a done deal," said Pacheco. "The Taunton facility is crucial and a critical component to the statewide mental health system."

In addition to Pacheco, a number of politicians and other officials from the region attended the meeting to show their support, including Rep. Patricia Haddad (D-Somerset); Rep. Keiko Orrall (R-Lakeville); Rep. Shaunna O'Connell (R-Taunton); Mayor Thomas Hoye Jr. and representatives from the offices of U.S. Rep. Barney Frank and U.S. Sen. Scott Brown.

Since then, lawmakers from throughout the state have called for a halt to the closure, as well as for a study of the state's entire mental health system. It is hoped that any forthcoming studies will assess the availability of and need for expanded community supports and services; the number of existing beds in the system; and the number of beds needed.

The call for such a study represents a major step forward for legislators in the commonwealth in that they are acknowledging there is no longer a true system for mental health care in the state and that dramatic changes need to occur before additional damage is done to an already broken system.

"This has gone beyond an issue of funding and finances," Coughlin concluded. "This is a moral and ethical issue of human rights and common decency." ■

Advocacy group cites decision to close Taunton State as latest example of Massachusetts balancing budget on the backs of people with mental illness

The National Alliance on Mental Illness of Massachusetts (NAMI Massachusetts), a grassroots organization of more than 2,000 members, is outraged once again that the commonwealth is balancing its budget on the backs of people with mental illness. The latest illustration of this disturbing trend is Governor Patrick's decision to close Taunton State Hospital. NAMI Massachusetts believes that the commonwealth is not fulfilling its obligation to provide a full spectrum of services for people with mental illness that includes both community-based services and inpatient services. For the years 2009–2012, Massachusetts had the dubious distinction of ranking 11th among the states in percentage cuts from mental health funding. Among the New England states, four increased their spending, with Massachusetts decreasing its spending the most, by 8.1 percent.

Spending change for mental health services in New England states, 2009-2012

- **Maine:** 15.4 percent increase
- **Rhode Island:** 10.6 percent increase
- **Connecticut:** 5.8 percent increase
- **Vermont:** 1.0 percent increase
- **New Hampshire:** 1.3 percent decrease
- **Massachusetts:** 8.1 percent decrease

Source: *State Mental Health Cuts: The Continuing Crisis*, a report by the National Alliance on Mental Illness, November, 2011. The full report and state-by-state analysis is at www.nami.org/budgetcuts

The board, staff and membership of NAMI Massachusetts have become increasingly alarmed that the safety net for individuals with serious mental illness is woefully inadequate. The closure of Taunton State Hospital would fundamentally disrupt the treatment of 169 patients and the lives of their family members who will now have to travel long distances to either Tewksbury or Worcester to stay connected to their loved ones. For families who do not own cars, the inadequacy of public transportation will make access difficult if not impossible. For family members with cars, longer distances and travel time, greater expenses, and limited visiting hours will prevent frequent visits. The Department of Mental Health must mitigate the impact of the move on patients and families.

Building a new Worcester hospital (now the Worcester Recovery Center and Hospital) was never designed to replace Taunton State

Department of Mental Health Funding



Source: *Mass. State Budget Information 2008 – 2012*

Hospital. When Worcester State Hospital funds were approved by the Massachusetts Legislature as part of the 2004 budget, there was no expectation that Taunton State Hospital would close. The new hospital in Worcester was designed to serve patients from Central Massachusetts (the old Worcester State Hospital and now closed Westboro State Hospital). DMH planned for an overall statewide bed capacity of 740 beds—not the current 626-bed capacity.

Since the number of psychiatric beds seems to be shrinking based on the economic needs of the commonwealth and not the health care needs of people with mental illness, NAMI Massachusetts calls for an independent study examining the publicly funded mental health system to determine whether the community mental health system can support an inpatient capacity of only 626 continuing care beds. Minimally, this study should take into account the current pressures in general hospital emergency rooms, the number of individuals who are discharged to the streets, the number of new community-based residential support services that have been added and any other relevant information.

As the commonwealth touts its health care image on the national stage, the deep cuts to the mental health budget tell a different story. Numbers speak louder than words. This proposed cut ignores the needs of people with mental illness. ■

MNASM Peer Assistance Program

Help for Nurses with Substance Abuse Problems

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

We have support groups across Massachusetts.

To learn more call 781-821-4625, x755 or online at peerassistance.com

All information is confidential



MNA responds to UMass Med Center layoffs, sale of home health services

UMass Memorial Medical Center (UMMMC), despite posting profits in excess of \$150 million in the last three years, announced recently that it plans to sell off its home health and hospice services and lay off hundreds of other staff. Shortly after, the MNA/NNU issued a statement announcing it was dismayed by this shortsighted decision as the home health and hospice program is one of the most important services for effectively managing the care of patients under the new health reform law. With proper care at home, patients are kept out of the hospital, which dramatically reduces costs, and will allow the system to be more profitable in the long term.

The MNA sees no justification for the layoff of any staff or for the loss of any services in this system, as UMMC is one of the most profitable health care systems in the state. Nurses and support staff have been struggling under current staffing levels to deliver the care patients need.

Prior to announcing the layoffs and reorganization of services for patients by UMMC, CEO John O'Brien reported in the *Worcester Business Journal* that the hospitals and home health program in the system were not the problem and were meeting their budgetary goals. It was UMMC's poor investment decisions and risky business ventures that were the problem—not to mention the millions it spent on consultants and administrators.

Other UMMC highlights include:

- Though hospitals are facing pressure from insurers, government and businesses to reduce costs, the UMass system's five hospitals were not the problem in 2011. For the most part, they met or slightly exceeded revenue projections while trimming

spending on expenses and supplies.

- UMass Medical Center in Worcester accounts for more than half of the system's revenues. And while it posted its lowest surplus in years, it met budget projections.
- For UMass, the problem was a \$29.7 million swing in its investment portfolio which ended the year down \$10 million, the first such loss in years combined with a deficit in its formerly profitable health ventures arm. UMass Memorial Health Ventures provides lab testing, imaging and other services to hospitals and medical groups in several states.
- Partnerships with Fairlawn Rehabilitation Hospital, imaging centers and other facilities are a part of the Ventures portfolio, which earned \$27.8 million for the system in 2010, but lost \$1.1 million in 2011.
- One day after the hospital announced the massive layoffs, it was revealed in the media that UMass would be required by the attorney general to pay a half-million dollar judgment as a result of the hospital's bone marrow scam that was first exposed in 2010. That scam involved the Caitlin Raymond International Registry and UMass Memorial Health Ventures Inc. jointly engaging in improper marketing by paying fashion models to help recruit potential registrants for the National Marrow Donor Program during donor drives at local malls, festivals and sporting events.

The MNA is working with local policymakers and the media to voice its concerns and opposition to these developments. Visit massnurses.org for details on upcoming actions or related news. ■

Brigham & Women's RNs approve contract

The MNA nurses at Brigham and Women's Hospital recently ratified a new 16-month contract. Highlights include:

- No take-aways
- New language specific to vacation scheduling, which will provide for improved transparency of the request process
- Improved language on military leaves, return to work after leaves of absences, FMLA, cancellation of holiday shifts, OR staffing and the Association of Women's Health, Obstetric and Neonatal Nurses (AWOHNN) standards

Economic language includes:

- A half percent across-the-board increase on Sept. 2, 2012 for all nurses
- A half percent across-the-board increase on Nov. 4, 2012 for all nurses
- The 5 percent step increases will continue for nurses on the step scale
- For nurses at max there is a 1 percent bonus to regularly scheduled RNs and \$500 bonus to per diems ■



MNF
Rosemary Smith RN
Memorial Golf Tournament

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Monday • August 20, 2012
to benefit Scholarship Programs
for Nursing & Healthcare Professionals

Visit www.massnurses.org or
call to register at
781-821-4625 x745

Anna Jaques nurses hold successful food drive



From left, Lisa Cyr-Wilmot, Olivia Wilmot, Chris Campbell, Denise Ryan and Sue Lepito.

Just after the holidays, the registered nurses of Anna Jaques Hospital volunteered their time to help restock the shelves of local food pantries and were amazed by the generosity of shoppers in Newburyport and Amesbury. The nurses set up outside Stop & Shop in Amesbury and Shaw's in Newburyport and handed out lists of items that local food pantries needed the most. Shoppers then added some of those items to their grocery lists and handed off what they purchased on their way out.

The nurses filled several cars with groceries and also collected over \$300 in cash. The donations will benefit two local food pantries, The Pettengill House in Salisbury and Our Neighbor's Table in Amesbury.



Janise Cashman and Kay Marshall

Call for Nomination/Consent to Serve for the NNU 2012[†] Delegate Election



MNA delegates to the NNU Convention will be directly elected through a secret ballot election by MNA RN Labor Program members in good standing within each region. Must be an MNA RN Labor Program member in good standing to be eligible for election.

- | | |
|--|---|
| <input type="checkbox"/> Regional Council 1, Delegate (3 for 2* year term) | <input type="checkbox"/> Regional Council 1, Alternate (1 for 2* year term) |
| <input type="checkbox"/> Regional Council 2, Delegate (5 for 2* year term) | <input type="checkbox"/> Regional Council 2, Alternate (1 for 2* year term) |
| <input type="checkbox"/> Regional Council 3, Delegate (4 for 2* year term) | <input type="checkbox"/> Regional Council 3, Alternate (1 for 2* year term) |
| <input type="checkbox"/> Regional Council 4, Delegate (4 for 2* year term) | <input type="checkbox"/> Regional Council 4, Alternate (1 for 2* year term) |
| <input type="checkbox"/> Regional Council 5, Delegate (5 for 2* year term) | <input type="checkbox"/> Regional Council 5, Alternate (1 for 2* year term) |

[†]The formal governance structure of the NNU was adopted at its 2011 convention. As a result, MNA's policy for NNU delegate terms and the commencement of those terms will need to be amended by the membership to align with the adopted 3-year terms under NNU governance structure. The "effective term" is subject to upcoming policy vote by MNA membership at the annual business meeting on October 4, 2012.

*Please be advised that individuals running for the NNU delegate positions are committing to a three (3) year term of office.

Please type or print – Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

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

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Received Deadline for Consent to Serve form: March 29, 2012

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

Due to the earlier time frame of the NNU Convention (December 2012), this election will not run concurrently with the MNA election.

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by March 30 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org

Consent to Serve for the MNA 2012 Election

I am interested in active participation in Massachusetts Nurses Association.

MNA General Election

- | | |
|--|---|
| <input type="checkbox"/> Vice President, Labor*, 1 for 2 years
<input type="checkbox"/> Treasurer, Labor*, 1 for 2 years
<input type="checkbox"/> Director, Labor*, (5 for two years) [1 per Region]
<input type="checkbox"/> Director At-Large, General*, (4 for 2 years)
<input type="checkbox"/> Director At-Large, Labor*, (3 for 2 years)
<input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] | <input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per Region]
<input type="checkbox"/> Congress on Nursing Practice (4 for 2 years)
<input type="checkbox"/> Congress on Health Policy (4 for 2 years)
<input type="checkbox"/> Congress on Health & Safety (4 for 2 years)
<input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years)
<input type="checkbox"/> At-Large Position in Regional Council
(3-year term; 2 per Region) |
|--|---|

**"General" means an MNA member in good standing and does not have to be a member of the labor program. "Labor" means an MNA member in good standing who is also a labor program member. Members shall be considered eligible for only one elective office in MNA (Regional or General) at any one time.*

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

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

 Signature of Member

 Signature of Nominator (leave blank if self-nomination)

Received Deadline: Final Ballot: June 1, 2012

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

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
 - Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
 - Form also available on MNA Web site: www.massnurses.org

Rules for MNA state and regional elections and campaigns

Constitution and bylaws

The nominations and election of MNA officers will be conducted in accordance with the MNA Bylaws and policies, as well as the Labor-Management Reporting and Disclosure Act of 1959, as amended.

Term of office

As defined by MNA Bylaws.

Eligibility to hold office

As provided in the MNA Bylaws, any MNA and/or MNA Labor program member who is current in dues who is in good standing and eligible to run for office.

Nomination notice

A nomination notice and consent to serve forms will be posted in the Massachusetts Nurses Association's official newsletter mailed to all members and posted on the MNA official website.

Nominations

Nominations for vacant offices will be made in writing to the Nominations and Elections Committee and must be received by June 1.

Nomination acceptances

A candidate must accept a nomination in writing to the Nominations and Elections Committee by completing a consent to serve form received no later than June 1 of the relevant election period. A statement from each candidate, if provided will be printed in the Massachusetts Nurses Association's official newsletter. Such statements should be limited to 250 words.

Candidate eligibility

The Nominations and Elections Committee will review MNA dues and membership records to determine eligibility of all nominees. Eligible nominees will be notified of their eligibility for office(s), mailed a copy of the MNA nomination and elections rules, and asked how they wish their names to appear on the ballot. Ineligible nominees will be advised of the reason(s) they are not eligible to run for office. If a nominee has not received confirmation from the Nominations and Elections Committee that her/his consent to serve form has been received within seven (7) days of sending the Consent to Serve form, it is the nominee's responsibility to contact the Nominations and Elections Committee regarding the state of his/her nomination.

Inspection of the member list

Each candidate may inspect (not copy) the MNA membership list once within 30 days prior to the election. No candidate is entitled to receive a copy of the list.

The membership list will be available for

inspection at the MNA office between 8:30 a.m. and 4:30 p.m., Monday through Friday. Any candidate who wishes to inspect the list should contact the Director of the Division of Membership between June 15 and July 15 of the election year.

Distribution of campaign literature

MNA will honor any reasonable request by a candidate to distribute campaign literature to members at the candidate's expense. Requests will be honored in the order received. Campaign literature must be provided to the Nominations and Elections Committee ready for mailing. The cost of postage will be paid by the candidate. MNA will make arrangements for office staff to address the campaign literature. Candidates are solely responsible for any and all materials contained in their campaign literature.

All costs for space in the official newsletter of the Massachusetts Nurses Association will be at a specific advertising rate.

Candidates may not utilize any "personal" mailing list which was created or obtained as a result of a candidate or a supporter serving or employed in an MNA position. Candidates should contact the Nominations and Elections Committee and the Director of the Division of Membership to arrange for mailing campaign literature.

Campaign restrictions

Federal law prohibits the use of any MNA, MNA structural units (Regional Councils, Local Bargaining Units, Committees or any other entity recognized by MNA bylaws or policies) or employer funds to promote the candidacy of any person in an MNA officer election. This prohibition applies to cash, facilities, equipment, vehicles, office supplies, etc., of MNA, MNA structural units and any other union, and of employers whether or not they employ MNA members. MNA officers and employees may not campaign on time paid for by the MNA.

Federal law also provides that candidates must be treated equally regarding the opportunity to campaign and that all members may support the candidates of their choice without being subject to penalty, discipline, or reprisal of any kind. Members may endorse candidates; however no endorsement may carry the identification of the MNA office or position held by the endorser or the MNA logo. The use of MNA, MNA structural units or employer funds or facilities is a violation of federal law even if MNA or the employer do not know about or approve the use.

Request from candidates for campaign time on structural units must be in writing to the Nominations and Elections Committee. The

Nominations and Elections Committee will notify the Labor Associate Director assigned to the unit, Division Director and chair of such request within 5 business days of receiving the request, and will also notify all other candidates for the same office that they are eligible for the same opportunity upon request. All candidates for specific office must be provided with equal access and time.

MNA structural units may invite candidates to speak at a meeting, by submitting such request in writing to the Nominations and Elections Committee. All candidates for a specific office must be provided with equal access and time. The Nominations and Elections Committee will then notify all candidates for the same office(s) that they are invited to speak at a meeting of the requesting structural unit(s), and will notify all candidates of the date, time and location of the meeting.

Voter eligibility

As provided in MNA bylaws, any member in good standing as of seven (7) days prior to the date of ballots being mailed will be eligible to vote.

Election

Ballots will be mailed to the last known home address of each eligible MNA member, at least fifteen (15) days prior to the date which it must be received by the election administrator. Members are responsible for mailing ballots in sufficient time to be received by the administrator.

Eligible voters are permitted to vote for any candidate per the instructions on the ballot. However, write-in votes are not valid and will not be counted. Ballots should not be marked outside of the identified areas.

Ballots must be completed (as per the instructions on the form) and enclosed in an envelope (marked **BALLOT RETURN ENVELOPE**), which does not identify the voter in any way, in order to assure secret ballot voting. **ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE.** The ballot return envelope must be returned in an outer envelope addressed to MNA Secretary, c/o Contracted Election Administrator

(address)

In the upper left-hand corner of this envelope you must:

Print your name

Sign your name (signature required)

Write your address and zip.

IF THIS INFORMATION IS NOT ON THE MAILING BALLOT, THE SECRET BALLOT INSIDE IS INVALID AND WILL NOT BE COUNTED.

If the mailing envelope has been misplaced, another mailing envelope can be substituted

provided that all the required information is provided by the voter in the return envelope.

All returned mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed, to assure that a ballot can in no way be identified with an individual voter. Mailing envelopes containing voter's name and address will be checked off on a master membership list.

Ballots must be at the office of the election administrator no later than the end of business day of the date indicated by the election administrator.

Observers

Each candidate or her/his designee who is an MNA and/or Labor Relations Program member in good standing may be permitted to be present at the stuffing of the ballots, observe delivery to the post office and be present on the day(s) of the opening and counting of the ballots. Notification of the intent to be present or have an observer present must be received in writing or electronic message to the Nominations and Elections Committee from the candidate five (5) working days prior to the ballot counting date for space allocation purposes.

The observer must provide current MNA membership identification to election officials and authorization from the candidate.

No observer shall be allowed to touch or handle any ballot or ballot envelope. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.

All observers and candidates will keep election results confidential for 72 hours after the ballot procedure is certified.

Tally of ballots

Ballot counting will be overseen by the contracted election administrator.

A member in good standing meets the criteria of MNA Bylaws Article, Section I: "Are current in the payment of MNA dues specific to the category of membership."

Election results

Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. Hard copies of the election results shall be sent to each candidate. Results of the MNA election will be kept confidential until all candidates are notified. Results will include the number of total ballots cast for the office in question; the number of ballots cast for the candidate in question; and the election status of the candidate (elected/not elected). Any MNA member may access these numbers by written request to the Nominations and Elections Committee.

Only the names of those elected will be posted on the MNA website when all candidates have been notified after the ballot procedure is completed and certified. The election outcome will be posted at the annual meeting. The Department of Public Communications shall check the information on file for accuracy/currency with the elected candidate prior to issuing a press release.

Storage of election records

Pre Election: All nominations forms and all correspondence related to nominations shall be placed in a container secured with tape and signed off by the election administration and stored in a locked cabinet at MNA headquarters. The Nominations and Elections Committee and MNA Division of Membership staff assigned to the committee shall have sole access to the cabinet and its contents.

Post Elections: All election materials including ballots (used, unused and challenged),

envelopes used to return marked ballots, voter eligibility lists shall be placed in a container, secured with tape and signed off by the election administrator, be stored in a locked cabinet at MNA headquarters for one year and then destroyed. The Nominations and Elections Committee and Division of Membership staff assigned to the committee shall have sole access to the cabinet and its contents.

Questions/problems

Candidates and members with questions about the nomination or election procedures should contact a member of the Nominations and Elections Committee or appropriate staff at MNA. Any violation of these rules should be reported promptly to the Nominations and Election Committee and Director of Division of Membership so that corrective action can be taken, if necessary.

Protests

Per MNA Bylaw any member may challenge an election by filing a protest in writing with the Nominations and Elections Committee within 10 days after election results are posted.

Contacting the Nominations and Elections Committee

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

Mail: MNA Nomination and Election Committee, 340 Turnpike St., Canton MA 02021

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

Email: MNA Nominations and Elections Committee, TBA

Phone: MNA Nominations and Elections Committee, TBA

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

Massachusetts Nurses Association 2012 positions available

Vice President, Labor*, (one for two years)

Treasurer, Labor*, (one for two years)

Director, Labor*, (five for two years), (one per Region)

Region 1

Region 2

Region 3

Region 4

Region 5

Director At-Large, Labor*, (three for two years)

Director At-Large, General*, (four for two years)

Nominations Committee, (five for two years), (one per region)

Region 1

Region 2

Region 3

Region 4

Region 5

Bylaws Committee, (five for two years) (one per region)

Congress on Nursing Practice, (four for two years)

Congress on Health Policy (four for two years)

Congress on Health and Safety (four for two years)

Center for Nursing Ethics & Human Rights (two for two years)

At-Large Position in Regional Council (two per Region for two years)

Region 1

Region 2

Region 3

Region 4

Region 5

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



Report from Haiti

By Ketline Edouard, BSN, RN at Boston Medical Center

In October 2011, a team of 30 medical and non-medical volunteers from hospitals in the Boston area, including several MNA hospitals, traveled to Haiti to run a mobile clinic to help those in need. Our team, "Dedicated Hands for Health," was there to provide basic medical care, evaluations and treatments to those living in the village of St. Raphael and its surrounding communities.

As has been widely reported, the entire nation of Haiti is living in a state of despair and quality health care in the country is out of reach to most people due to the cost. Making matters worse is the fact that the nation's hospitals are regionalized and are often without any staff, supplies or medications. There are rarely enough physicians or nurses to care for the sick. But with assistance and support from our families, friends and the Massachusetts Nurses Association, we were able to provide care to nearly 700 Haitians.

Our days at the mobile clinic were incredibly busy, and each began with volunteers registering hundreds of patients. On the first day, we registered 165 patients. On the second day, 305 patients were registered, with another 217 arriving on our third day. On our fourth day, we met with area high school students and offered educational sessions on sexually transmitted diseases and related preventions.

An important goal of everyone who traveled in October as part of "Dedicated Hands for Health" was to make a lasting and continuing contribution to the people of Haiti, and we believe we did. But that would not have been possible without the support of countless friends and family members, as well as the MNA. ■



CENTRE DE SANTE ST-RAPHAEL



◀ **Ketline Edouard**, Boston Medical Center, with Haitian children.



▲ **Front row, from left:** Antonette Neal, RN (Boston Medical Center), Ketline Edouard, RN (BMC), Guerda Pierre, RN (Haiti).

Second row, from left: Nancy Joseph, FNP (Children's Hospital), Kierrah Joseph, RN (Children's Hospital), Judith Laguerre, RN (CHA), Laura Neal, RN (BMC), Renise Lazarre, RN (Haiti).

Back row, from left: John Carr, RN (Children's Hospital), Nadia Aires, RN, (Beth Israel Deaconess Medical Center), Sheila Grealley, RN (BMC), Michaëlle Oben, RN (VA), Nadine Clermont, MD (from New Jersey).

◀ **Judith Laguerre**, an MNA RN, leads the discussion with a group of high school students.

NUU: New study shows dramatic revenue potential from a Wall Street tax

A robust tax on Wall Street transactions would raise far more revenue—as much as 17 times as much—than more limited proposals, even accounting for the worst case scenarios of reduced trading as a result of a tax. That is one of the key findings of an important new research brief from prominent University of Massachusetts Amherst economists Robert Pollin and James Heintz.

This study is the most recent serious effort to quantify current, actual costs and evaluate the impact of the trading costs on trading volume. It can be viewed at: www.peri.umass.edu/fileadmin/pdf/research_brief/PERI_FTT_Research_Brief.pdf

The data in the study come from three sets of sources: the most recent academic and financial market research; a 2011 survey study by the International Monetary Fund; and the most up-to-date and comprehensive data on market trading from specialized firms that obtain these figures directly from the financial market trading businesses themselves.

One of the stories of the past year has been the growing international and U.S. movement for a financial transaction tax (FTT) on the trading of stocks, bonds, and other financial instruments.

An international coalition of labor, environmental and non-governmental organizations have prodded the European Union to adopt a continent wide FTT, also referred to as the “Robin Hood tax.” Several European governments, including conservative leaders in France and Germany support the FTT and the EU which is predicted to adopt the tax by the end of this year.

In the U.S., a renewed push for an FTT has mushroomed, encouraged by a campaign led by National Nurses United as a vehicle to raise badly needed revenue for health care, jobs and other basic needs. NNU last year sponsored protests advocating for the FTT on Wall Street, the White House and Treasury Department, outside Congressional offices, and while participating in Occupy Wall Street protests throughout the fall.

Titled “Transaction Costs, Trading Elasticities and the Revenue Potential of Financial Transaction Taxes for the U.S.,” the paper by Pollin and Heintz analyzes potential revenue from three different FTT proposals.

The three are a new bill in Congress introduced by Sen. Tom Harkin

and Rep. Peter DeFazio, which would levy a miniscule .03 tax on stock and bond trades, or 3 cents on every \$100 of trades, the main proposal in the EU for a .1 tax or 10 cents per \$100, and a .5 tax, or 50 cents on a \$100 transaction, favored by NNU and other activists.

The U.S. had an FTT from 1914 until 1966, and following a market crash in 1987, former House Speaker Jim Wright proposed reinstating a fee of .5, which was endorsed by leading Republicans as well, including top economic advisors to President George H.W. Bush.

Opponents of an FTT have claimed that any tax on Wall Street activity, which, unlike virtually all consumer sales is presently untaxed, would so discourage trading that it would substantially reduce any potential revenue—thus the reason given by proponents of the Harkin-DeFazio bill for introducing such a small tax.

However, examining existing FTTs currently in place in other countries and reviewing data on current U.S. private transactional fees on market activity from two firms private business firms, Pollin and Heintz reach a far different conclusion.

Pollin and Heintz note the work of one researcher cited in a paper from the International Monetary Fund which found no decrease in trading with the introduction of a transaction tax in some Asian markets. “Elasticity,” the term of art referring to the responsiveness of trading to a change in the transaction costs of the, “was zero in these markets when transactional costs rose as a result of an FTT,” the authors write.

NNU and many other activists favor applying the FTT to currency trades, derivatives, swaps of all kinds including credit default swaps, and other Wall Street activity, which could produce revenue as high as \$350 billion a year in critically needed revenue, says NNU.

“With so many Americans struggling with lack of healthcare, high unemployment, foreclosure, and other family crises, we need a meaningful way to heal our nation,” says NNU co-president Karen Higgins. “It’s time for the Wall Street banks and investment firms to pay to rebuild the economy they did so much to ruin. The small tax on major trading that we propose is a critical first step.” ■

MAIN STREET CONTRACT FOR THE AMERICAN PEOPLE

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

It’s time for Main Street to say to Wall Street: “We want our money back!”

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

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

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

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



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Track 1: Leadership Development and the MNA/NUU					
Region	1	2	3	4	5
Week 1: Overview of the MNA and the NNU, Bylaws, Board of Directors and Committees, Divisions & Associate Directors, Central Labor Councils and the State AFL-CIO	1/4/12	TBA	1/9/12	1/18/12	1/9/12
Week 2: Labor History and the Core Values of the Union, Labor and Community Coalitions, Workplace Actions and Strikes, Work to Rule	1/18/12	TBA	1/23/12	2/1/12	1/30/12
Week 3: Member Participation and Internal Organizing/Mapping the Workplace, Union Building Tools—Internal Communications, Contract Language, Unit Newsletters & Bulletin Boards	2/1/12	TBA	2/6/12	2/15/12	2/6/12
Week 4: Running Union Membership Meetings, Leadership Development and Officer Elections, Dealing with Apathy, Organizing Around Grievances	2/15/12	TBA	2/13/12	2/29/12	2/27/12

Track 2: Role of the Floor Rep., Grievances and Arbitration					
Region	1	2	3	4	5
Week 1: Role of the Floor Rep., Identifying Grievances vs. Complaints, Review of the Grievance Procedure and Time Lines	2/29/12	TBA	2/27/12	3/7/12	3/5/12
Week 2: Grievance Investigation and the Right to Information, Discipline and Just Cause, Past Practice	3/14/12	TBA	3/12/12	3/21/12	3/19/12
Week 3: Writing & Filing Grievances, Preparing the Case, Weingarten Rights, Organizing around Grievances	3/28/12	TBA	3/26/12	4/4/12	4/2/12
Week 4: Presenting the Grievance, Settling Grievances, Arbitration, ULPs	4/11/12	TBA	4/9/12	4/24/12	4/16/12

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

Track 4: Computer Training		
Region	1	2
Week 1: Excel		
Week 2: Excel		
Week 3: Excel		
Week 4: Word		
Week 5: Word		
Week 6: Using the Internet and MNA email		

Track 5: Labor Law and Special		
Region	1	2
Week 1: Family and Medical Leave Act, Mass. Small Necessities Leave Act, Worker Adjustment and Retraining Notification Act		
Week 2: Fair Labor Standards Act, Labor-Management Reporting and Disclosure Act, HIPAA		
Week 3: Workers Compensation, Occupational Safety and Health Act, Americans with Disabilities Act, USERRA		
Week 4: The Kentucky River/Oakwood Cases and the NLRB and Nurse Supervisory Issues, The National Labor Relations Act and Chapter 150(e)		

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

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

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

Preregistration through the respective Regional office is necessary. Classes generally run from 5–7:30 p.m., with a light meal included. All courses are free and open to any MNA member.

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



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

3	4	5

Topics		
3	4	5

Labor School Locations

Region 1, Western Mass.

241 King Street
 Northampton
 413.584.4607

Region 2, Central Mass.

365 Shrewsbury St.
 Worcester
 508.756.5800

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

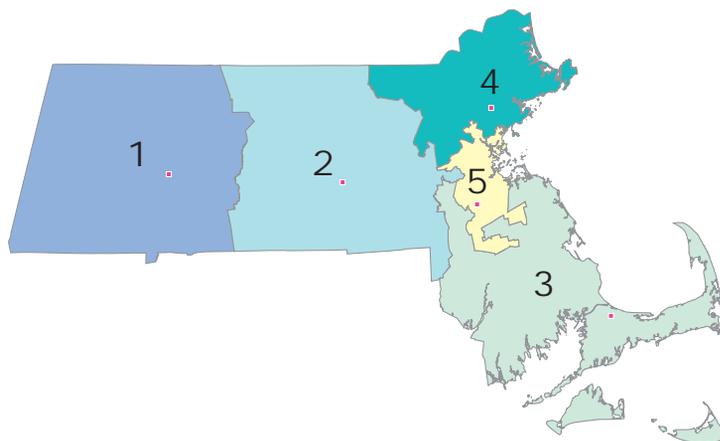
60 Route 6A
 Sandwich
 508.888.5774

Region 4, North Shore

50 Salem Street, Building A
 Lynnfield
 781.584.8012

Region 5, Greater Boston

MNA Headquarters
 340 Turnpike Street, Canton
 781.821.8255



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Women's Labor History: A First Look

Presented by: Roslyn L. Feldberg, Ph.D.

Free to any MNA Member

Registration deadline: March 3

Dates: Mondays, April 2, 9, 23, 30:

Time: Light Supper at 5 p.m. Sessions from 5:30–7:30 p.m.

Place: MNA, 340 Turnpike Street, Canton

Prerequisites: None. Just your interest and participation.

Class limit: 40

Course Description: We will explore women's organizing and membership in unions from 1900 to the present, looking at what others have found and doing some "detective work" ourselves. Women's earlier labor struggles will give us a basis for analyzing the struggles nurses and other groups of women are facing at work now. Topics will include: the Uprising of the 20,000; the Triangle (Shirt) Waist Factory Fire; the International Ladies Garment Workers Union and "social unionism"; the Woolworth's sit-down strike; the National Labor Relations Act and Taft-Hartley; the post-war period and beyond.



Register by contacting the Region 5 Office:

340 Turnpike Street, Canton, MA • 781-821-8255 • region5@mnarn.org

Name _____ Day Phone _____

Facility _____ Email _____

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 program.

2012 MNF scholarships available



► Scholarship

► Research

► Education

Massachusetts Nurses Foundation, Inc.

◆ **New Deadline This Year: May 1, 2012** ◆

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

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

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- Doctor of Nursing Practice
- And Many More!



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Questions? Please contact your Partnership Liaison:

Michael Ciaverelli | 215-895-0951 | mc3228@drexel.edu

ANNUAL AWARDS

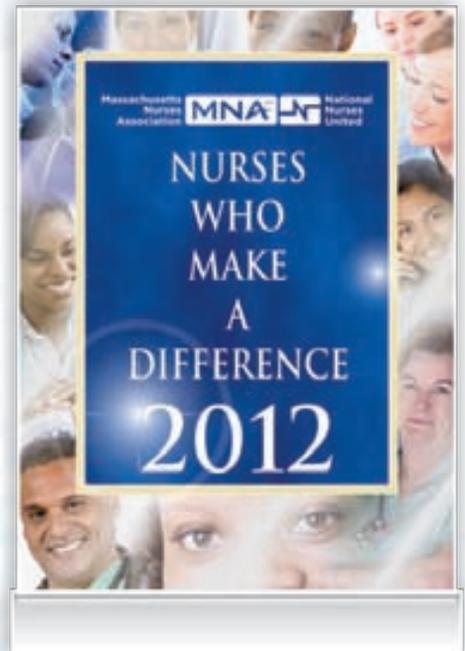
You know nurses who have made a difference. You can identify individual contributions that go beyond the ordinary. You recognize excellence in nursing practice, education, research and service.

Now it's your turn to make a difference! You can nominate candidates for a 2012 MNA Annual Award. Help give MNA the opportunity to reward and applaud outstanding individuals. Let them know that you care about their important contributions to the profession of nursing.

Deadline for submission of nominees to the MNA Awards Committee is May 9, 2012.

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

To receive nomination papers for any of the MNA Annual Awards or for additional information or questions regarding the 2012 MNA Annual Awards, please contact Liz Chmielinski, Division of Nursing, at 781-830-5719; or toll free in MA at 1-800-882-2056, x719 or via email at EChmielinski@mnarn.org. You may also visit: <http://www.massnurses.org/about-mna/awards>



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

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

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

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

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

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

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

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

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

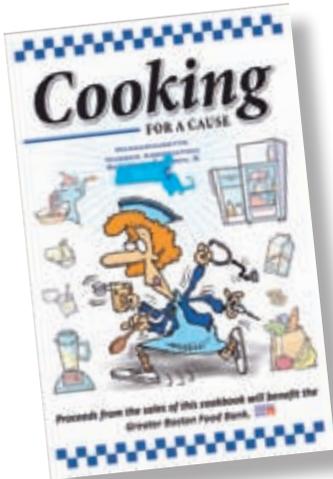
MNA Nursing Education Award: Continuing Education/Staff Development: Recognizes a member who is a nurse educator and who has made significant contributions to continuing education or staff development.

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

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

Retired MNA Member Award: Recognizes a retired MNA member who continues to make a significant contribution to the MNA and the patient community through volunteerism and advocacy.

MNA Mentor Award: Recognizes an MNA member who mentors the newer nurse (new to nursing or new to an area of practice) through professional practice, activism, and fostering confidence.



Region 5 cookbook includes 180 tried-and-true recipes from members

\$10 per book (cash or check), and proceeds to benefit the Greater Boston Food Bank

Copies available for purchase at MNA Region 5 events and programs and by contacting the MNA Region 5 office at 781-821-8255 or region5@mnarn.org.

Hurry, while supplies last!

MNA Regional Council 5 Annual Meeting

Wednesday, March 28, 2012 @ 6 p.m.
MNA Headquarters, Canton

RSVP by March 23 so we may plan for a light meal.
781-821-8255 or region5@mnarn.org



Please join our efforts to provide non-perishable food items to benefit the Greater Boston Food Bank. Kindly bring donations when you attend meetings, labor school and CE programs hosted by MNA Region 5.

Please join us and let your voices be heard. We want your input. All Region 5 members are welcome.

Agenda:

- Region 5 Officer Reports
- Region 5 Bargaining Unit Updates
- Region 5 2011 Community Outreach

MNA Board of Directors Meeting highlights Dec. 15, 2011

- The BOD appointed Patricia Rogers Sullivan to the vacant Region 4 director's seat. The term for this office expires in 2012.
- The BOD voted to match Unit 7's donation of \$2,500 to COFAR.
- Dan Rec was appointed to the finance committee to fill a BOD seat vacancy.
- Julie Pinkham, executive director, and the labor directors updated the BOD on current issues facing the bargaining units.
- Maryanne McHugh, interim director of legislation, reported that the Evergreen legislation was signed into law by the governor.
- John Bonifaz, director of Free Speech for People, presented its campaign to restore democracy to the people with a 28th amendment. He explained that in order to correct the damage the Supreme Court has done to the First Amendment and the Constitution (*Citizens United v. Federal Election Commission*), we need to pass a constitutional amendment that puts people ahead of corporations. The BOD voted to support the campaign. For more information go to www.freespeechforpeople.org.
- The BOD voted to establish a relationship with the Vietnam Nurses Association for mutual sharing of information.
- The BOD voted to accept the Massachusetts Nurses Foundation's recommendation to amend its bylaws to appoint two student nurse leaders to the MNF Board of Directors.
- **Harvard Trade Union Program:** The participants from the 2012 Harvard Trade Union Program will be coming to MNA for dinner and discussion on, Feb. 2. This is an international program that helps union leaders develop keener analytical, managerial and problem solving skills as well as discover ways to deepen public understanding of the value and importance of labor unions.



'CAUSE LAUGHTER IS THE BEST MEDICINE

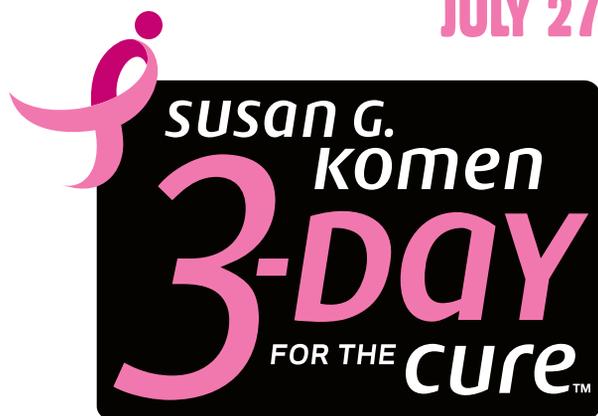
Listen Laugh Learn



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

Saturdays 11 a.m. on 1510 TheZoneAM
Live streaming at www.1510thezone.com
On-demand podcasts at www.nursetalksite.com

**MNA REGIONAL COUNCIL 5 ENCOURAGES MEMBERS
TO VOLUNTEER IN THE BOSTON AREA
JULY 27-29, 2012**



Get Ready for Greatness  Join the Team

Contact Region 5 for more info
781-821-8255/region5mnarn.org

THE MNA™ SALUTES NURSES FOR THE MONTH OF MAY WITH
NURSES' APPRECIATION WEEK

EVENTS

WRENTHAM
VILLAGE
PREMIUM
OUTLETS®

Wrentham Village Premium Outlets, May 5 - May 12, 2012

- First 50 MNA Members to register will receive a free Premium Outlet Tote Bag
- Free VIP Coupon Book, worth hundreds of dollars in added savings
- Enter to win \$100 Premium Outlet Gift Card & Samsonite Luggage (must use MNA email).

LEGACY
place

Legacy Place, Dedham, MA, May 5 - May 19, 2012

- First 75 to show MNA Membership ID will receive a Legacy Place VIP card that offers discounts at more than 30 Legacy Place businesses including Diamond Guild, Whole Foods Market, Legal C Bar, Showcase Cinema de Lux and more!

Legacy Place e-Contest

Enter to win great prizes from our newest businesses:

- Bluemercury-luxurious gift basket filled with assortment of Bluemercury goodies, including products from Kiehl's Molton Brown, and Laura Mercier and more. Value \$200
- Diamond Guild- Fresh water cultured pearl bracelet, 6.5 millimeters each. Value \$145.
- Carhartt - \$25 Gift Card.
- Top Coat Nail & Spa - Manicure.
- Chocolate Therapy - \$25 Gift Card.
- Legacy Place Gift Card - \$25 Gift Card.

Just go to the MNA website at www.massnurses.org and logon to your MyMNA and click on the link to Legacy Place to complete the entry form. Please note that you must use your MNA email address to be notified as a winner. Legacy Place will notify by MNA email only by May 31st.

LEE
PREMIUM
OUTLETS®

Lee Premium Outlets, May 5 - May 12, 2012

- First 50 MNA Members to register will receive a free Premium Outlet Tote Bag.
- Free VIP Coupon Book, worth hundreds of dollars in added savings.
- MNA Members who supply us with their Mass. Nurses Association email address will be automatically entered to win a gift basket from Harry & David (Winner will be notified via MNA email on May 13).

Six  Flags®

Save the Date! July 28, 2012

MNA Day at Six Flags New England **\$39.50** (includes park admission, picnic, and parking).
YES, we will have our own pavilion for MNA members and families only!

NATIONAL NURSES DAY · MAY 6, 2012

Massachusetts
Nurses
Association

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National
Nurses
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