

the Massachusetts

nurse



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ADVOCATE

Baystate FMC nurses hold one-day strike in Greenfield



September/October 2012



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The solution: improved Medicare for All

By Kay Tillow

All Unions Committee for Single Payer Health Care

After the November election, there will be a major effort in Congress to pass a budget deal that will make cuts in Social Security, raise the Medicare and Social Security eligibility age, and perhaps more—unless we act to stop it with a solution that is close at hand.

There is agreement from the *Wall Street Journal's* David Wessel to liberal economists Dean Baker and Paul Krugman that the pressure will be on to reach a Simpson/Bowles type of compromise. Such a bipartisan plan would damage our most cherished programs and excuse the dastardly deed by asserting that the cuts are small and necessary because of the deficit. Those who relentlessly scream at us and finance ads to persuade us that the deficit threatens our grandchildren are obscuring the truth. The fact is that the transfer of wealth from public funds and the rest of us to the super rich is the real crisis. But those who have gorged themselves on this massive transfer of wealth also seek to undermine the Medicare and Social Security which are our grandchildren's heritage from generations of struggles for a better life.

The projected cuts are not minor but very harmful. Even a small decrease in the Social Security cost of living adjustment would deliver an ever increasing downward push on benefits while corporations continue to threaten secure pensions by turning them into lump sums that will fade with the stock market.

Raising the Medicare age to 67 would be disastrous. There will be no affordable health insurance for those in their 60's. The Affordable Care Act allows private insurance companies to charge premiums three times higher based on age. Under popular pressure, there were regulations placed into the health care reform bill to stop insurance companies from charging higher premiums based on pre-existing conditions. But the companies were allowed to charge three times the premium based on age. Because of this allowed age discrimination, the Kaiser Foundation estimates that an individual of age 60 in 2014 with an annual income of \$50,000 will pay a health insurance premium of over \$10,000, or over 20 percent of income. That does not include out-of-pocket costs which can add up to an additional \$6,000 annually. That brings the total to 32 percent of income—a bankrupting figure.

There is a solution that the single payer

movement must place on the nation's table. Even Bill Clinton said that we could save \$1 trillion a year if we adopted the health care system of any of the other developed countries in the world. No more stewing over the deficit!

An expanded and improved Medicare for All, H.R. 676, would save Medicare, end the uncontrolled, gargantuan rise in all health care costs, ease the deficit pressure, and actually bring universal health care to the nation. This single payer legislation, H.R. 676, introduced by Congressman John Conyers and co-sponsored by 76 representatives, would divert \$400 billion annually from profits and waste generated by the private health insurance industry into

For details on H.R. 676, including summary, complete text with explanations and how you can help, visit medicareforall.org

care for all. Care would be expanded and costs bought under control through bulk purchasing, global budgeting, and the elimination of administrative expenses forced upon our system in the pursuit of profit. Doctors would be freed from insurance industry interference with care. Patients would be freed to choose their physicians. Dental, eyeglasses, hearing aids, prescription drugs, long term care, doctors, hospitals, home health, mental health—all medically necessary care would be included. Our health care costs would stop driving us over the cliff and level off just as Canada's did when that country fully implemented their single payer health care.

Co-pays and deductibles would be banned, ending today's growing problem that health insurance policies are so miserly that even the insured forego care because they can't afford it.

Our country spends about twice per capita what other industrialized nations spend on health care, yet our health care system lags far behind at number 37 in the world.

So why are we even debating cuts to Medicare, Social Security and Medicaid when the solution is at hand that would bring us both better care and cost controls?

HR 676, an improved Medicare for All, is sitting in the Congress, awaiting the rising of a movement that will insist upon its passage. ■

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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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Massachusetts
Nurses
Association



Excerpts from the president's address: Convention 2012

By Donna Kelly-Williams
MNA President



Donna Kelly-Williams

“Good afternoon fellow activists. It is my great honor and distinct privilege to stand here once again as president of the MNA and speak with you today.

“The past year has been one of great challenges for our members, for our communities, for our patients, and for our country. But through it all the MNA and the NNU have stood firm. We have not backed down from these challenges, we have not waived in our determination to stand up and be counted, and—in a number of instances—we have made history.

“This happened at Taunton, where many of you helped to make a fundamental change in the debate over mental health issues in our state. While we did not save all the beds at Taunton State Hospital, we saved many. And through the formation of an independent commission to study this issue, we have the opportunity to get back those beds, and many more. This is the power of the MNA.

“Others of you held job actions at your facilities over the issue of mandatory overtime while still others made phone calls, sent emails, and visited legislators in an effort to ban this dangerous practice. As far back as 1997, nurses from Boston Medical Center, St. Vincent Hospital, Brockton Hospital, Morton Hospital, Tufts, Cape Cod Hospital and Falmouth Hospital helped to put this issue on the map. But this year, every nurse in this state owes you a debt of gratitude because we passed a law – a law born of your sacrifice and your conviction—that bans the use of mandatory overtime as a staffing practice. Because of your work, as well as the work of the MNA and the NNU,

every nurse will be able to provide safer care.

“We also need to thank our allies in the labor movement who stood with us to help achieve this victory. A few years ago there was a heated debate, which has not ended, about

the wisdom of our joining the NNU and, with the NNU, the AFL-CIO. You need to know and understand that without the support we received from the NNU and AFL these great accomplishments would not have become a reality. Their expert lobbying support inside the State House was key to our ultimate victory.

“These victories also underscore the importance of, and the reason for, our legislative division and especially our MNA political action committee. I am often asked by members why the MNA endorses particular candidates. What matters to the MNA is not that a candidate belongs to a particular party, but whether that candidate supports and will stand up for and vote for issues that fit the mission and goals of the MNA and our profession. In these cases, we had legislative champions, such as Pat Haddad, Marc Pacheco and Jim O’Day, in our corner on the Taunton State campaign. And Denise Garlick and Steve Walsh, whom we helped elect, helped us push the mandatory overtime bill over the goal line.

“Over the course of the last 12 months we have also been active on several other fronts—fronts that represented new territory for the

MNA, including the Occupy Movement, the Main Street Campaign, the Robin Hood Tax Campaign, our out-of-the-gate endorsement of Elizabeth Warren, and our fight against corporate giant Cerberus Steward Health Care.

“Some of you may have wondered how these initiatives are relevant to your bargaining unit. Here is my answer: Because the problems that impact you, and your patients, and your workplace are not isolated to your community or even our state.

“For our nurses in Steward hospitals, their problems are originating in Manhattan at the hands of a multi-billion dollar private equity firm that employs business practices that best serve the 1 percent. The same is happening in the central part of the state with our nurses who are working at Vanguard-owned facilities. This way of doing business holds true in every community, for both private and public employees alike. Always, the business model utilized harms nurses and their patients, but rewards the 1 percent.

“In pursuing our work with the NNU and the Main Street Campaign we are not neglecting or diminishing our efforts to wage fights in our own bargaining units. We at the MNA have always been strong, but we are stronger now. We are more respected now. And yes, we are more feared, because we are no longer just the MNA. We are part of a larger movement on the state level through our affiliation with the AFL-CIO, on a regional level with the formation and growth of the Northeast Nurses Association, and on a national level through the NNU.

“We have and will continue to be effective on all fronts. And we will need to be ... as the coming year promises to be one of even greater challenge and opportunity.” ■

the Massachusetts nurse

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Like us on Facebook

The MNA Facebook page is an excellent source for the latest news and information about the organization, nursing/health care and our ongoing activities and campaigns. This page is all about community. We invite you to get involved and welcome members’ thoughts, comments, links, photos, questions and opinions.

[Facebook.com/massnurses](https://www.facebook.com/massnurses).





Baystate FMC nurses hold one-day strike in Greenfield

The registered nurses of Baystate Franklin Medical Center walked out of the hospital at 7 a.m. on Oct. 5 to begin a 24-hour unfair labor practice strike, the first nurses' strike in the history of the Greenfield-based hospital.

The MNA local bargaining unit of 209 registered nurses has been at the table for 28 sessions over the last year, and during that time Baystate management has committed a number of unfair labor practices and has refused to make the necessary compromises to settle an equitable contract.

The nurses were joined by community and labor supporters as well as by more than 100 nurses from hospitals across the state who shared the nurses' concerns for patients safety.

"As nurses who care for the patients of Franklin County, we were left no alternative," said Linda Judd, RN and bargaining unit co-chair. "We don't want to be out of the hospital on strike, but if we were to accept Baystate's proposals it would lead to very unsafe situations for our patients." Nurses called for the strike in response to Baystate's unfair labor practices, as well as to their demands for unreasonable concessions from the nurses, including proposals that will:

- Strip them of key union rights
- Increase the dangerous use of overtime to staff the hospital
- Discipline nurses for using legitimate sick time, thus forcing them to care for patients when they are ill

"Baystate has taken some very radical positions that would be harmful to quality patient care," said Donna Stern, RN and co-chair of the bargaining committee. "And the hospital also continues to demand concessions that will cost the nurses thousands of dollars and deeply cut into our ability to negotiate over wages and health insurance. In

order to protect the quality of our patient care and the integrity of our union contract we had to call a strike."

The nurses returned to the bargaining table on Oct. 25 and the committee was preparing to strike again if no progress was made. ■

"Yesterday, we the nurses of Franklin Medical Center took historic action and held a one-day strike. We did this to protect our community hospital and the safety of our patients. The strike was very successful because together we got our message out and received tremendous support from the community in response. We will continue this fight until we gain an equitable contract that will guarantee quality and safe patient care at Franklin Medical Center."

**— Donna Stern, RN
co-chair of the MNA bargaining unit
at Franklin Medical Center**



Walking the line at

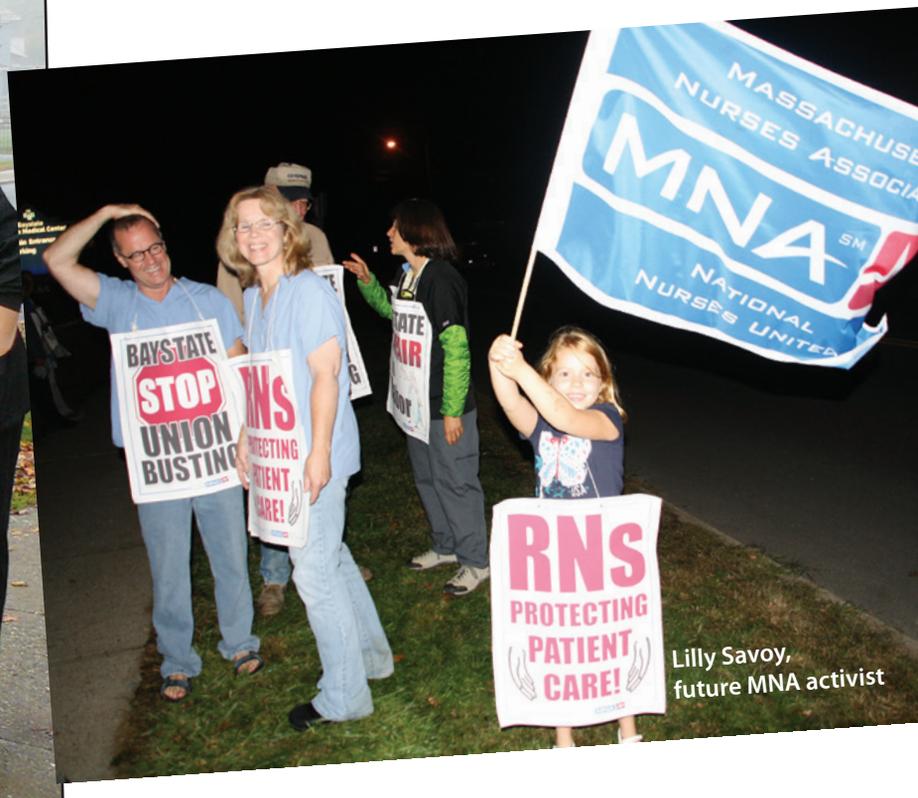


Congressman John Olver takes a break from walking the line to pose with striking nurses.



Jillian Secard, RN, left, and Karen Boyde

Baystate Franklin Medical Center



Lilly Savoy, future MNA activist



n, RN

MNA nurses win ban on mandatory overtime in Mass.

By Mary Crotty

Associate Director of Nursing

On Aug. 6, in a Massachusetts State House ceremony held in Nurses Hall and packed with nurses, health care advocates, labor associates and legislators, Gov. Deval Patrick signed a sweeping bill that many have called Massachusetts Health Reform, Part II. The legislation is considered the second phase of the groundbreaking universal health care law that was signed by former Gov. Mitt Romney in 2006 and which then became the basis for the national health reform plan, the Affordable Care Act, signed by Barack Obama in 2010 and upheld in large part by the U.S. Supreme Court this summer.

The new Massachusetts law allows health spending to grow no faster than the state's economy through 2017. For five years after that, spending would slow further, to half a percentage point below the growth of the economy, although leaders would have the power under certain circumstances to soften that target.

Both pieces of Massachusetts legislation are groundbreaking, "first-in-the-nation" bills.

The newly signed Massachusetts law includes a ban on the common hospital practice of using mandatory overtime rather than provide safe registered nurse staffing levels in acute care hospitals. The inclusion of the ban on mandatory overtime in this major piece of legislation has served to highlight it as a major success for nurses in Massachusetts.

"This is a landmark achievement in our state's efforts to control costs, while maintaining safe, quality patient care," said Donna Kelly-Williams, RN and president of the MNA. "Forcing nurses to work when they are exhausted endangers patients and leads to costly, preventable medical errors and complications. The practice of mandatory overtime is indefensible by any patient safety standard, and yet hospitals continue to increase their use of this practice. This law will put an end to that."

The MNA filed a bill to ban mandatory overtime at the beginning of the 2010-2012 legislative session. In recent months, the MNA ramped up its work with legislative leaders in both branches to incorporate the mandatory overtime ban in the payment reform bill.

Under the law, a hospital will be prohibited, except in an emergency, from requiring nurses to work beyond their scheduled shift, and no nurse would be required to work more than 12 hours in a 24-hour period. It is important to note that the definition of "emergency" is yet to be determined by a commission to be created by this law. Should a hospital assign a nurse to work a mandatory overtime shift, it will now be required to report such incidents



Mandatory overtime success: MNA nurses (above) with Rep. Steve Walsh (D-Lynn), co-chair of the Committee on Health Care Financing, (holding his son, Coleman) and Rep. Denise Garlick (D-Needham), left, former MNA president and (left), with Rep. James O'Day (D-West Boylston), the original sponsor of our mandatory overtime legislation, and Garlick.

For example, it has been found that nurses working mandatory overtime are three times more likely to make costly medical errors, and that overtime for nurses is associated with an increased risk of catheter-related urinary tract infections and bedsores, both of which are preventable medical complications.

The new cost containment law has both critics and proponents. Some say that the new commission that will monitor the growth in spending does not have an enforcement mechanism that is strong enough to control providers that fail to meet spending targets. Others say the law goes too far toward a government-centered approach, imposes millions of dollars in new fees on hospitals and insurers that will be passed on to consumers, and could discourage doctors from practicing in Massachusetts.

The 349-page law creates several new boards, task forces and commissions, which will need new appointees before details are finalized, including development of the definition of "emergency," important to enforcement of the ban on mandatory overtime.

Stay tuned for updates on progress by state agencies in implementing the specific provisions of the law, including the ban on mandatory overtime. But for now, we can celebrate this tremendous success. ■

[More information](#) ➔ Page 24

MNA thanks Speaker DeLeo for his support of ban on mandatory OT

MNA President Donna Kelly-Williams and Massachusetts House Speaker Robert DeLeo (D-Winthrop). The MNA appreciates the Speaker's support which helped us have a successful legislative session. Thanks to Speaker DeLeo and other key legislative support, Taunton State Hospital will remain open, there will be a comprehensive review of the mental health system in Massachusetts, and a ban has been placed on the dangerous practice of mandatory overtime.



Worcester Robin Hood Tax Rally

MNA/NUU was joined by activists from Progressive Democrats of America, the Anti-Foreclosure Task Force and activists from Worcester at the Robin Hood Tax Rally in front of Scott Brown's Senate office in Worcester. We're calling on Scott Brown to join Robin Hood in the campaign to pay back Main Street.



National Nurses United endorses President Obama

National Nurses United, with 185,000 members in all 50 states, the nation's largest union and professional association of registered nurses, has endorsed President Barack Obama for a second term.

NNU leaders cited the “most hostile platform to workers by a major political party in decades,” adopted by the national Republican Party in Tampa, as well as the agenda promoted by Gov. Romney and Congressman Ryan “that would further aggravate economic inequality and a downward spiral for workers and their families.”

“The disgraceful effort to turn Medicare, one of the crown jewels of our nation and the lifeline for tens of millions of Americans, into a private insurance based voucher program, substantially erode Medicaid, and even privatize Social Security, all of which have been proposed by Congressman Ryan and embraced by Governor

Romney, are a clear and present danger,” said Jean Ross, NNU co-president.

“Nurses have a fundamentally different view of a civil society than the one expressed by Romney” in the recently exposed video from a Florida fundraiser, said Ross.

“We believe quality healthcare, decent housing, and proper nutrition are basic rights for everyone. Mocking people who are helped by a caring nation as ‘victims’ and unwilling to have ‘responsibility’ for their lives is antithetical to what we should be about as a people.”

“Nurses care for the 47 percent—as well



as the other 53 percent. It's disgraceful that many of the 47 percent that Romney targeted are seniors and veterans. As a nation, we are better than that,” Ross said.

Ross said NNU agrees with the statement by President Obama that change must come from outside Washington, not inside the Beltway. “All of us need to do far more to demand Washington do more to stand up to Wall Street and the 1 percent whose actions have inflicted so much suffering in Main Street communities.”

Regardless of the outcome in November, Ross added, NNU will step up its ongoing efforts to pass a Robin Hood tax on Wall Street transactions to raise revenue for economic recovery with good jobs, quality healthcare, equal access to education and other basic needs. NNU will also continue to work to achieve guaranteed healthcare for everyone, best achieved by improving and expanding Medicare to all. ■

Meeting with Elizabeth Warren in Worcester

MNA nurses Lisa Cargill, RN and Carolyn Bourget, RN, both leaders at UMass Memorial – Memorial Campus, chatted with Senate candidate Elizabeth Warren and share a laugh at a press event at her campaign headquarters in Worcester. The press conference was called to commemorate the one-year anniversary of Sen. Scott Brown's vote against an important jobs bill.



★ ELIZABETH WARREN ★

Fights for Nurses ★ ★ ★ ★

Elizabeth Warren understands the issues affecting nurses at the bedside and will fight for better working conditions for RN's and safer care for patients.

Elizabeth Warren:

- ★ Supports a limit on how many patients a nurse must care for at one time
- ★ Will protect scope of practice for nurses
- ★ Will support safe patient handling legislation to reduce the number of workplace injuries suffered by nurses
- ★ Opposes mandatory overtime, except in the case of an emergency
- ★ Will support MNA bargaining units in their fights for fair contracts

Fights for the Middle Class ★ ★ ★ ★

The MNA was the first organization to endorse Elizabeth Warren's campaign for U.S. Senate because she has dedicated her life to reining in corporate power and rebuilding America's struggling Middle Class. Elizabeth Warren's goals are the same as the goals of the MNA/NNU's Main Street Contract for America, which is dedicated to strengthening the middle class by:

- ★ Providing jobs at living wages for everyone
- ★ Creating a secure retirement system that allows everyone to live out their lives with dignity
- ★ Establishing a just taxation system where corporations and the extremely wealthy pay their fair share

Will Fight for Massachusetts ★ ★ ★ ★

Elizabeth Warren has spent years fighting for working class families and highlighting the need for financial reform and meaningful consumer protection. If elected to the US Senate, she will continue that work while also being an ally for nurses and their patients.

On Tuesday November 6,

VOTE for Elizabeth Warren for US Senate!



Massachusetts Nurses PAC endorsements: 2012 general election

This year, we saw firsthand the importance of PAC endorsements and the resulting relationships with legislators. Many of the candidates we endorsed in the past were our champions on Beacon Hill and were responsible for the passage of legislation banning mandatory overtime, as well as keeping Taunton State Hospital open.

The Massachusetts Nurses PAC has endorsed and recommends that you support the following pro-nurse candidates on Tuesday, Nov. 6. Additional candidates may be endorsed in the weeks leading up to the election, so please check your mailbox for more information on these candidates.

U.S. Congress

Candidates seeking open seats

Joseph P. Kennedy III

4th Congressional District

- Seat being vacated by Congressman Barney Frank
- Understands issues affecting nurses and will be a voice for nurses in Congress
- Supports measures that protect patient care and improve working conditions for RN's
- Will work to guarantee that Social Security and Medicare remain solvent and effective for both current and future generations



Kennedy

Candidates seeking re-election

Congressman Jim McGovern

2nd Congressional District

- Co-sponsor of the federal Safe Staffing bill
- Co-sponsor of NNU endorsed Robin Hood Tax bill
- Opposes cuts to Social Security benefits
- Longtime ally of MNA bargaining units throughout his district

Congressman John Tierney

6th Congressional District

- Co-sponsor of the federal Safe Staffing bill
- Instrumental in helping Boston Med Flight to organize, a decision that had been held up by the National Mediation Board prior to Congressman Tierney's intervention
- Opposes cuts to Social Security benefits

Congressman Bill Keating

9th Congressional District

- Co-sponsor of the federal Safe Staffing bill
- Worked with the MNA as Norfolk County district attorney to develop our violence prevention agenda
- Opposes cuts to Social Security benefits
- Spoke out immediately and worked with us to save Taunton State Hospital from closure, protecting the mental health safety net for those living in Southeastern Massachusetts

U.S. Senate

Elizabeth Warren

- Will support legislation to guarantee better working conditions for nurses and safer care for patients
- Will support MNA bargaining units in their fights for fair contracts
- Opposes cuts to Social Security and Medicare



Massachusetts Senate

Candidates seeking open seats

Joan Lovely

D-2nd Essex

Beverly, Salem, Topsfield,
Peabody, Danvers

Kathleen O'Connor Ives

D-1st Essex

Haverhill, Merrimac, North
Andover, Newburyport,
Methuen, Amesbury, Salisbury



Ives

Candidates seeking re-election

Harriette Chandler

D-1st Worcester

Boylston, Northborough, Worcester, Clinton,
Princeton, Holden, West Boylston

Ken Donnelly

D-4th Middlesex

Woburn, Billerica, Lexington, Arlington, Burlington

Jamie Eldridge

D-Middlesex & Worcester

Marlborough, Littleton, Harvard, Acton, Maynard, Northborough, Ayer, Shirley, Boxborough, Stow, Southborough, Hudson, Sudbury, Westborough

Michael Moore

D-2nd Worcester

Worcester, Auburn, Northbridge, Grafton, Leicester, Shrewsbury, Millbury, Upton

Therese Murray

D-Plymouth & Barnstable

Kingston, Bourne, Pembroke, Falmouth, Plymouth, Sandwich

Marc Pacheco

D-1st Plymouth & Bristol

Bridgewater, Middleborough, Berkley, Carver, Wareham, Dighton, Marion, Raynham, Taunton

Anthony Petrucci

D-1st Suffolk & Middlesex

Boston, Revere, Cambridge, Winthrop

Richard Ross

R-Norfolk, Bristol & Middlesex

Franklin, Norfolk, Attleboro, Natick, Plainville, Millis, Wellesley, Sherborn, Needham, North Attleborough, Wayland, Wrentham

Mike Rush

D-Norfolk & Suffolk

Boston, Dover, Norwood, Dedham, Westwood, Needham

Karen Spilka

D-2nd Middlesex and Norfolk

Ashland, Hopkinton, Franklin, Framingham, Natick, Holliston, Medway

James Timilty

D-Bristol & Norfolk

Attleboro, Norton, Foxborough, Rehoboth, Medfield, Seekonk, Sharon, Mansfield, Walpole

James Welch

D-Hampden

Chicopee, Springfield, West Springfield

Candidates seeking open seats

Claire Cronin
D-11th Plymouth
Brockton, Easton



Cronin



Cutler

Josh Cutler
D-6th Plymouth
Duxbury, Hanson, Pembroke

Marjorie Decker
D-25th Middlesex
Cambridge



Decker



Gordon



Keefe

Kenneth Gordon
D-21st Middlesex
Bedford, Burlington,
Wilmington

Mary Keefe
D-15th Worcester
Worcester

Dave Rogers
D-24th Middlesex District
Arlington, Belmont, Cambridge



Rogers



Vega

Aaron Vega
D-5th Hampden
Holyoke

Candidates seeking re-election

Denise Andrews
D-2nd Franklin
Erving, Gill, New Salem, Orange,
Warwick, Wendell, Belchertown,
Athol, Petersham, Phillipston,
Royalston, Templeton

Brian Ashe
D-2nd Hampden
East Longmeadow, Hampden,
Longmeadow, Monson

John Binienda
D-17th Worcester
Worcester, Leicester

Garrett Bradley
D-3rd Plymouth
Cohasset, Hingham, Hull, Scituate

Tom Calter
D-12th Plymouth
Duxbury, Halifax, Kingston, Middleborough, Plymouth, Plympton

Jim Cantwell
D-4th Plymouth
Marshfield, Scituate

Tom Conroy
D-13th Middlesex
Framingham, Marlborough,
Sudbury, Wayland

Sean Curran
D-9th Hampden
Chicopee, Springfield

Mark Cusack
D-5th Norfolk
Braintree, Holbrook, Randolph

Robert DeLeo
D-19th Suffolk
Revere, Winthrop

Carolyn Dykema
D-8th Middlesex
Holliston, Hopkinton, Southborough, Westborough

Bob Fennell
D-10th Essex
Lynn

Michael Finn
D-6th Hampden
Chicopee, Springfield, West Springfield

Linda Dorcena Forry
D-12th Suffolk
Milton, Boston

Sean Garbally
D-23rd Middlesex
Arlington, Medford

Denise Garlick
D-13th Norfolk
Dover, Medfield, Needham

Anne Gobi
D-5th Worcester
Ware, Barre, Brookfield, East Brookfield, Hardwick, Hubbardston, New Braintree, North Brookfield, Oakham, Spencer, West Brookfield

Tom Golden
D-16th Middlesex
Chelmsford, Lowell

Candidates challenging current state representatives

Sam DiSanti
D-3rd Hampden
Agawam, Granville, Southwick



DiSanti



Dubois

Bob Dubois
D-8th Worcester
Bellingham, Blackstone, Millville,
Uxbridge

Sherry Costa Hanlon
D-3rd Bristol District
Easton, Taunton



Hanlon



L'Italien

Barbara L'Italien
D-18th Essex
Andover, Boxford, North Andover,
Tewksbury

Kathleen Walker
D-6th Worcester
Charlton, Dudley, Southbridge,
Spencer



Walker



Zlotnik

Jonathan Zlotnik
D-2nd Worcester District
Ashburnham, Gardner, Winchendon, Westminster

John Lawn
D-10th Middlesex
Newton, Waltham, Watertown

Dave Linsky
D-5th Middlesex
Natick, Sherborn, Millis

Paul Mark
D-2nd Berkshire
Dalton, Hinsdale, Peru, Pittsfield,
Savoy, Windsor, Bernardston,
Charlemont, Colrain, Greenfield,
Hawley, Heath, Leyden, Monroe,
Northfield, Rowe

Jamie Murphy
D-4th Norfolk
Weymouth, Hingham

Dave Nangle
D-17th Middlesex
Chelmsford, Lowell

Rhonda Nyman
D-5th Plymouth
Hanover, Norwell, Rockland

James O'Day
D-14th Worcester
Worcester, West Boylston

Eugene O'Flaherty
D-2nd Suffolk
Boston, Chelsea

Denise Provost
D-27th Middlesex
Somerville

Angelo Puppolo, Jr.
D-12th Hampden
East Longmeadow, Springfield,
Wilbraham

John Rogers
D-12th Norfolk
Norwood, Walpole

Dennis Rosa
D-4th Worcester
Leominster

Angelo Scaccia
D-14th Suffolk
Boston

Carl Sciortino
D-34th Middlesex
Medford, Somerville

William Straus
D-10th Bristol
Fairhaven, New Bedford, Marion,
Mattapoisett, Rochester

Walter Timilty
D-7th Norfolk
Milton, Randolph

Tim Toomey
D-26th Middlesex
Cambridge, Somerville

Chris Walsh
D-6th Middlesex
Framingham

Budnick recognized for community service

Registered nurse Laurie Budnick received the prestigious Pope Leo XIII award for her strong commitment to community service at the Central MA AFL-CIO Labor Day Breakfast in Worcester in September.

Budnick has been an oncology nurse for 25 years and currently serves on the MNA negotiating and grievance committees at her bargaining unit, UMass-University Campus.

In addition to working hard to serve her fellow members at UMass, she has a deep and strong commitment to serving the needs of her community. "Sherry's House," a place where children with cancer can be kids instead of just cancer patients, is a place where Budnick spends countless volunteer hours cleaning, purchasing supplies and cooking -- for children, for their families, for events, and for a wide array of meetings.

Because she serves as a powerful role model for her family, her children have also fallen in love with the kids at Sherry's House and together they help with holiday parties, Worcester Tornados games, and the summer fun days. Prior to her service to Sherry's House, she delivered Meals on Wheels from the Sutton Senior Center for 12 years. A generous United Way donor, she channels her giving to Sherry's House and encourages her co-workers to do the same. ■



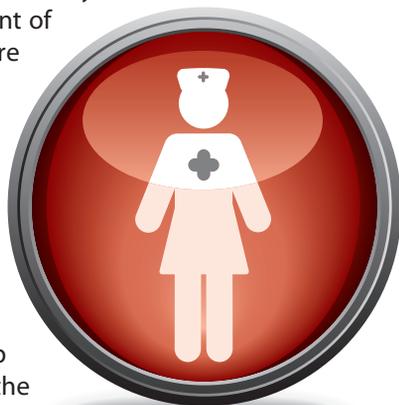
Laurie Budnick, RN, and her dear friend and colleague Cheryl Troy, RN, who is also an oncology nurse.

Retired? Miss staying connected? Stay active with MNA!

Understanding that retired nurses still have much to contribute to the profession of nursing, the MNA Board of Directors is forming a "retired nurses group" for those who want to stay connected to and involved with the MNA/NNU. "Our retirees are underutilized," said Donna Kelly-Williams, RN and president of the MNA/NNU. "They are an untapped resource in terms of both input and participation. We want to change that—we want our retirees actively contributing to our successes."

The specific mission and goals of the group will be determined by the membership of the group in conjunction with the Board of Directors. The first step in this process, however, is identifying nurses who are interested in joining this exciting group of seasoned activists.

If you are a retired nurse and are interested in joining this group, contact Eileen Norton at enorton@mnarn.org or at 781-830-5777. ■



We're Going Green...

ATTENTION, MNA Region 5 Members!

No more paper copies of the R5 newsletter will be mailed. R5 newsletters will continue to be accessible online.



Go to www.massnurses.org/region5/newsletters

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Regional Council 5
Greater Boston



www.massnurses.org/region5

Standing at the Intersection of **Main St.** & **Sherwood**



How to Save Main St. America with a Progressive 'Robin Hood' Tax



The MNA/NNU's "Main Street Contract for the American People" and associated "Robin Hood Tax" aim to restore the American dream and rebuild a society that offers opportunities and protections to all.

What is the Main Street Contract?

The Main Street Contract is a campaign dedicated to restoring the middle class by:

- Providing jobs at living wages
- Making quality, public education accessible to all
- Guaranteeing healthcare via a single-payer system
- Providing all retirees with a secure, dignified future
- Offering sustainable, quality housing and nutrition programs
- Protecting the environment and developing green jobs

What is the Robin Hood Tax?

The U.S. Robin Hood Tax (HR 6411; filed in Sept. 2012) is directly connected to the Main Street Campaign in that, if passed, it will produce the revenue needed to help reach the goals outlined above. It includes a 0.5% tax on the trading of stocks, and 50 cents on every \$100 of trades (as well as lesser rates on trading in bonds, derivatives and currencies). It is estimated that the Robin Hood Tax will raise up to \$350 billion in revenue annually.

**That revenue has the power to breathe new life into
Main Street communities across America.**



Visit www.robinhoodtax.org to learn more and to get involved.

The



Behind Safe & Healthy Work Practices

MNA Position Statement on

Treating an Initial Exposure to Blood and Body Fluids as a True Emergency

Developed by the Congress on Health and Safety, in June 2012

Clinical nurses have been concerned for many years over the inability of patients to give consent for the release of HIV testing in a post exposure injury that involves a nurse, and if consent is obtained it is delayed. Hospital laboratories have the capacity to screen for the HIV virus within hours of receiving the blood sample, but the informed consent must be signed by the source in order to release the results to the injured nurse.

The Occupational Safety and Health Administration (OSHA) developed a Blood Borne Standard regulating the management of a blood or body fluid exposure. This standard requires the injured nurse's exposure to blood must be treated as soon as possible thereafter, and the source of the blood if identified, must be tested for a number of infections including Hepatitis B, C and HIV. The HIV test may be completed with a verbal consent, but requires a written consent to release the results to the injured nurse.

The injured nurse is strongly encouraged to take antiviral medication within 24 hours of the exposure. This medication is given to interfere with the replication of the HIV virus but these drugs have a dangerous set of side effects and many of these nurses both men and women are in the childbearing age group.

The informed consent may not be obtained or is delayed for numerous reasons, some of which are: The patient has had anesthesia or pain medication and the understanding of informed consent must wait until the patient recovers; Patients may be incapacitated or unconscious or have Healthcare proxies or guardians that refuse consent to release the information. The patient may have been in for day surgery or in the Emergency Department and has left the facility. There is any number of reasons why there is a delay in obtaining informed consent, which delays obtaining results; therefore, the injured nurse must decide whether or not to treat with antiviral medications without medical evidence there is a problem.

Continued on next page →

Have a Question Regarding Your Clinical Practice?



The MNA Division of Health & Safety Can Help. Call 781-830-5754 or 781-830-5776.

“Treating an Initial Exposure to Blood and Body Fluids” continued...

When HIV was first discovered it was a very frightening death sentence and these laws were set up to protect patient families and partners. If information was released insurances both health and life insurance cancelled policies, people lost jobs etc.

Now HIV is a chronic condition that remains in need of confidentiality among insurance agencies but healthcare workers need to move the screening of source patients forward. It is apparent that treating the initial injury as a true emergency and waiving the informed consent for the initial injury only, will resolve the delay in obtaining results and once the results are determined it may prevent the nurse from having to take antiviral medication. Post injury testing also occurs in three and six months for the source and the informed consent for the release of this information can remain for non-urgent testing.

The Massachusetts Nurses Association has taken the lead in this much needed process improvement for our working nurses. A student at Tufts University preparing for a Masters in Public Health worked with us to help develop a survey which is on the MNA web site. The Congress on Health and Safety is working with the University of Lowell to review the data once completed.

It is time we remove the stigma of HIV in our society by treating this disease the same way we treat all other infections. Patients who know they have HIV will have their confidentiality maintained. Patients who don't know they are infected will get much needed antiviral medication and live a healthier life. The healthcare providers will have better options that they don't have now and the decision to take antiviral medication or not, will be as a result of medical evidence and not fear of HIV. ■

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Developed by members of The Congress on Health and Safety in 2012:

Liz O'Connor, RN
 Joan Johnston, RN
 Kate Opanasets, RN
 Staff: Margaret O'Connor RN
 Staff: Christine Pontus, RN
 Sonja Rivera, Tufts student
 Gail Lenehan, RN
 Terri Arthur, RN
 Ruth DiMarzo, RN
 Peg Tayler Careau, RN
 Mary Cornacchia, RN
 Kate Opanasets, RN

Approved by the Massachusetts Nurses Association Board of Directors on June 21, 2012

Nomination/consent-to-serve notice for delegates for the Northeast Nurses Association (NENA)

What is NENA?

The Massachusetts Nurses Association is the founding organizational member of the Northeast Nurses Association. NENA is an outgrowth of the 23,000-member Massachusetts Nurses Association and was created in response to the increasing calls from nurses and health care professionals in the Northeast region for a means to organize and strategize collectively. The Northeast Nurses Association has as its primary purposes the advancement of the nursing profession, the promotion of the best practices in the provision of patient care, the representation of nurses and other health care professionals in collective bargaining, and the support of legislation and other governmental initiatives designed to advance the interests of its members and the patients for whom they care.

Governance

The governing body of NENA is the Board of Delegates (BOD). The NENA BOD is comprised of one delegate for every 2,000 or part thereof of each organizational and direct member. The delegates are elected by their respective organizational members, and are elected for a three-year term.

The MNA as an Organizational Member currently holds nine delegate seats in NENA.

Delegate duties and responsibilities

Delegate responsibilities include, but are not limited to, establishing organizational goals, directing the pursuit of organizational goals, directing necessary expenditures of organizational resources, appointing an executive director, establishing committees, filling vacancies in any office between elections, facilitating the resolution of disputes between Organizational and/or Direct Members and interpreting the NENA bylaws.

The NENA BOD meets at least once every calendar quarter. However, special meetings may be called at the request of any Organizational Member.

Call for nominations/consent-to-serve

If you are interested in serving as an MNA delegate to NENA please email your request for a nomination/consent-to-serve form to the MNA Nomination and Election Committee at mnaelections@mnarn.org or call 781-821-4625 x741.

NorthEast
Nurses
Association



National
Nurses
United

Call for Nomination/Consent to Serve for the NENA 2012 Delegate Election

I am interested in active participation as an MNA delegate to the NENA (Northeast Nurses Association).

NENA Delegate Election

MNA delegates to the NENA will be directly elected through a secret ballot election by MNA RN Labor Program members in good standing.

NENA Delegate (9 for 3* year term).

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 an **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 on the Massachusetts Nurses Association website. Statements, if used, must be emailed to mnaelections@manrn.org.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Received Deadline for Consent to Serve form: November 26, 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
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org

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**Florence, Venice & Rome: May 13-21 or 16-24, 2013
\$2,899***

Join this wonderful 9-day/7-night tour featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. The tour will include four nights in the beautiful Spa town of Montecatini (just outside of Florence). From Montecatini, we will have day trips to Florence, Venice, Siena and San Gimignano. On the day we travel south to Rome, we will visit the picturesque city of Assisi. The remaining three nights will be in Rome where we will have full day sightseeing tour of the Colosseum the Parthenon, the Spanish Steps, the Trevi Fountain and much more. On the other day in Rome, we will include a tour of Vatican City. This trip includes round trip air, transfers to and from the hotel and all daily tours. Breakfast and dinner (with complimentary wine and mineral water) daily and five lunches are included. Don't miss this grand, all inclusive tour of Italy's key historic cities.



**Germany with Oktoberfest and Austrian Lakes:
September 13 – 21, 2013 \$2,499***

Join this 9 day, 7 night trip to Germany and Austria in the beautiful autumn season. The hotel is located in the historic city of Innsbruck, Austria. On the tours we will discover the beauty of Lake Konigsee, Eagles Nest and Garmish Partenkerchen (home of the Passion Play, Oberammergau). While in Munich, we will enjoy a panorama tour and attend the Oktoberfest festival. We will tour Innsbruck, and Salzburg. The tour will take us through the magnificent Dolomite Mountains to Vipiteno. While in Bavaria, we will visit the fairytale castle of Neuschwanstein. This trip includes round trip air, transfers to and from the hotel and daily tours. Breakfast and dinner daily are included as well as one lunch. Don't miss this grand tour of this beautiful region at its most picturesque time of year.



**Italian and French Riviera - featuring San Remo,
Italy: September 20-28, 2013 \$2649***

Join this 9 day, 7 night tour to the beautiful Mediterranean Riviera, both French and Italian side. We will use the picturesque town of San Remo, Italy as our home base at a 4 star hotel. From San Remo, we will day trip it to Nice & Cannes, Monaco & Menton, Genoa & Portofino, Piedmont and Torino as well as some of the spectacular towns of Cinque Terre. This tour will highlight the magnificent countryside of the region and the beautiful coastal towns. Prices include round trip air, transfers to and from the hotel and daily excursion tours. Breakfast and dinner (with complimentary wine and mineral water) are included as well as one lunch. You will not want to miss this tour of the stunningly beautiful area of the French and Italian Riviera.

Trips include air, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast, reserve early. *Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are included in the listed prices (subject to change). Credit card purchase price is lightly higher than listed price.

For more information on these great vacation and to be placed in a database to receive yearly flyers, Contact Carol Mallia at cmallia@mnarn.org with your mailing address.

Transitions

for Senior Nursing Students

Welcome to the **Real** World



FREE

**programs to
senior nursing
students and
nursing faculty.**

These unique programs provide senior nursing students the opportunity to hear first-hand from recent graduate nurses what it is like to transition from the school environment to the world of professional nursing. We are pleased to announce that we will also have Don Anderson CMS, RN, MSN, Ed D, who is a leading NCLEX preparation expert and owner of Test Preparations Specialist as one of our key panelists.

Representatives from area hospitals and other healthcare resources will be invited to discuss employment opportunities. A light supper will be served.

Locations & Dates:

April 3, 2013 • 5:30 - 9:00 p.m.

Lombardo's Function Facility • Randolph, MA

April 9, 2013 • 5:30 - 9:00 p.m.

Publick House • Sturbridge, MA

These programs are **FREE** to senior nursing students and nursing faculty. Space will fill quickly! You must pre-register for the program by contacting Phyllis Kleingardner at the MNA at 800-882-2056 x794 or emailing her at pkleingardner@mnarn.org with all the information listed below.

Register online at www.massnurses.org.
Click on the *Continuing Education* calendar.

MNA Board Of Directors highlights

August 16, 2012

- Julie Pinkham, executive director, introduced Dana Simon, the new director of strategic campaigns assigned to the Steward network.
- Andy Ferris, director of finance, reviewed the FY 2012 year-end financials. He reported that the auditors are finishing up their field work and will have final audited financials for convention.
- The labor directors updated the BOD on their networks. Salem Hospital ratified its tentative agreement. Baystate Franklin Medical Center had a successful informational picket last week.
- Maryanne McHugh, director of legislation, reported that the legislative session ended on July 31 and we were able to get a ban on mandatory overtime in the health care reform bill. It

was signed by the governor on Aug. 6 and will go into effect on Nov. 5, 90 days after it was signed.

- In addition, members employed at Taunton State Hospital, in conjunction with staff from all MNA divisions, were able to secure a budget amendment to preserve the hospital and convince the legislature to override a veto of the provision by the governor. Because of these efforts there will be 45 continuing care beds for residents in the Southeast area, and an independent study on the mental health care needs of residents in Massachusetts.
- Karen Higgins, NNU Co-President, updated the BOD on the national.

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Financial Investment and Retirement Planning



The MNA Labor School is sponsoring a special series of workshops titled **"Financial Investment and Retirement Planning."** These will be offered to all MNA members and will be held at the Region 1 office in Northampton. **Gary Thomas** of The Wealth Technology Group will be presenting on the following dates:

Wednesday, Nov. 7

Retirement Planning and Maximizing Retirement Benefits

Wednesday, Nov. 14

Asset Protection and Estate Conservation. Long Term Care Options



Classes are held twice on each date – 10:00 a.m. to Noon and 5:30 p.m. to 7:30 p.m. A light meal will be offered at 5:00 p.m. Please contact the Region 1 office to register. Call: 413-584-4607 or email region1@mnarn.org.

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* APR based on a \$250,000 loan as of 7/18/2012.



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MNA Victory for Patient Safety!



A Ban on the Dangerous Practice of Mandatory Overtime Signed into Law!



On August 6, Governor Deval Patrick signed into law a health care payment reform bill that includes a ban on the dangerous practice of mandatory overtime.



This is a major victory for the MNA/NNU, all nurses in Massachusetts and most importantly, for our patients.



- The law prohibits mandatory overtime, which is defined as “any hours worked by a nurse in a hospital setting to deliver patient care beyond the predetermined and regularly scheduled number of hours that the hospital and nurse have agreed that the employee shall work, provided that in no case shall such predetermined and regularly scheduled number of hours exceed 12 hours in any given 24 hour period.”
- The law prohibits nurses from working mandatory overtime except in the case of “an emergency situation where the safety of the patient requires its use and when there is no reasonable alternative”.
- “Emergency situation” will be defined by a newly established health policy commission that will conduct a public hearing and consult nurses to determine what constitutes an emergency situation.
- The law requires that hospitals report all instances of mandatory overtime to the Massachusetts Department of Public Health and that these reports be made available to the public.
- The law protects nurses by prohibiting any discrimination, dismissal, discharge or any other employment decision based on a nurses’ refusal to accept work in excess of the limitations on mandatory overtime.
- The law prohibits mandatory overtime being used as an alternative to providing appropriate staffing for the level of patient care required.



This new law goes into effect on November 5, 2012

This law affects all Massachusetts hospitals. We are dedicated to making sure this law works the way that the Legislature intended. If your hospital continues to use mandatory overtime after November 5, please contact the MNA so that we can notify the appropriate state agencies and the Legislature of any facility that is not in compliance.



Massachusetts Nurses Association



National Nurses United

We are the *Power* Behind Our Practice!

If you have questions about this new law and how it will affect you, please visit our website at www.massnurses.org.

