

MASSACHUSETTS NURSE

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Union leaders gather to learn, strategize, plan for future

More than 100 local bargaining unit leaders representing the majority of facilities represented by the MNA across the commonwealth came together for an historic "Chairs Assembly" meeting in Marlborough — an opportunity for nurses to learn, network, share strategies and plan for the future.

"Because we know that the managers of the health care industry come together to develop strategies that impact the working conditions and practice conditions of staff nurses and patients in this state, we have called this meeting to provide us, those of us on the front lines of health care activism, the opportunity to do some strategizing of our own," said Karen Higgins, RN, president of the MNA. "Our local bargaining units cannot afford to work in isolation from one another. We need to share ideas, we need to communicate and plan together so that we can combat the forces that are constantly working to undermine the work we do and the care we deliver."

While the labor program of the MNA holds an annual business meeting at the MNA convention each year, this meeting was called for the specific purpose of bringing leaders together to explore additional avenues of communication and networking.

"I thought it was a great to share information with all the other bargaining units and to meet each of the chairs. I received a lot of valuable information and I hope it continues," said Cece Buckley, co-chair of the bargaining unit at St. Elizabeth's Medical Center.

Whidden Hospital chair Joanne Bartose-



Nora Watts, left, and Connie Hunter, Newton Wellesley Hospital

wicz was equally impressed with the event. "From the North shore to the South shore to the western part of the state, in new bargaining units and older bargaining units, in large units and small units the concerns were the same," she said. "This was a great way for us to come together, meet other chairs, and to identify needs and to come with new ideas. It definitely refreshed me as to why I became a chair and to affirm why I continue to be a chair of my local unit."

The program began on the evening of Jan. 29, when the participants gathered for a cocktail reception. The next day, a full-day program was held, beginning with a two-hour

presentation by Paul McCarthy, acclaimed union consultant and organizer and former director of the MNA labor program.

McCarthy's program focused on the need for nursing bargaining units to develop a cohesive organizing strategy built around four key components: 1) the need to develop an effective two-way communications system with rank and file membership; 2) the need to develop a strategy of what you want to achieve through the collective bargaining process and to keep members active in that process; 3) the need to identify issues of commonality and importance to the bargaining unit 4) and the need to build bridges with the community to help achieve objectives and to address key issues.

He emphasized that the role of a union leader was to mobilize and to "empower the membership to take ownership of the union."

"Members need to understand that they are the union and that they should be going to the union to interpret their contract, not to management," McCarthy said. "Members need to know that they have the power and they have the ability to use that power to address problems at the facility. They need to know that as union members they have an obligation to participate in the process and to own the solutions to the problems they face."

Following McCarthy's presentation, different representatives from bargaining units spotlighted specific issues and campaigns to

See *Chairs Assembly*, Page 11

MNA blasts governor's health care cuts

After reviewing health care cuts announced by Gov. Mitt Romney in February, the MNA issued a press release blasting the cuts, calling them shortsighted, misguided and devastating to children, seniors and other vulnerable populations.

According to the MNA statement, which was widely covered by local media, "Not only are these cuts harmful in their impact on the citizens of the commonwealth, they are economically wasteful, ultimately resulting in patients receiving more costly care in already overcrowded emergency rooms. While the governor has called for an equal sharing of the burden of cuts to the budget, his approach to the health care sector shows a lack of understanding of the unequal burden borne by health care and human service providers for many years."

The MNA is actively working with the

See *Romney*, Page 11

Vigil supports Pembroke Hospital nurses



Father Ed Boyle, also known as the "Labor Priest," leads the Pembroke nurses in a pro-union song during their Candlelight Vigil. Complete details, Page 2.

Smallpox vaccine update

The MNA's caution regarding smallpox vaccination for health-care workers has been endorsed by nursing groups in Rhode Island, Maine, California and Texas and by more than 350 hospitals nationwide. Complete details, Page 20

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

Nurses' Guide to Single Payer Reform

MASS-CARE/MNA takes issue with state report on universal health care

By Peggy O'Malley

Last December, LECG, a consultant firm hired by the state issued a long-awaited report on universal health care, which was supposed to provide an unbiased analysis and road map for the state on addressing this issue. Below is an Op Ed that was drafted by MNA board member and President of MASS-CARE Peggy O'Malley, which provides a powerful and pointed critique of this document, while underscoring the benefits of a single payer model of health care delivery.

Last month, a report on universal health care was released by LECG, a Chicago consultant commissioned by the commonwealth.

MASS-CARE, the 80-organization coalition of organizations who support single payer health reform in Massachusetts, believes the report is a politically biased product. A full and fair analysis was sabotaged by powerful special interests.

In the summer of 2001, the Legislature appropriated \$250,000 to develop a transition plan for "consolidated health care financing and streamlined health care delivery accessible to every resident in the commonwealth" as its commitment to advocates for health reform who, in turn, agreed to push for universal coverage through the Legislature instead of through a ballot initiative. The

legislation called for the creation of a guide for legislators to move from the present chaos to a unified, universal system.

LECG failed to fulfill the purpose for which it was commissioned by not providing legislators the long-awaited "road map" to achieving universal coverage and the funding system that would fairly pay for it.

Instead, LECG has been allowed to squander precious time and money analyzing and presenting to the Legislature three models of health care delivery, two of which do not meet the standards of universal coverage and consolidated financing. While acknowledging that only the single payer proposal meets both standards, LECG neglected to objectively analyze the costs and benefits of all three models.

In the analysis of its "single payer" model, LECG underestimated the savings that would be achieved by creating a real single payer system in Massachusetts. The basic premise of a single payer system is the elimination of the costs of dealing with the bureaucracy of private insurance. Yet LECG has assumed a significant continuing role for insurance companies in its "single payer" model, thus retaining a large component of administrative costs.

At the same time, LECG assumed there will be no savings from a system that provides timely, coordinated care in appropriate settings instead of the costly care we all hear about when sick, uninsured folks end up in ER's with health problems that could have been treated more cost-effectively before they became serious. Furthermore, in its comparison of single payer to the two models not providing universal coverage, LECG omitted the costs of those remaining uninsured as though people without insurance have no health care costs.

Such omissions in LECG's analysis have inflated their bottom-line cost estimate for a so-called "single payer" system by as much as \$3 billion. If so, moving to a true single payer system would more than pay for comprehensive coverage and benefits, including prescriptions and long-term care. That would be consistent with previous reports of two consultants commissioned by the Massachusetts Medical Society. Independently, they concluded that Massachusetts could adopt a single payer system that covered everyone with comprehensive care and save us all \$1 billion annually.

In its report of 170-plus pages, LECG does furnish useful information which, oddly, is

not usually available to policymakers in Massachusetts. While other states routinely collect data on the condition of their health systems, several years ago Massachusetts stopped collecting this information, essential to informed decision-making.

The information collected by LECG demonstrates that "business as usual" is simply unsustainable. With the highest costs in the nation, the Massachusetts health care system threatens to bankrupt the State budget, as well as health facilities, employers and individuals while leaving over 400,000 uninsured, mostly workers and their children.

We as a state must act.

Now is the time to choose the path that will lead to reduced costs and universal coverage through enactment of a single payer system in Massachusetts. An objective assessment of policy options would have arrived at that conclusion.

The Legislature appropriated \$250,000 for a report. Everyone understood, at the time, what the purpose of the report was to be. The report that was written has very little association with that legislative purpose. This means that the money was largely wasted. Given the staggering array of health problems in this state, squandering this money massively missed a strategic opportunity. ■

Congressman, physicians propose solution to rising health care costs and uninsured

U.S. Rep. John Conyers, Jr. (D-Mich.) and a group of the nation's most prominent physicians are proposing a new bill, the United States National Health Insurance Act, a single payer national health program. The legislation proposes an effective mechanism for controlling skyrocketing health costs while covering all 42 million uninsured Americans.

The bill also restores free choice of physician to patients and provides comprehensive prescription drug coverage to seniors, as well as younger people.

"It's about time," says Conyers. "With

this legislation, we no longer have to endure the nightmare of a collapsing health system. Our nation will be free from having to put up with the outrageous costs that keep millions of Americans from receiving medical care and needed medications. Tens of thousands of families won't have to declare bankruptcy over medical bills. Universal national health insurance (single payer) takes the resources we have in place, and deals with them in an intelligent manner. It excludes the tragic hemorrhage of resources into non-health entities."

Additionally, nearly 4,000 individual physicians have endorsed the physicians' proposal including two former surgeons general (Dr. David Satcher and Dr. Julius Richmond); and a Nobel laureate (Dr. Bernard Lown). Also joining the physicians and members of Congress to endorse the National Health Insurance Act will be Dr. Maya Rockey Moore, Urban League Director of Health Policy; Dean Baker, co-director, Center for Economic and Policy Research; and Hillary Shelton, a spokesperson for Julian Bond, chairman of the NAACP. ■

Massachusetts Health Care Trust legislative sponsors

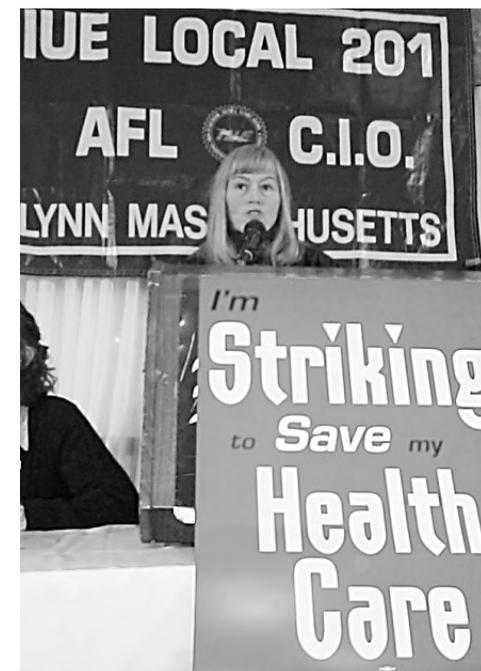
Listed below are the Massachusetts legislators who have signed on as cosponsors of S.686 the Massachusetts Health Care Trust, the single payer bill to cover everyone in Massachusetts. If your senator and representative are listed, please call them to say thanks and ask how you can help them achieve passage. If your legislators aren't listed, give them a call urging them to support the bill.

Senators:

Steven A. Tolman, Brighton, lead Senate sponsor
Jarret T. Barrios, Cambridge
Cynthia S. Creem, Newton
Susan C. Fargo, Lincoln
Robert A. Havern, Arlington
Brian A. Joyce, Milton
David P. Magnani, Framingham
Joan M. Menard, Somerset
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Pamela P. Resor, Acton
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Ruth B. Balsler, Newton
Deborah D. Blumer, Framingham
Edward G. Connolly, Everett
Paul C. Demakis, Back Bay
Paul J. Donato, Medford
Christopher J. Donelan, Orange
Carol A. Donovan, Woburn
Mark V. Falzone, Saugus
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Gloria L. Fox, Boston
Patricia D. Jehlen, Somerville
Louis L. Kafka, Sharon
Rachel Kaprielian, Watertown
Jay R. Kaufman, Lexington

Kay Khan, Newton
Peter V. Kocot, Northampton
Elizabeth A. Malia, Jamaica Plain
J. James Marzilli, Jr., Arlington
Thomas M. McGee, Lynn
Shirley Owens-Hicks, Roxbury
Marie J. Parente, Milford
Anne M. Paulsen, Belmont
Douglas W. Petersen, Marblehead
Byron Rushing, South End
Frank I. Smizik, Brookline
Joyce A. Spiliotis, Peabody
Karen Spilka, Ashland
David B. Sullivan, Fall River
Kathleen M. Teahan, Whitman
Timothy J. Toomey, Jr., Cambridge
Ellen Story, Amherst
Benjamin Swan, Springfield
Anthony J. Verga, Gloucester
Alice K. Wolf, Cambridge ■



Peggy O'Malley, chair of MassCare speaks at a rally held in support of striking GE workers in Lynn, who were waging a two-day strike over rising health care premiums. The rally focused on the growing health insurance crisis and its impact on working people and the need for reform of our health care system. She urged support for a single payer health care system in the state.



Have you moved?

Please notify the MNA of your new address: 800-882-2056, x726

*Executive Director's column***Nurses: beware of bad history being repeated**

By Julie Pinkham

MNA Executive Director

Ever heard the saying that those who do not know their history are destined to repeat it? Well this is apparently a truism among health care administrators and health care consultants. Go back to the early '80s when nurses basked in the age of primary nursing. Back then we had quality patient care in the palm of our hands.

We actually had the ability to practice nursing consistent with our education and licensure — with professional standards of practice and the ability to provide total care to a safe ratio of patients. At least some of the more fortunate among us did...for awhile. But, along with primary nursing, the '80s brought an onslaught of cost cutting and reimbursement schemes for hospitals that set the stage for the next 20 years — years dominated by DRGs, managed care, mergers and consolidations — none of it good for nurses or patients.

Remember what the industry did then, starting with the physicians, in 1988, who tried to introduce what they thought was a great idea called RCTs (registered care technicians). This was a plan to deal with a shortage of nurses by using unlicensed technicians as another pair of hands to assist physicians (and replace nursing positions). Apparently, to physicians the education and assessment skills of RNs were irrelevant. After all, at that time, in their minds, anybody could be trained to do what a nurse did. Without knowing the firestorm they were stepping into, the phy-

sicians pushed their plan, and the nursing community pushed back — hard!

But once the physicians failed in their attempt, the hospital industry, led by a cadre of nurse administrators cloaked in their "consultant" suits, having scrubbed away any understanding of patient care from their minds and curriculum vitae, began their assault on the nursing profession. This was the early '90s and these "nurse consultants," these Benedict Arnolds of nursing refined the physicians' failed plan by scrubbing away the "R" and adding a "P" to create the term "Patient Care Technician." This was the era of "patient focused care," which meant laying off 40 to 50 percent of nurses and replacing them with unlicensed personnel with maybe two weeks of training. Yes, without any research to support them, these so-called professionals sold deskilling of nurses far and wide. With it came the inevitable speed up of nursing work, increased patient loads and the further degradation of patient care. This too met with tremendous resistance. Remember the Brigham & Women's nurses' strike vote in 1996, and the eight others that soon followed.



Julie Pinkham

We went to the public, we made our case and we won. But the cost was high. Hundreds of new grad nurses were unable to find jobs, nursing enrollments dropped, hundreds of experienced nurses had been laid off. Those remaining at the bedside became frustrated with working amid the wreckage of constant mismanagement and excessive patient loads. Yes, we stopped deskilling, but we were left with patient assignments of 1 to 8 on med surg, and with the new practice of mandatory overtime, once again forcing nurses to strike to stop these dangerous conditions.

Lo and behold, we now find ourselves deep in a shortage of nurses who are willing to work in the current hospital environment.

But the wheel of history just keeps turning. After all these mistakes, after reports and exposés pointing to deskilling and poor staffing as the cause of the current shortage, the myopic managers in paneled offices never do seem to learn their lesson.

These same administrators who two years ago admitted that deskilling failed are now at it again. We are once again seeing the same plan introduced at area hospitals, such as Newton Wellesley Hospital. One wonders if they ever will get it. Apparently being stupid is profitable. At Cooley Dickinson Hospital in Northampton, management wants to engage the nurses in a discussion of a "new model" of care.

While the Cooley Dickinson nurses are developing their strategy to deal with this situation, the Newton Wellesley nurses have

already successfully mobilized to quash this program before it could get started. (See the description of their efforts in the front-page story on our recent chairs assembly.)

My message to all our bargaining units and to all nurses is to beware of bad history repeating itself. If you see any attempt to "expand the role of PCAs", or to develop new or alternative models of care, this is a signal to band together and rise up in opposition to any of these attempts.

We can't allow consultants or administrators to dictate to us what is an acceptable model of nursing care. In the past, when administrators and consultants told us what our profession could and couldn't do (generally in the name of the bottom line), all too often we kept "asking" them to reconsider.

What MNA's history of dealing with these issues shows is that those bargaining units which tell management what they want, what they need — and expect it, are much more effective.

If and when you are approached to develop a new model of care, tell them you have one already developed, they can find it imbedded in the language of the MNA's quality patient care/safe RN staffing legislation. Tell them to implement the ratios we have spelled out, and to adhere to the other provisions of the bill, including developing a real acuity system to allow for improvements in staffing when the patients' needs dictate. Tell them this is what it takes to safely practice as an RN today — and that's what we and our patients deserve. ■

Pembroke Hospital nurses hold candlelight vigil

Nurses from throughout the state marched in solidarity with the registered nurses of Pembroke Hospital, who held a candlelight vigil outside the entrance to the South Shore psychiatric hospital on Feb. 20 to protest the hospital's anti-union delaying tactics. The nurses have been waiting for seven months to learn the outcome of their vote for a union election held last June. While the nurses had cast their votes at a National Labor Relations Board (NLRB) election held at the facility on June 13, 2002, the ballots were impounded after the hospital filed an appeal with the NLRB questioning the nurses' right to organize a union.

"We have been waiting for the results of our union vote for more than seven months, and we are holding this vigil to raise public awareness of our plight and to ask the public and supporters of our cause to contact the hospital administration and tell them to stop their legal appeal and let the votes be counted," said Helen Gillam, RN, a nurse at the facility and a member of the union organizing committee. In addition to holding the vigil, the nurses will begin a campaign of leafleting within the community to seek public support for their cause. "All we want is a voice in the decisions that impact our ability to provide the best care possible to our patients. The hospital has ignored us for years and patients have suffered because of it."

Pembroke Hospital is owned by Universal Health Systems, the nation's third largest for-profit hospital management company, which owns more than 80 facilities in 22 states. Since purchasing Pembroke in 2001, the company has cut staff and degraded services, causing

the state Department of Mental Health to investigate the Pembroke facility later that year. The deteriorating conditions drove many employees to leave the facility, and, ultimately, convinced the nurses to organize a union as a means of protecting themselves and their patients.

In response, Universal Health Systems has hired one of the most expensive union busting firms in the country, paying hundreds of thousands of dollars that could go to desperately needed improvements in nurse staffing and patient care simply to deprive the nurses of their right to form a union. The staffing levels and working conditions at Pembroke Hospital, a psychiatric facility serving the South Shore, are among the worst in the state, with nurses regularly assigned between 12 and 25 patients. A safe assignment for a psychiatric nurse is no more than six patients.

The nurses also complain that the hospital admits patients with criminal backgrounds

and a history of violent behavior, yet lacks a forensic unit, a unit designed with staff and resources to care for those patients. Young, aggressive patients, with a history of repeated assaults, are placed on units beside geriatric patients. This has resulted in numerous incidents of workplace violence and assaults of both staff and patients. In fact, the hospital has eliminated its security detail on the evening shift, leaving the understaffed nurses and their patients in a more vulnerable position.

Retaining qualified staff is a key issue for a number of nurses active in the organizing drive, who have seen the growing nursing shortage impact their facility, as nurses leave for better working conditions, pay and benefits offered by surrounding facilities.

The nurses are also among the lowest paid in the region, which prevents the facility from recruiting the staff needed to provide safe patient care. Since the votes have been impounded, conditions have gotten even

worse for the nurses.

"Before the vote, management was telling us they cared about these issues and wanted to work to improve things without a union. Well, since the votes have been impounded, things have gotten worse. They have stopped working with us and have even cut a popular bonus program for nurses who work overtime, which is a violation of federal labor law," said Linda Klemme, a Pembroke nurse and member of the organizing committee. "They had no intention of improving things. All they wanted to do was stop us from having a voice at this hospital."

The nurses began organizing a union with the MNA in late 2001. This followed a period when staffing conditions deteriorated, and more than 25 percent of the hospital's workforce left the facility in response to management policies. In September, the Department of Mental Health began monitoring the facilities staffing levels at Pembroke Hospital. In December of 2001, 80 percent of the RNs eligible for union representation signed cards authorizing the MNA to represent them for collective bargaining.

"It is shameful for this employer to use funds that could be used for patient care and improvements in conditions for the nurses who care for patients to subsidize high priced lawyers and consultants whose only purpose is to deprive these nurses of their right to workplace democracy," said Roland Goff, director of labor relations for the MNA.

Now it is going directly to the public to see if public pressure can force the hospital administration to change its anti-union stance. ■

Pembroke nurses say thank you

Our heartfelt thanks to all participants at Pembroke Hospital's Candlelight Vigil on Feb. 20. It takes great courage to stand up to an administration such as ours. This administration whose primary goal is profit, turns a deaf ear on our pleas for safe, effective staffing and retention of skilled treatment teams. Quality patient care and service excellence must be accomplished through a united effort. Our organizing effort is our attempt to have a strong effective voice in raising our demands that critical issues be addressed with intelligence, with integrity and as a team.

Our vigil was dignified, correct, thoughtful and honest. God bless each nurse at Pembroke Hospital who was working and who used their only break time to walk with us. MNA nurses from all over the state participated. Thank you; thank you; thank you. We felt your support. We will never forget you.

In unity,
Pembroke Hospital Nurses



MNA on Beacon Hill

H. 1282 safe staffing levels and quality care: A critical combination whose time has come

By Charles Stefanini
MNA Legislative Director

The Massachusetts Nurses Association, in collaboration with the Coalition for Quality Care, has re-drafted and re-filed Quality Patient Care/Safe Staffing Legislation to set minimum RN-to-patient ratios. The bill, H.1282, is critical to preserving quality care and protecting patient safety.

We can win

The campaign launched by the MNA and its members continues in full swing. Together, we are working toward one goal -- to make safe staffing legislation the law in Massachusetts. Last May you gathered over 80,000 signatures statewide. Your voices are being heard. The petitions you have filed and the literature you have distributed are major steps toward victory.

Every button and bumper sticker tells the story to a growing audience. And when people hear our message, they agree. The challenge that faces us requires informing both the public and the members of the legislature. The time to act is now. Every single person in Massachusetts needs to be educated about how best to achieve quality patient care. Our message has great merit.

The experts agree

The New England Journal of Medicine, the Journal of the American Medical Association, and the Joint Commission on Accreditation of Health Care Organizations have released studies that clearly reinforce our position. Unsafe staffing levels put patients at risk for life-threatening infections, shock and bleeding. Staffing levels directly impact patient health and survival rates. For nurses in Massachusetts, their findings provide strong scientific evidence supporting MNA legislation that is much needed and long overdue.

The Journal study is the most compre-

hensive to date, and includes data for more than 6 million patients discharged from 799 hospitals in 11 states, including Massachusetts. The research concludes that the number of patients assigned to each registered nurse has a critical impact on the health of patients. Researchers found a clear correlation between staffing ratios and six of the leading adverse patient outcomes, from infections to cardiac arrest. When staffing ratios are where they should be, there is a reduction in all adverse outcomes.

The JAMA study, Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction, a study of 232,000 surgical patient discharges found "the higher the patient-to-nurse ratio in a hospital, the more likely there will be patient deaths or complications after surgery."

Each additional patient per nurse was associated with a 7 percent increase in mortality. The difference from four to six and from four to eight patients per nurse would be accompanied by a 14 percent and 31 percent increase in mortality. The researchers also found that each additional patient per nurse was associated with a 23 percent increase in the odds of burnout and a 15 percent increase in the odds of job dissatisfaction.

In conclusion the authors state that nurse staffing ratio legislation "represents a credible approach to reducing mortality and increasing nurse retention in hospital practice" and ... "Improvements in nurse staffing resulting from the legislation could be accompanied by declines in nurse turnover"



Charles Stefanini

The Joint Commission on Accreditation of Health Care Organizations (JCAHO) reports that inadequate staffing levels have been a factor in nearly a quarter of most serious life-threatening events that have been reported to the commission in the last five years.

The JCAHO report analyzed more than 1,600 serious incidents from 1996 through March 2002 and found that nurse staffing levels were deemed a contributing factor in 50 percent of ventilator-related incidents, 42 percent of surgery-related incidents, 25 percent of delays in treatment, 25 percent of infant abductions, 19 percent of medication errors, 14 percent of inpatient suicides, and 14 percent of patient falls.

According to the JCAHO report, "When there are too few nurses, patient safety is threatened and health care quality is severely compromised."

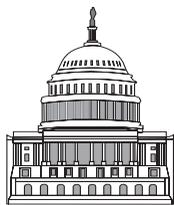
For years, the MNA has been raising concerns about precisely this situation. We have cited repeatedly the negative impact of unsafe staffing levels at Massachusetts health care facilities. We have noted that staffing reductions have resulted in a rapid deterioration in nurses' working conditions, contributed to a dramatic shortage of nurses and placed patients in jeopardy. We have expressed our strong concern that the number of patients assigned to each nurse — a doubling and sometimes tripling that leaves nurses caring for seven, eight or nine patients — radically diminishes the quality of care.

Safe staffing remains our major issue, because we know that it is the key to quality patient care and to safe patient care.

There's one clear answer

The MNA has provided the industry and policymakers with the answer to this dilemma: H.1282, Quality Patient Care/Safe Staffing legislation is the only solution. ■

Capitol Hill Watch



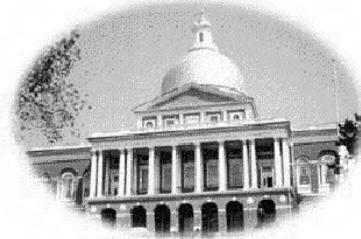
Nurse Reinvestment Act funding moves forward

Late on Jan. 23, the U.S. Senate passed an amendment spearheaded by Senator Barbara Mikulski (D-Md.) that allocates \$20 million in the FY 2003 Budget for the Nurse Reinvestment Act (NRA). The differences in the FY 2003 Omnibus Appropriations bills of the two chambers will now have to be reconciled in conference. Since the House does not have NRA funding in its bill, this is one of many differences that will have to be discussed and agreed upon. Last year, Congress passed legislation creating the NRA but provided no funding of the program. ■

Save the Date

MNA Lobby Day 2003

Tuesday, May 6



10 am - noon
Great Hall, Statehouse

In conjunction with National Nurses Week
Sponsored by MNA Congress on Health Policy & Legislation

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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www.massnurses.org

MNA
MASSACHUSETTS NURSES ASSOCIATION



Christine Canavan, RN, appointed vice chair of Health Care Committee

State Rep. and registered nurse Christine Canavan has been appointed vice-chair of the Joint Committee on Health Care. A long-time member of the committee, Canavan has been a strong and outspoken advocate for nursing and quality health care issues.

Her appointment comes at a critical time, as Canavan serves as the lead sponsor of the Quality Patient Care/Safe Staffing legislation to set minimum RN-to-patient ratios.

Canavan represents the 10th Plymouth District, which includes part of her home city of Brockton, the town of West Bridgewater and one precinct in Easton.

Canavan has a long list of health care legislative accomplishments:

- Passage of legislation that requires newborns to have a hearing screening test prior to discharge from the hospital.

- Passage of legislation that requires out of hospital dialysis units to adhere to a patient/staff ratio of 3 to 1 in order to provide maximum safety for all patients.

- Sponsor of 1994 legislation which precipitated a Department of Public Health regulation that requires out of hospital dialysis facilities to have emergency back up generators.
- Sponsor of a line item included in the 1995 fiscal budget that provided



Christine Canavan

\$10,000 in funding for hepatitis B vaccinations for those school employees who interact with developmentally disabled students whose health insurance did not cover the cost of the vaccination.

- Instrumental in the passage of the "Mixed Population Bill" to protect elderly residents in public housing developments.
- Instrumental in the passage of the "Freedom of Choice Pharmacy Bill."
- Instrumental in the passage of the bill ending "Drive Through Deliveries."
- Instrumental in fiscal year 2000 budget inclusion of the "Whistleblower Bill" to protect health care workers.
- Responsible for Special Commission

on Nursing and Nursing Practices for fiscal year 2000.

- Sponsor of the "Needlestick Bill" which was signed into law in 2000. This law designs regulations to reduce needlestick injuries and sharps exposure incidents by employing prevention strategies. In addition, it creates a guide to purchasing those products which are best engineered to protect health care workers.
- Lead House Sponsor of S.2234, "Trench Safety Legislation" which was signed in to law in December. The legislation was drafted in memory of Jaclyn Moore, a spunky 4-year-old Bridgewater girl, who died in 1999 when the trench she was playing in collapsed. ■

Legislative profiles: Health Care Committee leadership

Richard Moore/Senate chair

State Sen. Richard Moore was reappointed Senate chair of the Joint Health Care Committee. First elected to the Massachusetts Senate in 1996, Moore has emerged as a leader on patient safety, homeland security, school-based health and a variety of other major issues of concern to the people of his Worcester-Norfolk District and the commonwealth.

Moore, as Senate Chair of the Legislature's influential Joint Committee on Health Care for the past four years, is constantly in the forefront of issues affecting the health of the people of Massachusetts. His imprint can be found on nearly every piece of health care legislation enacted in Massachusetts since 1999. Since health care is among the most important sectors in the state's economy, Moore's efforts have an impact far beyond his exemplary work to improve medical quality and access to health care.

Among his major legislative accomplishments are: the establishment of the Betsy Lehman Center for Patient Safety, the reorganization of the health-related licensing boards with the Department of Public Health, the

Patient Bill of Rights and funding for an enhanced school health program.

His work has attracted the attention of legislators from throughout the nation, as co-chairman of the National Conference of State Legislatures' Task Force on Protecting Democracy that is providing essential guidance in defining the state role in homeland security. He has also been elected to the executive committee on NCSL, and was selected in 2000 by the Council of State Governments as one of the organization's coveted Henry Toll Leadership Fellows.

An educator by training, Moore is currently an adjunct assistant professor in the public administration graduate program at Bridgewater State College. He is a former



Richard Moore

associate dean of students at Assumption College and assistant to the president at Bentley College, and is a trustee of Nichols College and former trustee of Quinsigamond Community College.

His career in public service includes assignments at local, state and national levels. He is a former three-term selectman of Hopedale (1970-78) and past president of the Massachusetts Selectmen's Association (1975-76). After nine terms in the Massachusetts House of Representatives (1977-94), where he chaired three different standing committees, and as a presidential elector (1992), Moore was nominated by President Bill Clinton, and confirmed by the U. S. Senate as associate director of the Federal Emergency Management Agency. His distinguished leadership at FEMA earned him the agency's highest award, the Distinguished Service Award.

Among his special interests is encouraging young people to consider involvement in public service. Moore is one of the original organizers of NCSL's "America's Legislators Back to School Week" bringing state legislators

across the nation into classrooms to explain the concept of representative democracy. As president of the Massachusetts Chapter of the American Society for Public Administration, Moore has been the editor and initiator of two publications – *Civis Americanus Sum: Proceedings of the First Massachusetts Summit on Civic Education* and *Memos to the Governor*.

In 1987, Senator Moore helped initiate and served as the first chairman of the Blackstone River Valley National Heritage Corridor, a Congressionally designated region of 24 communities in Massachusetts and Rhode Island that hold national significance as the "Birthplace of America's Industrial Revolution." He remains a commissioner and officer of the corridor. His leadership efforts have helped to preserve the region's important historical and environmental assets and protect the region from major airport and landfill projects. He has also sponsored the reconstruction of Route 146, the establishment of the Blackstone River and Canal Heritage State Park, and the establishment of the Blackstone Valley Chamber of Commerce. ■

Peter Koutoujian/House chair

Newton State Rep. Peter Koutoujian has been appointed as the new House chairman of the Health Care Committee. Koutoujian had been serving as the committee vice-chair. His efforts were critical in the campaign to save Waltham Hospital.

Koutoujian's legislative career began in 1996 when he was elected to the 10th Middlesex District, which comprises portions of Newton, Watertown and Waltham. Koutoujian has received numerous awards recognizing his legislative achievements and efforts in a wide range of policy areas including health care, domestic violence prevention, social services for the mentally ill and mentally retarded and public safety.

From 1991 through 1995, Koutoujian served as a prosecutor in Middlesex County. He has taught several courses, including criminal law, criminal procedure, and legal ethics at the Massachusetts School of Law in Andover, and introduction to American government at Bentley College in Waltham. Currently, in addition to his position in the Legislature,

Koutoujian maintains a small legal practice in Waltham. He also occasionally appears as an expert legal analyst and commentator for Court TV and New England Cable News.

Born and raised in Waltham, Koutoujian completed his bachelor of science in psychology at Bridgewater State College in 1983 and went on to New England School of Law. In 1989, he earned his juris doctor and has since become a member of the bar associations of Massachusetts and Washington, D.C. He is currently attending the John F. Kennedy School of Government at Harvard University this fall, pursuing a masters degree in public affairs.

In 2001, he was named "Legislator of the



Peter Koutoujian

Year" by the Massachusetts Attorney General's Victim and Witness Assistance Board and received the 2001 Outstanding Legislative Achievement Award from the Massachusetts Association of Day Care Agencies. In 2002, the Massachusetts Coalition for Choice presented him with its Leadership Award.

He is the president of the Massachusetts Legislators Association. In addition, he has been an outspoken delegate to both the Governor's Commission on Domestic Violence and the Massachusetts Violence Prevention Task Force and now leads a statewide coalition of Male Legislators Against Domestic Violence. Over the course of Koutoujian's tenure in the legislature, he has been selected for the prestigious Darden and Flemming Legislative Fellowships and has hosted a VIP delegation of South African political leaders.

Aside from his professional duties, Koutoujian is active in many civic organizations. He serves as a member of the board of directors for four different organizations -

the West Suburban Samaritans, the Newton Boys and Girls Club, the Newton Community Service Center and the Bentley College Service Learning Program. He also maintains an active membership in such diverse groups as the Armenian Assembly, The Knights of Vartan, the Council of Armenian Executives, the Boston Athenaeum, the National Association for Advancement of Colored People, and the Ancient Order of Hibernians. Koutoujian is a member of the Bright Elementary School Educational Council in Waltham and currently has the distinction of being the only male member of the Waltham Business and Professional Women's Club.

The Greater Union of Marash Armenians honored Koutoujian for his contributions to the Armenian-American community with the "Marashtzee of the Year" award. Koutoujian also has been named the honorary chairperson for the Salvation Army's Christmas Castle as well as the American Cancer Society's 1999 and 2000 Relay for Life in Newton. ■

Newly elected members of the House of Representatives

The Massachusetts Nurses Association would like to congratulate the newly elected members of the Massachusetts House of Representatives. We commend you on your dedication and commitment to public services and look forward to working with you to protect patient safety and preserve quality care.

Jennifer Callahan, RN (D-Sutton)

*Eighteenth Worcester District
Bellingham, Blackstone, Millville, Sutton - Pcts. 1, 2, Uxbridge - Pcts. 1, 2, 4*



Jennifer Callahan is an assistant professor in the Graduate School of Nursing at the University of Massachusetts Worcester. She also works as a quality consultant in the education and health care fields.

Callahan is also a registered nurse and nationally certified health education specialist. Previously, she had been an employee at UMass Medical Center and UMass Memorial Health Care for 12 years working as a senior quality coordinator, peer review coordinator and orthopedic trauma nurse. Prior to her employment at UMass, she was a community maternal child health coordinator for the Southern Worcester County Visiting Nurses and program coordinator for an AIDS public health policy education program.

She holds a doctorate in higher education policy, research and administration and a Masters of Public Health from the University of Massachusetts Amherst. She was a Case University Scholar at Boston University where she received both a bachelor of science in nursing and a bachelor of arts in sociology.

She is a lifelong resident of Sutton and served as a member of the Sutton Board of Selectmen, Sutton School Committee and Long Range Planning Committee. Regionally, she has served on the board of directors of the Blackstone Valley Chamber of Commerce, chairing major business initiatives on workforce education, technology and regional economic development. She was the former vice president of the American Business Women's Association. She was the vice chair of the Massachusetts Association of School Committee's Central Massachusetts Division. She is on the board of directors for the Blackstone Valley Vocational Regional School District's Education Foundation. Statewide, she represented nurses as a member of both the MNA's Congress on Health Policy & Legislation and Cabinet on Legislation & Government Affairs. She is also a former delegate to the Central Massachusetts Labor Council.

Mike Costello (D-Amesbury)

*First Essex District
Amesbury, Newburyport, Salisbury*



Mike Costello is a cum laude graduate of Salem State College. He spent three years at Salem State, organizing and implementing a program that resulted in students participating in building desperately needed housing for some of

the poorest Americans living in Appalachia. He also spent a summer working as an intern in the United States Congress. After graduation, Mike served as the program director for the Alcoholism and Drug Abuse Association of Boston. He then entered Suffolk University Law School, where, while earning academic honors, he worked for the Office of New Hampshire Public Defender. After earning his juris doctor degree in 1996, Costello went to work for the office of the Essex County district attorney.

In 1998, Costello became field director for Congressman John Tierney's (D-Salem) campaign and also successfully ran as a candidate for councilor-at-large in Newburyport. Following Congressman Tierney's campaign, Costello was chief of staff for state Sen. Joan Menard (D-Somerset), former chair of the Massachusetts Democratic State Party. Currently, Costello runs a private law practice in Newburyport and serves on the board of directors of Link House Programs, Inc. Costello began his career in politics at a young age. He is the son of former state legislator and former mayor of Amesbury, Nicholas Costello. He is married to Kerrin D'Archangelo of Haverhill and they live in Newburyport with their 2-year-old daughter, Kate.

Robert Coughlin (D-Dedham)

*Eleventh Norfolk District
Dedham, Walpole - Pct. 8, Westwood*



A lifelong Dedham resident, Coughlin graduated from Massachusetts Maritime Academy with a degree in marine engineering and was commissioned as an officer in the United States Naval Reserve. At Mass. Maritime, he played rugby and represented his fellow cadets as the student member of the board of trustees. In a further leadership role that served youths all across the state, he was chosen from a field of 180,000 students to be a member of the Board of Regents of Higher Education.

After earning his degree, at age 20 Coughlin became the youngest resident ever elected to the school committee. In 1995 he was elected to serve on the board of selectmen, the youngest person elected to that position. He was re-elected to the board in 1998 and served as vice chairman and chairman.

In the world of business, Coughlin was president and co-founder of SportsAttire Inc., a technology company that supports the sports apparel industry. Currently, he is a principal of a capital management firm and donates his time as a trustee at Deaconess Glover Hospital and Massachusetts Maritime Academy.

He and his wife Christine (Norton), own a home in the Oakdale section of Dedham. They have two children, MaryKate and Paul.

Christopher Donelan (D-Orange)

*Second Franklin District
Athol, Erving, Gill, Greenfield, Orange, Warwick*

Chris Donelan, 38, was a police officer for 10 years, was a legislative aide for a year and for the past six years was a probation officer for the commonwealth. He is currently a probation officer in charge of the Franklin County Community Corrections Center.

He has been active in Democratic Politics

most of his life, and has served as chair of the Orange Town Democratic Committee since 1996. He resides in Orange with his wife, Maureen, and their three children. He has a B.S. degree from Westfield State College and an MPA degree from American International College in Springfield.

James Eldridge (D-Acton)

*Thirty-Seventh Middlesex District
Acton - Pcts. 3, 4, 5, Boxborough, Harvard, Lancaster - Pct. 1, Lunenburg, Shirley*



James Eldridge attended the Acton-Boxborough public schools and graduated from Acton-Boxborough Regional High School in 1991. After high school, James graduated from John Hopkins University as a political science major. He worked on the 1992 presidential election and was himself elected, in his junior year, President of the Johns Hopkins student body. While in school, he served as philanthropy chair of his fraternity, Sigma Alpha Mu, worked with Habitat for Humanity, and mentored high school students in Baltimore. James also interned with Congressman Martin Meehan (D-Mass.) in the nation's capital.

After graduating in 1995, Eldridge returned to Acton and became active with the Acton Town Democratic Committee, Acton Earth Day Committee, the League of Women Voters and the Organization for the Assabet River (O.A.R.). He also expanded his mother's South Acton Clean-Up Day effort to become a town-wide event, now sponsored by the Acton Conservation Trust.

During this period, Eldridge was employed as a litigation assistant with the downtown Boston law firm of Hale & Dorr. As campaign manager for Bob Durand's successful state Senate race in 1996, James became familiar with the issues and concerns affecting the towns of the Route 2 corridor. His ability to lead the campaign victory earned him a position as a legislative aide for Bob Durand at the Statehouse. In the fall of 1997, Eldridge began law school at Boston College. He served as president of the school's major public interest group for 2 years, expanding the group's efforts to include committees on children's rights, civil rights, criminal law, community economic development, and community service. In his second year at law school, he managed then-state Rep. Pam Resor's 1998 re-election campaign. That same year, he also became vice-president of the re-energized Acton Conservation Trust, and assisted in the incorporation of the Household Goods Recycling Ministry, Inc., a faith based non-profit that provides used furniture and household goods to area low-income families. He then served as a member of the board of directors.

In his final year of law school, Eldridge was elected chair of the Acton Democratic Town Committee, and was asked by now-Sen. Pam Resor to manage her re-election campaign. James reached out to the entire district in orchestrating a grassroots effort that secured



a resounding victory for the senator.

Upon graduation from Boston College law school, he accepted a position with Merrimack Valley Legal Services in Lowell. He has served as a public interest lawyer in the fields of housing, Social Security disability, and unemployment law.

In early 2001, Eldridge successfully ran for a position with the Acton Housing Authority and was appointed by the Acton Board of Selectmen as an associate member to the Acton Planning Board.

Susan Williams Gifford (R-Wareham)

*Second Plymouth District
Bourne - Pcts. 1,2,3, Carver, Wareham*

Susan Williams Gifford was a Wareham selectman from 1999-2000. Gifford worked on issues that involved business development, town management, and fiscal issues. Gifford has stated that some priority issues for her will be preserving local aid, cutting taxes and improving education.

Mary Grant, RN (D-Beverly)

*Sixth Essex District
Beverly*



Mary Grant graduated from Boston College with a bachelor's degree in nursing and a master's degree in community health. She has worked on many city-wide commissions and committees including: the Beverly City

Charter Commission from 1993 to 1995 and from 1999 to 2001, Beverly Ordinance Review Committee, Beverly High School Site Council, Beverly Technology Fund Steering Committee and is a past president of the League of Women Voters.

Grant is a registered nurse and a member of the MNA. She worked for the commonwealth of Massachusetts in community health centers for 14 years.

Grant is a parent, wife, homeowner, health care practitioner, community leader, volunteer, taxpayer and concerned citizen. Her hard work and community involvement have earned her the respect of public officials, parents and teachers, local business owners, neighborhood groups and civic organizations.

Don Humason (R-Westfield)

*Fourth Hampden District
Montgomery and Westfield*



Don Humason is a native and lifelong resident of Westfield. Don graduated cum laude from Westfield State College with a bachelor's degree in criminal justice. His long history of community public service includes: member of Westfield

Community Development Corporation; member of the Westfield Republican City Committee, chairman of Ward 2 Republican Committee; member of the Westfield River Watershed Association; and former member board of directors of the Greater Westfield Chamber of Commerce

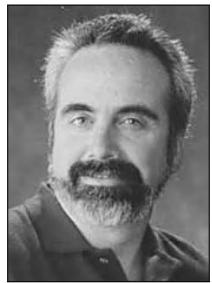
Humason's professional experience includes: director of legislative affairs for the Massachusetts Executive Office of Health and

Human Services; chief of staff to Westfield's state Sen. Michael Knapik; legislative aide to Knapik when he was in the House; and Massachusetts Trial Court security officer at Westfield District Court.

Mark Howland (D-Freetown)

Twelfth Bristol District

Freetown - Pct. 3, Lakeville - Pcts. 2, 3, Middleborough - Pcts. 2, 4, New Bedford - Wd. 1, Pcts. F, G; Wd. 3, Pcts. A, B, C, D, E; Wd. 4, Pcts. D, E, Taunton - Wd. 4, Pct. A



While still in high school, Mark Howland started Environmental Research Corps, earning money on projects like an Acushnet River pollution study. Howland graduated from South-eastern Massachusetts University with a degree in biology. Mark worked

as a Teamster union employee for Fernandes Supermarkets in the west end of New Bedford to pay for college, eventually becoming a dairy manager.

His family, led by his sister Jane, still operates Howland Greenhouses, a business founded by their parents over 50 years ago.

After college, Howland found work with the New England Fisheries Steering Committee. His small part-time office in the 1970s grew to a full time office in the '80s, and into a regional presence and national exposure during the '90s has moved into the international arena for the next millennium. Three major EPA awards for merit and environmental technology, three trade missions with two governors of Massachusetts and the speaker of the House, and a philosophy that blends economic vitality with environmental sense makes ERC a leader in its field.

Howland's dedication to public service involved many years of service to local boards in two towns in the past. He also was elected as a selectman in Freetown. Bonnie and Mark have a wonderful family with three daughters.

Barbara L'Italien (D-Andover)

Eighteenth Essex District

Andover - Pcts. 1, 7, 8, Boxford - Pct. 2, Georgetown - Pct. 2, Haverhill - Wd. 2, Pcts. 1, 2; Wd. 5, Pct. 2; Wd. 7, Pct. 2, Methuen - Pct. 7, North Andover - Pcts. 7, 8



Barbara L'Italien has extensive work experience in the field of geriatric social work. She graduated from Merrimack College with a bachelors degree in political science. While in college, she was the campaign office coordinator for Kevin Blanchette and a student intern for the House Committee on Post Audit and Oversight and the House Committee on Public Service at the Statehouse.

She is active in the Andover school system serving on the school improvement council, PTO and the Support Our Schools Ballot Initiative Committee. Barbara is also involved in many other community organizations: the North Andover/Andover YMCA, St. Augustine Parish in Andover, Girl Scouts and the Andover/North Andover League of Women Voters.

Married to Kevin Hall, the couple has four children, Rudy, Allie, Samantha and Andrew.

Alice Peisch (D-Wellesley)

Fourteenth Norfolk District
Natick - Pct. 1, Wellesley, Weston



Alice Peisch holds the position of town clerk of Wellesley. Having devoted considerable time and effort to the education system in Wellesley, Peisch is dedicated to insuring adequate funding for education and persuing fair treatment for all

students. A resident of Wellesley, she and her husband have three children.

William "Smitty" Pignatelli (D-Lenox)

Fourth Berkshire District

Alford, Blandford, Chester, Egremont, Great Barrington, Lee, Lenox, Monterey, Mount Washington, New Marlborough, Otis, Pittsfield - Wd. 5, Pct. B, Sandisfield, Sheffield, Stockbridge, Tolland, Tyringham, West Stockbridge

William "Smitty" Pignatelli is a lifelong resident of Lenox and a graduate of the Lenox public schools.

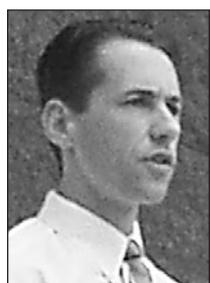
Upon graduating from high school, Pignatelli became a licensed master electrician and for the next 20 years worked in his family's electrical contracting business. For the past four years, Smitty has been the business development manager for Lee Bank. While at the bank, he attended Babson College School for Financial Studies and graduated in 2001.

Pignatelli was elected to the Lenox Planning Board in 1987 and served for five years. In 1992 he was elected to the Board of Selectmen and is currently serving his fourth term as the board's chairman. He also served as Berkshire County Commissioner. His community involvement includes: serving on the board of directors of the American Red Cross and the Laurel Lake Preservation Association. He also has been involved in many local organizations as well.

Jeffrey Davis Perry (R-Sandwich)

Fifth Barnstable District

Barnstable - Pcts. 10, 11, 12, Bourne - Pct. 4, Mashpee - Pcts. 1, 3, Sandwich



Jeffrey Davis Perry, 38, was a police officer and sergeant for seven years and a small business owner for eight. He obtained his college degrees by paying his own way and going to night school. He graduated from Curry College with a bachelor's degree

in sociology and as a member of the Alexander Graham Bell Honor Society. He also successfully completed an executive management program sponsored by Babson College's School of Law Enforcement Executive Education and served in the Massachusetts National Guard.

Since 1993, he has owned several small businesses including Sandwich Variety, Inc. a convenience and package store located on Route 6A in Sandwich, a private investigation firm in Bourne and a wholesale supply company in Orlando, Fla. Perry also served as a police officer and sergeant for the Wareham Police Department where he was a member

of the emergency response team and honor guard. He has been recognized with many citations including Officer of the Year award from the Mothers Against Drunk Drivers "MADD." He is married with one son and lives in East Sandwich.

Jeffrey Sanchez (D-Boston)

Fifteenth Suffolk District

Boston - Wd. 10, Pcts. 1-9; Wd. 11, Pct. 1; Wd. 19, Pcts. 1-5, 8, Brookline - Pcts. 5, 14



Jeffrey Sanchez was raised in the Mission Main housing development from 1973-1990 and now is a homeowner in Jamaica Plain.

Sanchez worked as a personal financial management advisor and as a residential counselor at a shelter for homeless youth in San Diego, Calif. From 1995 to 2001 he worked as a community liaison/policy advisor for Jamaica Plain/Mission Hill and the Hispanic community and later became Director of Boston Census 2000 for Mayor Thomas M. Menino. While director, his efforts were recognized as a very successful local effort nationally documenting an increase in Boston's population for the first time in decades, therefore increasing the city's share of millions of dollars from the federal government. Sanchez is a former independent consultant on community relations to the superintendent of the Boston Public Schools and Boston School Committee. He has proven experience as an organizer in "hard to reach" communities.

John Scibak (D-South Hadley)

Second Hampshire District

Easthampton, Hadley, South Hadley



John Scibak, 49, is a graduate of the University of Notre Dame, where he received a BA, MA and Ph.D. in Experimental Psychology. Beginning his career as an assistant professor of special education at Indiana University, John assumed the position of

Director of Psychology at Belchertown State School in 1981. From 1985-1990, he was a researcher and health care administrator in the rehabilitation field. Since 1990, John has been employed by the Sisters of Providence Health System in Springfield, where he has held positions as the director of research and the director of corporate, foundation and government grants. Most recently, John has been the vice president of planning for the health system. In addition, he has been an adjunct assistant professor and instructor at the University of Massachusetts Amherst.

In the area of public service, John has been an active volunteer within his community over the past 21 years, having been involved in youth sports, the local teen center, the council on aging and various non-profit organizations and civic groups. He also has been a member of various committees and boards in South Hadley for the past 17 years, including 12 years as an elected town meeting member and 11 years on the South Hadley Board of Selectmen. During this time, John has also been active in the Massachusetts Selectmen's Association, having served as the president of the organization in 1999. In addition, John served for three years on

the board of directors of the Massachusetts Municipal Association, and spent three years on the Governor's Local Government Advisory Committee.

A resident of South Hadley for 22 years, John and his wife Patricia are the parents of two grown children, Sarah and Peter.

Brian Wallace (D-Boston)

Fourth Suffolk District

Boston - Wd. 6, Pcts. 1-9; Wd. 7, Pcts. 1-9; Wd. 13, Pcts. 3, 6

Brian Wallace has worked as an aide at the State House, on the Boston City Council and as special assistant to Boston Mayor Ray Flynn. A former probation officer in Brighton District Court, he also served as executive director of the South Boston Boys and Girls Club. He worked as an adjunct professor at UMass Boston and as a television sports announcer. Brian is currently a published author and his first book *Final Confession* has been optioned by Twentieth Century Fox and is slated to be filmed in Boston this year.

Wallace graduated from Boston State College and Emerson College. He has been very active with many community organizations. Wallace is married to Lauren and they have two boys, Brendan and Cullen. He and his family reside in South Boston.

Steve Walsh (D-Lynn)

Eleventh Essex District

Lynn - Wd. 5, Pcts. 1, 2, 4; Wds. 6, 7 and Nahant

Steve Walsh grew up in Lynn and went through the public school system, K-8. He graduated high school from St. John's Prep. He received a bachelor's degree in government from Wesleyan University and is currently attending evening classes at New England School of Law.

Walsh worked at The American Repertory Theater at Harvard University before leaving to become an intern funeral director at Cuffe-McGinn Funeral Home. He also was the drama director at St. Mary's Jr./Sr. High School. For the last six years he has served as executive director to LynnArts, Inc.

Daniel Webster (R-Hanson)

Sixth Plymouth District

Duxbury - Pcts. 2, 3, 4, 5, Halifax - Pct. 2, Hanson, Pembroke

Daniel Webster is an attorney with the law firm of Webster, Nagle and Brown. He has been a Hanson selectman for five years, currently serving as chairman, and is the former chairman of the town's finance committee.

Other newly elected legislators are:

Lewis Evangelidis (R-Holden)

First Worcester District

Holden, Hubbardston, Oakham, Princeton, Rutland, Sterling - Pct. 1, Westminster

William Lantigua (I-Lawrence)

Sixteenth Essex District

Lawrence - Ward A, Precincts 2, 4; Wards B, C; Ward D, Precincts 3, 4; Ward F, Precinct 3

Michael Rush (D-Boston)

Tenth Suffolk District

Boston - Ward 20, Precincts 3, 5-20, Brookline - Precincts 15, 16

Joyce Spiliotis (D-Peabody)

Twelfth Essex District

Peabody ■

Contacting your state legislator – an updated list

House

Name	Email	Phone	Name	Email	Phone	Name	Email	Phone
Asselin, Christopher P.	Rep.ChristopherAsselin	722-2470	Golden, Thomas A., Jr.	Rep.ThomasGolden	722-2575	Peisch, Alice H.		722-2000
Atkins, Cory	Rep.CoryAtkins	722-2080	Gomes, Shirley	Rep.ShirleyGomes	722-2803	Perry, Jeffrey D.	Rep.JeffreyPerry	722-2000
Atsalis, Demetrius J.	Rep.DemetriusAtsalis	722-2692	Grant, Mary E.	Rep.MaryGrant	722-2000	Petersen, Douglas W.	Rep.DouglasPetersen	722-2430
Ayers, Bruce J.	Rep.BruceAyers	722-2090	Greene, William G., Jr.	Rep.WilliamGreene	722-2030	Peterson, George N. Jr.	Rep.GeorgePeterson	722-2100
Balsler, Ruth B.	Rep.RuthBalsler	722-2400	Haddad, Patricia A.	Rep.PatriciaHaddad	722-2080	Petrolati, Thomas M.	Rep.ThomasPetrolati	722-2255
Binienda, John J.	Rep.JohnBinienda	722-2090	Hall, Geoffrey D.	Rep.GeoffreyHall	722-2320	Petrucelli, Anthony	Rep.AnthonyPetrucelli	722-2900
Blumer, Deborah D.	Rep.DeborahBlumer	722-2400	Hargraves, Robert S.	Rep.RobertHargraves	722-2305	Pignatelli, Smitty		722-2000
Bosley, Daniel E.	Rep.DanielBosley	722-2120	Harkins, Lida E.	Rep.LidaHarkins	722-2300	Poirier, Elizabeth A.	Rep.ElizabethPoirier	722-2976
Bradley, Garrett J.	Rep.GarrettBradley	722-2120	Hill, Bradford	Rep.Brad.Hill	722-2489	Polito, Karyn E.	Rep.KarynPolito	722-2460
Broadhurst, Arthur J.	Rep.ArthurBroadhurst	722-2263	Hillman, Reed V.	Rep.ReedHillman	722-2256	Pope, Susan W.	Rep.SusanPope	722-2305
Brown, Scott P.	Rep.ScottBrown	722-2305	Honan, Kevin G.	Rep.KevinHonan	722-2692	Quinn, John F.	Rep.JohnQuinn	722-2370
Buoniconti, Stephen J.	Rep.StephenBuoniconti	722-2060	Howland, Mark A.		722-2000	Reinstein, Kathi-Anne	Rep.KathiAnneReinstein	722-2430
Cabral, Antonio F. D.	Rep.AntonioCabral	722-2140	Humason, Donald F. Jr.		722-2000	Rivera, Cheryl A.	Rep.CherylRivera	722-2090
Callahan, Jennifer M.	Rep.JenniferCallahan	722-2000	Hynes, Frank M.	Rep.FrankHynes	722-2552	Rodrigues, Michael J.	Rep.MichaelRodrigues	722-2030
Canavan, Christine E.	Rep.ChristineCanavan	722-2320	Jehlen, Patricia D.	Rep.PatriciaJehlen	722-2676	Rogeness, Mary S.	Rep.MaryRogeness	722-2100
Candaras, Gale D.	Rep.GaleCandara	722-2040	Jones, Bradley H., Jr.	Rep.BradleyJones	722-2100	Rogers, John H.	JRogers@hwm.state.ma.us	722-2990
Carron, Mark J.	Rep.MarkCarron	722-2060	Kafka, Louis L.	Rep.LouisKafka	722-2305	Ruane, J. Michael		722-2380
Casey, Paul C.	Rep.PaulCasey	722-2430	Kane, Michael F.	Rep.MichaelKane	722-2400	Rush, Michael F.		722-2000
Ciampa, Vincent P.	Rep.VincentCiampa	722-2120	Kaprielian, Rachel	Rep.RachelKaprielian	722-2220	Rushing, Byron	Rep.ByronRushing	722-2637
Connolly, Edward G.	Rep.EdwardConnolly	722-2692	Kaufman, Jay R.	Rep.JayKaufman	722-2552	Sanchez, Jeffrey		722-2000
Coppola, Michael J.	Rep.MichaelCoppola	722-2090	Keenan, Daniel F.	Rep.DanielKeenan	722-2220	Scaccia, Angelo M.	Rep.AngeloScaccia	722-2692
Correia, Robert	Rep.RobertCorreia	722-2810	Kelly, Shaun P.	Rep.ShaunKelly	722-2240	Scibak, John W.	Rep.JohnScibak	722-2000
Costello, Michael A.		722-2000	Kennedy, Thomas P.	Rep.ThomasKennedy	722-2012	Simmons, Mary Jane	Rep.MaryJaneSimmons	722-2400
Coughlin, Robert K.	Rep.RobertCoughlin	722-2000	Khan, Kay	Rep.KayKhan	722-2140	Smizik, Frank Israel	Rep.FrankSmizik	722-2060
Creedon, Geraldine	Rep.GeraldineCreedon	722-2575	Knuutila, Brian	Rep.BrianKnuutila	722-2692	Spiliotis, Theodore C.	Rep.TheodoreSpiliotis	722-2380
DeLeo, Robert A.	Rep.RobertDeLeo	722-2410	Kocot, Peter V.	Rep.PeterKocot	722-2575	Spellane, Robert P.	Rep.RobertSpellane	722-2370
deMacedo, Viriato	Rep.VinnyDemacedo	722-2090	Koczera, Robert M.	Rep.RobertKoczera	722-2210	Spiliotis, Joyce A.	Rep.JoyceSpiliotis	722-2000
Demakis, Paul C.	Rep.PaulDemakis	722-2460	Koutoujian, Peter J.	Rep.PeterKoutoujian	722-2582	Spilka, Karen	Rep.KarenSpilka	722-2460
Dempsey, Brian S.	Rep.BrianDempsey	722-2240	Kujawski, Paul	Rep.PaulKujawski	722-2960	Stanley, Harriett L.	Rep.HarriettStanley	722-2130
DiMasi, Salvatore F.	Rep.SalvatorDiMasi	722-2600	Kulik, Stephen	Rep.StephenKulik	722-2210	Stanley, Thomas M.	Rep.ThomasStanley	722-2575
Donato, Paul J.	Rep.PaulDonato	722-2460	L'italien, Barbara A.		722-2000	St. Fleur, Marie P.	Rep.MarieSt.Fleur	722-2060
Donelan, Christopher	Rep.ChristopherDonelan	722-2000	Lantigua, William	Rep.WilliamLantigua	722-2000	Story, Ellen	Rep.EllenStory	722-2692
Donovan, Carol A.	Rep.CarolDonovan	722-2240	Larkin, Peter J.	Rep.PeterLarkin	722-2070	Straus, William M.	Rep.WilliamStraus	722-2263
Eldridge, James B.		722-2000	Leary, James Brendan	Rep.JamesLeary	722-2230	Sullivan, David B.	Rep.DavidSullivan	722-2460
Evangelidis, Lewis G.		722-2000	LeDuc, Stephen P.	Rep.StephenLeDuc	722-2575	Swan, Benjamin	Rep.BenjaminSwan	722-2692
Fagan, James H.	Rep.JamesFagan	722-2575	Lepper, John A.	Rep.JohnLepper	722-2100	Teahan, Kathleen M.	Rep.KathleenTeahan	722-2130
Fallon, Christopher G.	Rep.ChristopherFallon	722-2396	Linsky, David P.	Rep.DavidLinsky	722-2210	Timilty, Walter F.	Rep.WalterTimilty	722-2692
Falzone, Mark V.	Rep.MarkFalzone	722-2575	Loscocco, Paul J.	Rep.PaulLoscocco	722-2460	Tobin, A. Stephen	Rep.AStephenTobin	722-2900
Fennell, Robert F.	Rep.RobertFennel	722-2470	Malia, Elizabeth A.	Rep.LizMalia	722-2090	Toomey, Timothy J., Jr.	Rep.TimothyToomey	722-2230
Festa, Michael E.	Rep.MikeFesta	722-2210	Mariano, Ronald	Rep.RonaldMariano	722-2220	Torrisi, David M.	Rep.DavidTorrisi	722-2396
Finegold, Barry R.	Rep.BarryFinegold	722-2240	Marzilli, J. James, Jr.	Rep.JamesMarzilli	722-2460	Travis, Philip	Rep.PhilipTravis	722-2430
Finneran, Thomas M.		722-2500	Miceli, James R.	Rep.JamesMiceli	722-2582	Turkington, Eric	Rep.EricTurkington	722-2210
Flynn, David L.	Rep.DavidFlynn	722-2017	Murphy, Charles A.	Rep.CharlesMurphy	722-2900	Vallee, James E.	Rep.JamesVallee	722-2575
Fox, Gloria L.	Rep.GloriaFox	722-2692	Murphy, James M.	Rep.JamesMurphy	722-2396	Verga, Anthony J.	Rep.AnthonyVerga	722-2400
Fresolo, John P.	Rep.JohnFresolo	722-2430	Murphy, Kevin J.	Rep.KevinMurphy	722-2230	Wagner, Joseph F.	Rep.JosephWagner	722-2080
Frost, Paul K.	Rep.PaulFrost	722-2487	Nangle, David M.	Rep.DavidNangle	722-2960	Wallace, Brian P.	Rep.BrianWallace	722-2000
Galvin, William C.	Rep.WilliamGalvin	722-2380	Naughton, Harold P., Jr.	Rep.HaroldNaughton	722-2396	Walrath, Patricia A.	Rep.PatriciaWalrath	722-2180
Garry, Colleen M.	Rep.ColleenGarry	722-2060	Nyman, Robert J.	Rep.RobertNyman	722-2582	Walsh, Martin J.	Rep.MartinWalsh	722-2188
George, Thomas N.	Rep.ThomasGeorge	722-2487	O'Brien, Thomas J.	Rep.ThomasOBrien	722-2120	Walsh, Steven M.	Rep.StevenWalsh	722-2000
Gifford, Susan W.	Rep.SusanGifford	722-2000	O'Flaherty, Eugene L.	Rep.GeneOFlaherty	722-2370	Webster, Daniel K.	Rep.DanielWebster	722-2000
Gobi, Anne M.	Rep.AnneGobi	722-2575	Owens-Hicks, Shirley		722-2256	Wolf, Alice K.	Rep.AliceWolf	722-2070
Goguen, Emile J.	Rep.EmileGoguen	722-2400	Parente, Marie J.	Rep.MarieParente	722-2017	<div style="border: 1px solid black; padding: 5px;"> Address: Statehouse, Boston, MA 02133 Phone: Area code is 617 House email: add @house.state.ma.us Senate email: add @senate.state.ma.us </div>		
Golden, Brian Paul	Rep.BrianGolden	722-2070	Patrick, Matthew	Rep.MatthewPatrick	722-2582			
			Paulsen, Anne M.	Rep.AnnePaulsen	722-2140			
			Pedone, Vincent A.	Rep.VincentPedone	722-2090			

Senate

Name	Email	Phone	Name	Email	Phone	Name	Email	Phone
Robert A. Antonioni	RAntonio	722-1230	Cheryl A. Jacques	CJacques	722-1555	Marc R. Pacheco	MPacheco	722-1551
Steven A. Baddour	SBaddour	722-1604	Brian A. Joyce	BJoyce	722-1643	Steven C. Panagiotakos	SPanagio	722-1630
Jarrett T. Barrios	JBarrios	722-1650	Michael R. Knapik	MKnapik	722-1415	Pamela P. Resor	PResor	722-1120
Frederick E. Berry	FBerry	722-1410	Brian P. Lees	BLees	722-1291	Stanley C. Rosenberg	Sen.StanRosenberg	722-1532
Stephen M. Brewer	SBrewer	722-1540	Thomas M. McGee	TMcGee	722-1350	Charles E. Shannon, Jr.	CShannon	722-1578
Harriette L. Chandler	HChandle	722-1544	David P. Magnani	DMagnani	722-1640	Jo Ann Sprague	JSprague	722-1222
Robert S. Creedon, Jr.	RCreedon	722-1200	Linda J. Melconian	LMelconi	722-1660	Bruce E. Tarr	BTarr	722-1600
Cynthia Stone Creem	CCreem	722-1639	Joan M. Menard	JMenard	722-1114	Richard R. Tisei	RTisei	722-1206
Susan C. Fargo	SFargo	722-1572	Mark C. Montigny	MMontign	722-1440	Steven A. Tolman	STolman	722-1280
Guy William Glodis	GGlodis	722-1485	Richard T. Moore	RMoore	722-1420	Senate President		
John A. Hart, Jr.	JHart	722-1150	Michael W. Morrissey	MMorriss	722-1494	Robert E. Travaglini	RTravagl	722-1500
Robert A. Havern	RHavern	722-1432	Therese Murray	TMurray	722-1481	Susan C. Tucker	STucker	722-1612
Robert L. Hedlund	RHedlund	722-1646	Andrea F. Nuciforo, Jr.	ANucifor	722-1625	Marian Walsh	MWalsh	722-1348
			Robert O'Leary	ROleary	722-1570	Dianne Wilkerson	DWilkers	722-1673

MNA election dates

- March 15** Deadline for consent to serve forms for preliminary ballot
- June 15** Deadline for consent to serve forms for final ballot
- Sept. 1** Ballots to be mailed
- Sept. 20** Deadline for ballot return
- Oct. 1** Ballots to be counted

District 1, MNA 23rd Annual Legislative Breakfast

Single Payer: Solution to the Healthcare Crisis

a panel discussion featuring:

- ▶ Suzanne Gordon, columnist, author of *From Silence to Voice and Life Support: Three Nurses on the Front Lines*
- ▶ Peggy O'Malley RN, Executive Director of MASS-CARE, statewide coalition for single payer reform
- ▶ Jean Dillard RN, health care activist
- ▶ Health care providers who have worked in both Canadian and U.S. hospitals

**Saturday, April 5
9 a.m. to noon**

*The Log Cabin Banquet & Meeting House
500 Easthampton Road, Holyoke*

This is your annual opportunity to meet with Western Mass. legislators and nursing colleagues to discuss current health care issues while enjoying a delicious buffet breakfast.

- ▶ 2.4 continuing education contact hours
- ▶ Mark the date and send in your reservation TODAY!
- ▶ Invite a colleague.
- ▶ Write your legislator and tell him/her you will be there!
- ▶ For more information call the District 1 office at (413) 584-4607 or email: district.one@verizon.net

The breakfast is \$10 for District 1 members, \$5 for students and \$20 for non-members. Register early as seating is limited. Registration deadline is March 25. Make check payable to: District 1, MNA, 243 King Street, Northampton, MA 01060

Directions to the Log Cabin:

From the North: Route 91 south to Exit 17 to Route 141 west (towards Easthampton). The Log Cabin is two miles ahead on the left. From the South: Route 91 North to Exit 17B (Rte. 141 West). The Log Cabin is two miles ahead on the left. From the Mass. Pike: Take Exit 4 (West Springfield) to I-91 North. Take Exit 17B (Rte. 141 West). The Log Cabin is two miles ahead on the left.

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



Consent to Serve for the Massachusetts Nurses Association 2003 Elections

I am interested in active participation in the Massachusetts Nurses Association

MNA General Election

- | | |
|---|---|
| <input type="checkbox"/> President, General* (1 for 2 years) | <input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per district] |
| <input type="checkbox"/> Secretary, General* (1 for 2 years) | <input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per district] |
| <input type="checkbox"/> District Director, Labor* (5 for two years) [1 per district] | <input type="checkbox"/> Congress on Nursing Practice (6 for 2 years) |
| <input type="checkbox"/> Director At-Large, General* (3 for 2 years) | <input type="checkbox"/> Congress on Health Policy & Legislation (6 for 2 years) |
| <input type="checkbox"/> Director At-Large, Labor* (4 for 2 years) | <input type="checkbox"/> Congress on Health & Safety (6 for 2 years) |
| <input type="checkbox"/> Labor Program Member* (1 for 2 years) | <input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years) |

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

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA District _____

Address _____

Cfty _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

Present Offices/Association Activities (Congress, Committee, Unit, etc.)

MNA	District

Past Offices/Association Activities (Congress, Committee, Unit, etc.) Past 5 years only.

MNA	District

Candidates may submit a typed statement not to exceed 250 words for president and vice president and 150 words for all other candidates. Briefly state your personal views on health care, nursing 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 which will be printed in the *Mass Nurse*. Statements, if used, must be submitted with this consent to serve form.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 15, 2003 **Return To:** Nominations and Elections Committee
Final Ballot: June 15, 2003 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 July 30 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org

Learning, networking & sharing strategies

More than 100 local bargaining unit leaders representing the majority of facilities represented by the MNA across the commonwealth came together for an historic "Chairs Assembly" meeting in Marlborough — an opportunity for nurses to learn, network, share strategies and plan for the future.



Bill Fyfe, Unit 7 chairperson



Paul McCarthy, acclaimed union consultant and organizer and former director of the MNA labor program, makes his presentation.



MNA President Karen Higgins



Helen Gillam, Pembroke Hospital



Participants give a standing ovation to Helen Gillam of Pembroke Hospital.



Kim O'Connor, Cooley Dickinson Hospital



Connie Hunter



Therese Robishaw of Nantucket Cottage Hospital.



From left, Steve Robins, Ron Jacobs, Stephanie Stevens.

...Chairs Assembly

From Page 1
address those issues to stimulate discussion and information sharing among the participants.

Warning issued on privatization

Bill Fyfe, newly elected chairperson for Unit 7, the MNA's public sector unit of health care professionals employed by the commonwealth, described the impact of ensuing budget cuts on patients and public sector workers. Specifically, he discussed anticipated efforts by the Romney administration to gut the Pacheco privatization bill, legislation sponsored by Sen. Marc Pacheco in 1994 to stop the state from privatizing state services without first proving those privatizations would indeed save money, and that the level of services to clients would not be compromised. The legislation helped prevent a number of misguided attempts to privatize efficient and effective state services.

The MNA anticipates a strong push from the state to weaken the Pacheco bill to save money in these tough economic times. Fyfe urged all MNA members to be aware of this trend and to respond when notified to rally, lobby and support MNA efforts to fight any changes to this valuable legislation.

Fighting attempts to replace RNs

Connie Hunter and Nora Watts of Newton Wellesley Hospital and Kim O'Connor of Cooley Dickinson Hospital discussed attempts at their hospitals to change the model of care delivery, specifically the threat of replacing nurses with unlicensed personnel.

The strategy by hospital administrators to deal with shortages of nurses by trying to find means of doing without registered nurses is a common one employed in almost every shortage. It was tried in the late '80s and early '90s to deal with the last shortage with devastating results for the quality of patient care wherever it was attempted. It has also been credited

with creating many of the conditions that led to the current shortage of nurses.

Hunter and Watts of Newton Wellesley Hospital told of efforts by their hospital to change the job descriptions of their PCAs to allow them to take on nursing tasks, such as removing urinary catheters and even doing some patient teaching to new mothers. The nurses told of a concerted and successful campaign by the nurses' union to fight and eventually stop the plan before it could be implemented.

First, the nurses gathered information about the plan, as well as research and documentation of nursing practice regulations that prohibit such practices. Next, they conducted open meetings with the nurses in the bargaining unit to present the information they had collected, to inform them of what the hospital wanted to do, and to seek their support and participation in a campaign to prevent it from being implemented.

This was followed by the circulation of a petition throughout the hospital, asking the nurses to sign on in opposition to the plan. More than 95 percent of the nurses signed the petitions.

As this was going on, the nurses' bargaining committee had commenced negotiations with management over their new contract. They presented a proposal that would prevent the hospital from assigning any duties currently performed by the nurses to other types of staff. At one of the sessions, they brought the petitions to management and informed them they had a week to inform the nurses that the program would be stopped before the nurses would take the issue to the public and the media.

Ultimately, management responded with a letter committing to stop implementation of the program and with a commitment to meet with the union before any future actions were contemplated.

It was a true victory for the nurses, and

when the audience heard of the result, they gave Hunter and Watts a rousing ovation.

O'Connor described recent overtures by Cooley Dickinson Hospital to meet with the union and other caregivers in the institution to develop an "alternative model of care" at the hospital.

The nurses at Cooley Dickinson Hospital are just beginning the process and will be working with the MNA to develop a strategy to deal with the situation.

The MNA's official position on "models of care" is that there is only one that works and only one worth considering, and that is the model embodied in MNA's Quality Patient Care/Safe Staffing legislation. The model calls for a safe nurse-to-patient ratio on each unit (1 to 4 on medical/surgical floors, 1 to 2 on critical care, etc.) with the ratios to be improved based on patient acuity.

The power of alliances

Jeanine Hickey of Merrimack Valley Hospital in Haverhill and Jeanine Cunningham of Anna Jacques Hospital in Newburyport briefed the gathering on efforts by nurses in bargaining units from throughout Essex County and the North Shore to come together to form their own regional "alliance" of nurses to work together to support contract issues as well as legislative and general health care concerns for their region.

The coalition is now represented by nurses from Merrimack Valley Hospital, Anna Jacques Hospital, Lawrence General Hospital and Northeast Health Systems. The group has been meeting on a monthly basis, has mobilized nurses to support job actions at their respective facilities when called upon, and is now planning a legislative event to help educated nurses and legislators in their region of the need to pass the MNA's safe staffing bill.

Future plans call for building bridges with non-unionized nurses at area hospitals, and

for developing alliances with community groups in the region to work on projects to improve the health care of the region.

Pembroke Hospital nurse appeals for help in winning union rights

Helen Gillam, a long-time nurse and organizer of an effort to win union rights for the nurses at Pembroke Hospital, a private psychiatric hospital owned by one of the nation's largest for-profit hospital chains, spoke passionately and powerfully of the nurses' 13-month struggle to win a union election at the facility (*see related story on Page xx*). She told of intensive abuse and union-busting strategies employed by the hospital and of the nurses' courageous and arduous struggle to have their union ballots, cast on June 13, 2002, finally counted.

She had called upon the leaders in attendance to mobilize support for their cause by attending a candlelight vigil on Feb. 20. Gillam received a long and loud standing ovation from the audience who received a poignant reminder of what the meeting was all about.

Goals for the future

In the afternoon, the audience broke up into working groups to discuss and identify goals, objectives and needed resources for the MNA labor program to grow and succeed over the next five years.

A number of ideas were generated and shared. This information was collected and will be presented to the MNA Board of Directors, who will be charged with developing a comprehensive budget and plan of implementation. Some of the common ideas generated included improved technology via the web and other means for union leaders to share information; contract language and ideas; better support for chairs and co-chairs in carrying out their work for the union; similar meetings held more often throughout the year. ■

...Romney

From Page 1

legislature and with allies in the health care advocacy community to raise awareness of the impact of these cuts on patients and communities and to mobilize support to restore funding to these programs.

"The governor has just broken his promise to not cut core services," said Julie Pinkham, MNA executive director. "Health care is not only a core service, it is a safety net, a matter of life and death for vulnerable children, senior citizens, mentally ill and mentally retarded citizens. The government has taken an axe to those programs focusing on prevention of illness and basic care to these populations, which will only result in these people suffering more serious complications requiring more costly care."

Among his cuts is the elimination of significant funding for the state's highly successful Enhanced School Health program that funds school nurses and school nurses in cities and towns with children lacking access to adequate health care. Immediately following announcement of the cuts, school nurses across the state began receiving layoff notices; and school-based clinics, in many communities the only source of health care for children,

were threatened by these cuts.

In Newton, two public health nurses have been laid off as a result of these cuts in a system where nurses were already overburdened and over extended. In Framingham, which has a large immigrant population, there are many students who would not get to school if it was not for the presence of a school nurse. According to Marcia Buckminster, the director of Framingham's school health program, that city's hospital is a for-profit entity which only offers emergency services to the uninsured. They do not have a community based clinic in town and many of their pediatricians will not see uninsured children. The Children's Medical Security Plan has a long waiting list and MassHealth is also being cut. The school nurses initiated a nurse-managed health center in a school in the part of town that has the neediest population. Absenteeism has dropped and children are able to be treated on site by the nurse practitioner. They were about to open the same model at the high school before the devastating news of the cuts came.

"School health programs prevent illness, they keep kids in schools, and help keep some

children out of more expensive special needs programs. They are the state's best investment of our health care dollars, but this is where the governor chose to cut first," Pinkham said.

The governor is also slashing budgets in the Departments of Mental Health and Mental Retardation, programs that have already undergone years of cuts and where patients and clients are suffering from a chronic lack of appropriate care.

"Our mental health system has been in shambles for years. We have mentally ill patients roaming the streets or being boarded for days in hospital emergency rooms because we lack beds and staff to care for them. We have dangerous patients being housed with geriatric and pediatric patients in hospitals for lack of proper resources to care for them. We have nurses being physically beaten and assaulted on a regular basis because of a lack security and resources to take care of violent patients. The system is in crisis, yet this Governor wants to gut these programs more. It shows a lack of understanding for the needs of the mentally ill in this state," Pinkham said.

The governor, who pledged to protect the

50,000 seniors who were to lose access to MassHealth, is planning to make more cuts in the Medicaid program, and to increase drug costs for seniors at a time when seniors are having to choose between paying for food or their prescription drugs.

The governor is cutting some of the states most successful and nationally recognized public health programs to prevent AIDs, hepatitis C, to stop smoking, reduce teen pregnancy and screen for and provide early detection for a number of types of cancer. "As nurses, we know the value of prevention and the positive impact it has on people, and on preventing more expensive health care treatments," said Pinkham.

The MNA believes the time for budget cutting is over and the time for revenue generation has arrived. "The health care safety net is not only frayed, it is in tatters, and there is no room for further assaults on our health care system. As nurses, we have seen the human toll our lack of investment in health care has taken. It's time to invest in the well being of our citizens, not to support draconian policies that will harm them," said Pinkham. ■

Toxic cleaning chemicals replaced with those that are safer for all

By Evelyn I. Bain, M Ed, RN, COHN-S
Associate Director/Coordinator, MNA
Occupational Safety and Health Program

MNA members, in hospitals and health care settings across the state, are beginning to see toxic environmental cleaning chemicals replaced with products that are safer for all those working in the health care industry as well as patients and the environment.

Recently the *Cape Cod Times* published the article, "Island hospital gets rid of antiseptic smell," describing changes in environmental cleaning chemicals identified as toxic to the environment. (*The story is reprinted below.*) Many of these chemicals have been identified as toxic to human health as well.

For the past few years, nurses have been aware that headaches, burning eyes, coughing and even asthma symptoms that happened at work seemed to be somehow related to what was happening with the housekeepers. Nurses began to notice that as these very hard-working people were spraying or buffing or polishing the floors and counter-tops, their eyes would burn, their coughing would begin and their headaches might even start. After some nurses developed asthma and several of their co-workers had experienced anaphylaxis, they begin to hunt for answers.

How could they learn more about these cleaning products? Nurses looked at the labels on the containers that the housekeepers used and learned the names of the products. (They also noticed that some containers did

not have any labels.) At annual safety training programs, they had learned that Material Safety Data Sheets (MSDS) contained information about health effects of chemicals used in the workplace. They hunted down the MSDS for the environmental cleaning chemicals. The nurses found the section about Hazards Identification and learned that many

area." Yet the areas where the products were being used had no windows. The air coming out of the vents in the walls did not seem to change when the housekeepers arrived with their spray containers and buffing machines. So this product was not being used according to the manufacturers directions.

MNA members called the Massachusetts

To receive the form for confidential asthma reporting for occupational disease and injury, contact Evie Bain at 781-830-5776 or ebain@mnarn.org, or download the form from the Department of Public Health web site at www.state.ma.us/dph/bhsre/ohsp/ohsp.htm

of the symptoms they were having were noted on the MSDS. They also went on the internet to learn more.

Nurses learned that a product frequently used in many hospitals to strip the wax from the floor could cause central nervous system effects of headache, dizziness and nausea and respiratory effects of coughing, wheezing and shortness of breath. The vapors and mists could produce symptoms of burning, tearing, redness and pain in their eyes. On a scale of 1 to 4 (4 being the most toxic), the product had a rating of 3. The MSDS said that the product should only be used "in a well ventilated

Department of Health, Occupational Safety and Health Program (OSHP) to see if there was information that would help them understand more about these chemicals. They learned the OSHP was studying Occupational Asthma as part of a grant from the National Institute for Occupational Safety and Health (NIOSH). The study was finding that environmental cleaning chemicals were a major cause of work related asthma in health care and other workers. Some of that information is presented here in the article Work-Related Asthma Cases - Massachusetts SENSOR 1993-2001.

Island hospital gets rid of antiseptic smell

By Robin Lord
Cape Cod Times

Martha's Vineyard Hospital has gone green.

Shortly before Christmas, the island's largest health-care facility dumped most of its toxic cleaning chemicals in favor of environmentally friendly products.

Hospital cleaners have gone from using about 15 cleaning products laced with chlorine, ammonia and other strong chemicals, to six nontoxic products.

Windemere Nursing and Rehabilitation Center in Oaks Bluffs, which is associated with the hospital, will make the change this month.

"If you think of all the hospitals in the world that should be pursuing the green agenda, it's this one," said Michael Dutton, chief development officer at the hospital. "We have Vineyard Haven Harbor on one side, the lagoon and the ocean on the other. It's sort of a natural for us."

Hospital board of directors chairman John Ferguson was the one who proposed the idea to hospital CEO Tim Walsh. Ferguson, who is CEO at Hackensack University Medical Center in Hackensack, N.J. made his facility — the sixth largest hospital in the country — the first in the nation to use environmentally friendly cleaning products in March 2001.

He was convinced of the value of a chemical-free hospital environment by Deirdre Imus, wife of radio personality Don Imus, who established the Deirdre Imus Environmental Center for Pediatric Oncology at the Hackensack Medical Center.

Her mission is to find ways to prevent environmental causes of cancer, particularly

in children.

Imus and staff members of her center visited Martha's Vineyard Hospital in November to discuss the possibility of changing the cleaning regimen. One month later, the switch had taken place.

"Cleaning products are among the most hazardous chemicals you will find in your home or office," said Imus during a telephone interview from her 4,000-acre all organic, vegetarian and eco-friendly New Mexico cattle ranch, which she and her husband established five years ago as a retreat for children with cancer.

"It doesn't make sense to expose sick kids to toxins."

Imus said she suggested the change at the Hackensack facility when she saw the irony of treating cancer patients in an environment that was circulating chemicals — from floor cleaners to laundry detergents. Ferguson jumped at the idea.

"Within five minutes, he said 'this makes so much sense, let's start today,'" she said.

Imus' Center provided cleaning products to the Oak Bluffs hospital. Most of the products they use are made by the Clean Environment Co. in Lincoln, Nebraska. They do not contain ammonia, chlorine or chlorine solvents, phosphates or manmade chemicals.

There are also no petroleum-based chemicals in the products, according to Imus.

The only chemical for which there is currently no substitution is a substance that kills tuberculosis germs.

So the hospital will continue to use a chemical solvent to kill germs that cause the lung disease until an environmentally-safe version is developed, Dutton said.

As MNA members learned more about these cleaning chemicals they wanted others to have this information. They worked with Health Care Without Harm to develop the Fact Sheet on Cleaning Chemicals (HCWH) that also accompanies this article. The fact sheet has been distributed locally and at several national meetings and can be obtained at the HCWH website www.noharm.org.

The issue of toxic environmental cleaning chemicals causing adverse health effects in healthcare and other workers, and probably patients, is far from being resolved. Yet every day now, more is being learned, more changes are taking place, and thanks to groups like the Deirdre Imus Foundation and the members of the MNA Congress on Health and Safety, the concern is taking a very positive turn and the need to eliminate toxic chemicals and replace them with products safer for health and the environment is being understood. ■

Some bouquets — and thanks

Sometimes it takes an outsider, someone with a keen eye for things that really matter, to put in perspective the motions and emotions nurses go through every day. The following is excerpted from the Cape Cod Times, Dec. 29, 2002. It is used with permission.

By Dan McCullough

With New Year's Eve coming the day after tomorrow, it's time for the annual awards for the past year, a long-standing tradition in this space at this time, and an opportunity for me to thank a few people.

This year the "Angels on Earth" Award goes to the nursing staffs of our two hospitals, Cape Cod Hospital and Falmouth Hospital. Who could begin to tally the good that you do in the course of a year? What measurement could a person take of your healing behavior, of your kind and gentle ministrations.

While the rest of us sleep unconcerned, you are walking the darkened hospital corridors, aware of the sick and sometimes sleepless patients in your care. A light goes on here and you jump to your feet, a machine beeps over there, and you are on your way to a patient's side, arriving in seconds.

Sometimes, however, there are no lights, no beeps, but you are nonetheless summoned to the aid of a patient by the silent signal of fear you see in a patient's eyes, the despair you sense in the slump of the shoulders, the loneliness you sense in the pronunciation of a syllable.

These are the signals you can read that make you a nurse, that make you the professional that you are. Anyone can be trained to answer a machine or a light. Only super-humans such as you can see pain, loneliness and anguish in the wordless body language of the ill.

Sharing the award with the hospital nurses will be the visiting nurses, hospice nurses, nurses in long-term care facilities, and home health care nurses and aides who work with so many other people in so many other venues. Each of you, in your work as a nurse, is at the very center of the essence of the human experience. How God must love you; how so very much God must love you. ■

— Cape Cod Times
Jan. 4, 2003

Reprinted with permission

Fact Sheet/Cleaning chemical use in hospitals

Chemical use in hospitals contributes to poor air quality and has been implicated in the increase of worker respiratory ailments such as asthma and Reactive Airway Dysfunction Syndrome (RADS). Exposure to and contact with cleaning chemicals can also cause eye, nose and throat irritation, skin rashes, headaches, dizziness, nausea and sensitization. According to the Massachusetts Department of Public Health (DPH), the most commonly reported occupational asthma-causing agent is poor indoor air quality.

Good air quality results in an environment where workers feel healthy and comfortable and as a result, are more productive. This decreases both costs and liabilities. Adequate ventilation in relation to environmental cleaning products and processes is a major factor in good air quality.¹ By carefully choosing environmentally sound cleaning chemicals, cleaning methods and cleaning equipment, U.S. businesses could realize a productivity gain of \$30 to \$150 billion annually and a 0.5% to 5% increase in worker performance.

According to the American Lung Association, asthma is the most prevalent occupational lung disease in developed countries.² Cleaning and disinfecting chemicals such as ammonia, chlorine, cleaning detergents, ethylene oxide, pesticides, and sodium hydroxide, are listed by the DPH as causing RADS.³ Nursing, teaching and office work are the occupations most likely to report problems with indoor air quality. DPH statistics from 1993-1998 note that nurses have the highest number of reported cases of work-related asthma, and indicate that health care is the industry with the most cases of work-related asthma. The most frequently reported exposures in health care were to latex, poor indoor air quality, and toxic cleaning products.⁴ Toxic cleaning chemicals contribute to poor indoor air quality and worker illnesses through a combination of the product selected and the processes utilized to apply the chemicals.

Product

Disinfectant chemicals

Disinfectants used in hospitals such as quaternary ammonium compounds, phe-

nols, and bleach are registered with the EPA as pesticides. These toxic chemicals are used for routine cleaning on every surface in the hospital environment. Health effects from long-term exposure to quaternary ammonium compounds include occupational asthma and hypersensitivity syndrome.^{5,6}

Floor stripping, polishing chemicals

Floor strippers contain chemicals that can seriously harm the user and may also affect the building occupants. Chemicals in these products include diethylene glycol ethyl ether, aliphatic petroleum distillates and nonylphenol ethoxylate, ethanolamine (a known sensitizer), butoxyethanol, and sodium hydroxide (lye).

Health care workers and others exposed to floor stripping and floor polishing chemicals experience headaches, eye irritation, dizziness, nausea, difficulty concentrating, fatigue, wheezing, coughing, asthma attacks, respiratory infections, hypersensitivity pneumonitis, and nose, throat and skin irritation. If exposure continues, irreversible lung damage and the formation of fibrous tissue (fibrosis) may occur making breathing more difficult.

Scented cleaning chemicals

The use of unscented cleaning chemicals is recommended to improve indoor air quality. The Archives of Environmental Health note that some humans exposed to fragrance products might experience some combination of eye, nose and/or throat irritation; respiratory difficulty; possibly broncho-constriction, or asthma-like reactions; and central nervous system reactions (e.g. dizziness, incoordination, confusion, fatigue).⁷

Process

Inadequate ventilation

Inadequate ventilation, reducing the frequency and volume of air exchanges, or climate controls designed to save energy, increases the concentration of chemicals in indoor air. Extensive and complex cleaning projects (floor stripping, burnishing, rug cleaning) are often carried out on the overnight shift in hospitals, when fewer people

Work-related asthma: Top 10 causing agents

The most commonly reported asthma-causing agent was "indoor air pollutants," which were cited most frequently by nurses, teachers and office workers with work-related asthma. Of the 65 cases reporting that their asthma was associated with exposure to cleaning materials, the second most frequently reported agent, 26 (40%) were employed as health care workers. Latex fell from the third most frequently reported asthma causing agent in the last SENSOR data summary (1993-1998) to the fifth, possibly reflecting a shift among glove users toward non-powdered or non-latex gloves.

Agent	No.	%
Indoor Air Pollutants**	88	20.5
Cleaning Materials	73	17.0
Mold	46	10.7
Dust	43	10.0
Latex	42	9.8
Chemicals, NOS	32	7.4
Smoke, NOS	23	5.3
Formaldehyde	20	4.7
Isocyanates	17	4.0
Solvents, NOS	17	4.0

NOS = Not otherwise specified

* Up to 3 agents were reported for each case.

** Includes cases who report "bad air," "indoor air pollutants," "poor ventilation," or "sick building syndrome." More specific agents associated with indoor air pollution, including dust and mold, are coded separately. Source: Massachusetts SENSOR, 1993-2001, n=430*

are around, but also when ventilation is reduced to save energy. Additions, newer hospitals or remodeled areas are often very tight buildings with little or no natural ventilation and may have windows that do not open to allow fresh air intake to dilute these chemicals. Ventilation and fresh air exchanges should be increased when these projects are carried out.

Mixing of chemicals

Cleaning chemicals are often purchased in concentrated solutions that require mixing and/or dilution by the employee who is responsible for application. It has been noted that when adverse health effects are suffered by workers, the concentration (or mixtures) of these products is often incorrect. This may indicate a problem with training, language skills or worker supervision.

When certain cleaning chemicals are mixed together synergistic effects may occur. This means that the interaction of two or more of these chemicals produces a health effect greater than that of the individual chemical alone. For example, if a quaternary ammonium compound is used in combination with a bleach cleaner, a toxic gas called chloramine forms and is released into the air.

Application methods

The use of spray bottles, aerosol cans, and mechanized equipment, such as floor burnishers, buffers, and carpet washers, increase the airborne concentration of cleaning chemicals

as particulate matter becomes aerosolized and suspends in the breathing zone of operators and building occupants. Spray bottles should be replaced with a pour and wipe application process. Floor burnishers and buffers should have an enclosed system with a filter (scrubber) to capture chemical vapors and particulate matter that is generated during the burnishing process. These changes will contribute to the reduction of the aerosol concentration of these cleaning chemicals and their by-products. These changes decrease air contamination and contribute to improved indoor air quality and the health and comfort of all the building inhabitants.

Resources

The following articles and guidelines will assist you in modifying the use and selection of cleaning chemicals for improved indoor air quality and a safer healthier work environment.

- A detailed report from INFORM, Inc. can be obtained by contacting Lara Sutherland via email at sutherland@informinc.org. This report is an in-depth look at the problems with cleaning chemicals and possible solutions.
- A list of environmentally preferable products, also noted as the best in class, The OSD Update, 99-31, can be obtained from the Massachusetts Operational Services Division, at One Ashburton Place, Room 1017, Boston, MA 02108. These products have been evaluated and accepted using a variety of environmental and health concerns as criteria.
- The Janitorial Pollution Prevention Project provides quick reference and worksheets on a variety of cleaning processes and materials focusing on safe and healthy work practices. Visit www.westp2net.org/Janitorial/jp4.htm

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Applying OSHA to Healthcare Settings. Newly trained MNA worksite representatives, trainers and MNA staff members during the program on Jan. 15. For additional dates of trainings check the listing in this issue under MNA continuing education courses. Seated, from left, Sandy LeBlanc, Newton Wellesley Hospital; Eugene Pelland, Quincy Medical Center; Janice Homer, trainer, New England Medical Center; Margaret O'Connell, Cape Cod Hospital; Carol Mallia, MNA staff; Kathryn Borenstein, Newton Wellesley. Standing, from left, Kathy Sperazza, trainer, member MNA Congress on Health and Safety; B. Elaine Mauger, MNA staff; Evie Bain, MNA staff; Katie Roycroft, Cape Cod Hospital; Janine Hickey, Merrimack Valley Hospital; Sharon Bouyer-Ferrullo, Brigham and Women's Hospital; Julie Skelton, Newton Wellesley; Eileen Boyle, Newton Wellesley.

Celebrate nursing excellence**Honor your peers with a nomination for 2003 MNA awards**

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

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

For detailed information on selection criteria and to receive a nomination packet, call Susan Clish, MNA Department of Nursing, 781-830-5723 or toll free, 800-882-2056, x723.

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

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

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

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

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

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

MNA Excellence in Nursing Practice Award: Recognizes a member who is a role model by contributing innovative,

progressive ideas which serve to improve and enhance clinical nursing practice, including precepting students or new staff nurses.

MNA Research Award: Recognizes a member or group of members who has conducted research in their practice or who have provided exemplary leadership to assist others in nursing research.

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

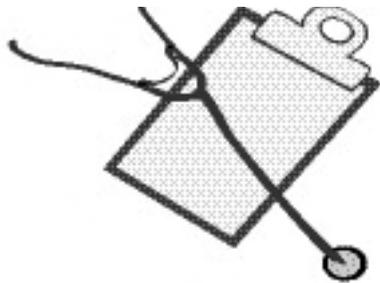
Frank M. Hynes Award: This award recognizes a deserving freshman state legislator or municipal official who has clearly demonstrated exceptional contributions to nursing and health care.

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

The nomination deadline is May 16, 2003. ■

MNA

MASSACHUSETTS NURSES ASSOCIATION

**Senior Nursing Students****The Real Nursing World:
Transition from Student to RN**

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

April 3, 2003 – 5:30 - 9:30 p.m.
Holiday Inn, Worcester

April 8, 2003 – 5:30 - 9:30 p.m.
Lombardo's Function Facility, Randolph

April 9, 2003 – 5:30 - 9:30 p.m.
Springfield Marriott, Springfield

This program is **free** to all senior nursing students and space will fill fast! You must pre-register for the program. For more information, contact Theresa Yannetty at the MNA, 800-882-2056, x727.

THE REAL NURSING WORLD – TRANSITION FROM STUDENT TO RN

April 3, 2003 – Holiday Inn, Worcester

April 8, 2003 – Lombardo's Function Facility, Randolph

April 9, 2003 – Springfield Marriott Hotel, Springfield

Name _____

Permanent Home Address _____

City _____ State _____ Zip _____

Home Telephone: () _____ Email _____

I am a senior nursing student at _____

My graduation date will be: _____ My degree will be: _____

*Return completed registration form by April 1 to: Massachusetts Nurses Association, Attn: Nursing Department, 340 Turnpike Street, Canton, MA 02021
To email your registration, include the information requested above and send to: tyannetty@mnarn.org*

MNA Member Benefits Save You Money

MNA's premier group benefits programs from affordable insurance to convenient credit help you get more out of your membership & your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. Savings are just a telephone call away.

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Managed care & comprehensive indemnity plans through Blue Cross/Blue Shield as well as other carriers.

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Leading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

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Provides income when you are unable to work due to an illness or injury.

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LOWELL
JAMES L. CONNEY INSURANCE AGENCY (978) 459-0505
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MURRAY & MACDONALD INSURANCE SERVICES..... (800) 800-8990
TURNERS FALLS
PARTRIDGE ZCHAU INSURANCE AGENCY..... (413) 863-4331
Save up to 18% for all household members. For a no obligation quote visit www.nursesinsurance.com

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KENNETH FRANSSON OR DAVE FRASER..... (800) 697-4371
45% to 50% on dental services when utilizing network dentists. 10% to 60% discount on eyewear through nationwide vision providers. Only \$7.95/month individual or \$8.95 family for MNA members.

DIGITAL PAGERS

INTERNET PAGING..... (800) 977-1997
Discount digital pager program.

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ALLIANCE SERVICES (888) 922-SAVE
4.9 cents/minute for long distance calls & 5% discount (vs. Verizon) on local service – 7 days a week, 24 hours a day! Prepaid discount international calling cards also available.

CELLULAR TELEPHONE SERVICE

CINGULAR WIRELESS..... (800) 894-5500
Lowest rate possible \$8.95/month plus \$.37/minute off peak with free nights (7:00 PM to 6:59 AM – an MNA exclusive) & free weekends.

JIFFY LUBE DISCOUNT

MNA MEMBERSHIP DEPARTMENT (800) 882-2056, x726
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

CONSUMER REFERRAL SERVICE

MASS BUYING POWER..... (781) 829-4900
A consumer referral service offering super savings on products & services. Visit their web site at www.massbuy.com (Password MBP)

DISCOUNT ELECTRONICS & APPLIANCES

HOME ENTERTAINMENT DISTRIBUTORS..... (800) 232-0872 OR (781) 828-4555
Home electronics & appliances available at discount prices for MNA members.

OIL NETWORK DISCOUNT

COMFORT CRAFTED OIL BUYING NETWORK (800) 649-7473
Lower your home heating oil costs by 10 – 15%.

DISCOUNT TAX PREPARATION SERVICE

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

Travel & Leisure

HERTZ CAR RENTAL DISCOUNT

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

DISCOUNT MOVIE PASSES

MNA MEMBERSHIP DEPARTMENT (800) 882-2056, x726
Purchase discount movie passes for Showcase/National Amusements, Hoyts & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

DISCOUNT HOTEL & TRAVEL PRIVILEGES

CHOICE HOTELS INTERNATIONAL (SOS PROGRAM)..... (800) 258-2847
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DISCOUNT TRAVEL PROGRAM TO FLORIDA, BAHAMAS & LAS VEGAS

EXECUTIVE TOUR & TRAVEL SERVICE..... (800) 272-4707 (RESERVATIONS)
(877) 406-4836 (ATTRACTION TICKETS)
4 day/3 night discount on "Getaway Vacations" to Florida, Bahamas & Las Vegas. Visit web site at www.exectourtravel.com. Mention MNA group number 15187.

UNIVERSAL STUDIOS THEME PARK FAN CLUB

MNA MEMBERSHIP DEPARTMENT (800) 882-2056, x726
Fan Club membership entitles you to discounts at Universal Studios Theme Parks, discounts on merchandise and on-site hotels

Your participation in these programs increases the Association's purchasing power allowing the MNA to add and improve benefit programs offered. For information regarding any of our discount programs, please contact the specific representative listed. or call Chris Stetkiewicz in the MNA membership department, (800) 882-2056, x726.



MASSACHUSETTS NURSES ASSOCIATION

For more information, call the Massachusetts Nurses Association at 1-800-882-2056, x726.

MNA nominations & election policies & procedures

1. Nomination process and notification of nominees

- A. All candidates for office, submitting papers to the Nominations & Elections Committee, shall be notified in writing upon receipt of materials by the MNA staff person assigned to the Nominations & Elections committee. The letter of acknowledgement will identify the office sought. All notifications will be sent by MNA no later than June 5 of each year. If no acknowledgment has been received by that date, it is the nominees' responsibility to contact MNA regarding the status of their nomination.
- B. All candidates must be an MNA member or Labor Program member in good standing at the time of nomination and election.
- C. A statement from each candidate, if provided, will be printed in the *Massachusetts Nurse*. Such statements should be limited to no more than 250 words for the office of president and vice president and 150 words for all other positions.

2. Publication of ballot

- A. Preliminary Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the *Massachusetts Nurse*. The order names are listed on the ballot is determined by random selection.
- B. Final Ballot: All candidates who are members in good standing. Shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee by the deadline date established by the committee and communicated in the *Massachusetts Nurse*.
The order names are listed on the ballot is determined by random selection by the Nominations & Elections Committee or their designee.
All candidates will receive a draft copy of the Final Ballot prior to the Election Mailing for verification purposes. Confirmation/request for corrections to the ballot should be made in writing to the Nominations & Elections Committee or their designee postmarked within 7 days of receipt of the draft ballot. For uncontested positions the Nominations & Elections Committee may solicit candidates, accept late applications, and add to the ballot after the final ballot deadline with approval of the majority of members of the Nominations & Elections Committee present and voting.
- C. Ballot information: All inquiries related to deadlines, status, policies, eligibility to vote and receipt of ballots are to be addressed to the staff person to the Nominations & Elections Committee or a designee.

3. Publication of policies/procedures/campaign practice

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

4. Campaign Practices

- A. All candidates shall have access to the following: membership lists/labels; structural unit rosters; bargaining unit rosters; and MNA on site mailboxes. Candidates may also have access to campaign space in the *Massachusetts Nurse* and may request time on structural unit and bargaining unit agendas. The following conditions must be met
1. Request for labels/lists/rosters* must be in writing and signed by the candidates. All requests will be honored provided they comply with the MNA information/label request policies.
 2. Requests from the candidate for time on structural unit or bargaining unit agendas must be in writing and directed to the appropriate chair. The staff person for the group must also be notified of the request. All candidates for a specific office must be provided with equal access and time.
 3. Structural units and bargaining units may invite candidates to speak at a meeting. All requests must be in writing with a cc to staff. All candidates for a specific office must be provided with equal access and time.
 4. All costs for labels/space in the *Massachusetts Nurse*, and mailing shall be the responsibility of the candidates. Labels will be provided at cost. Ad space in the *Massachusetts Nurse* will be at a specific advertising rate.
 5. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.
 6. All campaign mailings utilizing MNA membership labels shall be sent through a mailing house designated by the MNA. Mailing utilizing rosters may be done directly by the candidates.
 7. The membership list shall be available for review/inspection, by appointment with the Membership Department. Lists or records must remain on the premises.
- B. All candidates must follow acceptable practices in the acceptance of goods, services and contributions. This includes
1. Employers shall not provide money, supplies, refreshments or publication of and "endorsement" on behalf of a candidate.
 2. Candidates may not use MNA, District or employer stationery to promote their candidacy.
 3. Candidates may not use postage paid for by MNA, District or an employer to mail literature to promote their candidacy.
 4. Neither MNA, its structural units or bargaining units may use dues money for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all candidates for a particular office are invited and no candidate is shown

preference over another.

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

5. Ballot/voting instructions

- A. Ballot will be mailed at least 15 days prior to the date which it must be mailed back (postmarked).
- B. Complete area (as per instructions on form) next to the name of the candidate of your choice. You may vote for any candidate from any district.
- C. Do not mark the ballot outside of the identified area.
- D. Write-in votes shall not be considered valid and will not be counted.
- E. Enclose the correct and completed voting ballot in an envelope (marked Ballot Return Envelope), which does not identify the voter in anyway, in order to assure secret ballot voting. **ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE.**
All mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed, to assure that a ballot can in no way be identified with an individual voter. (At the discretion of the Nominations & Elections Committee, mailing envelopes containing the voter's name and address may be checked off on a master membership list. This process may be of the total membership list, or randomly selected envelopes.)
If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to: MNA Secretary, c/o Contracted Election Administrator (address)
In the upper left-hand corner of this envelope you must:
 - a. Block print your name
 - b. Sign your name (Signature required)

c. Write your address & zip

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

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

[See Page 9 for this year's election deadlines]

6. Observation

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

7. Candidate notification

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

8. Storage of election materials

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

See *Election policies*, Next Page

...Election policies

From Page 16

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

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

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

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

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

*On-Site Mailboxes — areas at the MNA provided for communicating with structural units and bargaining units.

Approved by Board of Directors: 5/16/02

Revised by Board Policy Committee 11/21/02

Approved by Board of Directors 12/19/02 ■

9. Post Election Press Release

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

MNA membership dues deductibility 2002

Below is a table showing the amount and percentage of MNA dues that may **not** be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

District	Amount	Percent
District 1	\$15.33	4.5%
District 2/3	\$15.33	4.7%
District 4	\$15.33	4.5%
District 5	\$15.33	4.4%
State Chapter	\$18.01	4.8%

Benefits Corner



MNA members save 20% at Tax Man

Members take 20 percent off the cost of professional tax preparation services provided by Tax Man Inc. at any of their 23 offices statewide (call 800-7-TAXMAN or visit their website www.taxman.com for a complete list of office locations and telephone numbers).

Tax preparation fees are based on the complexity of your tax return and the forms

needed to file your tax return accurately, so you'll never pay more than what your unique tax situation calls for.

Tax Man also offers 100 percent satisfaction guarantee on all tax services. To receive your 20 percent discount, present a valid MNA membership card at the time of service and enjoy stress-free tax preparation this year! ■

Reserve early – Space is limited to 48 people per trip!

MNA is sponsoring

2 exciting group trips to Europe in 2003



May 26 - June 4 – Germany and Austria \$1,569*

This 10 day/ 8 night grand tour of the Tyrolean region will feature 6 nights in Austria and 2 nights in Germany. Trip includes tours of Innsbruck, Salzburg, Rothenberg, Munich, Rattenberg, Wattens and Vipitino. Air, transfers, hotel, breakfast and dinner daily as well as full sightseeing tours are included. Don't miss this grand tour of the picturesque Tyrolean Region.



October 21 - 29 – Montecatini Spa located in Tuscany Province, Italy \$1469*

This all-inclusive trip to the Tuscany region of Italy includes tours to Florence, Venice, Pisa, Siena, San Gimignano while staying in the world famous spa city of Montecatini. Air, transfers, hotel, all meals as well as full sightseeing tours are included. Offered as an all-inclusive trip, this package is a great value.

*Prices listed are per person, double occupancy based on check or cash purchase. Applicable departure taxes are not included in the listed prices above.

To receive more information and a flyer on these European vacations, please contact Carol Mallia, RN, MSN, 781-830-5755 or email at cmallia@mnarn.org

2003 MNF Golf Tournament

To Benefit Nursing Scholarships & Research

Join us for a festive time

Brookmeadow Country Club, Canton

Thursday, June 26

8 a.m. Shotgun Start

- **Low Gross Prizes!**
- **Hole-in-One Contest!**
- **Putting Event!**
- **Raffle & Prizes!**



Tournament Schedule:

Continental Breakfast	7 a.m.
Shotgun Start	8 a.m.
Lunch & Raffle	Noon
Putting Event	3 p.m.

Yes, I want to join the fun at the MNF Golf Tournament!

Please reserve:

- Tickets at \$99 each (*greens fee, golf cart, breakfast & lunch*)
- Tickets at \$35 each (*lunch only*)
- I cannot attend, but please accept by donation of \$ _____

Name _____

Daytime Phone _____

Address _____

City _____ State _____ Zip _____

- I am not in a foursome, please select partners for me.
- Here are the names of the other members of my foursome:

1. _____

2. _____

3. _____

4. _____

Return this completed form with payment. *Please make checks payable to MNF.* Send to Massachusetts Nurses Foundation, 340 Turnpike St., Canton, MA 02021 800.882.2056, x745

MNA CONTINUING EDUCATION COURSES

Your source for career training and advancement

Oncology Series for Nurses

Description



A three-part series designed for nurses to increase their knowledge in oncology nursing. The content of Session 1 of the series will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing, treatment strategies and safe handling of neoplastic agents. Session 2 will discuss chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies. Session 3 will include pain and symptom management, palliative care and an overview of Hospice care.

Speaker Marylou Gregory-Lee MSN, RNCS, OCN, Adult Nurse Practitioner

Dates Thursday, March 6, 13 & 20 (Snow date: March 27)

Time 5:30- 9:00 p.m.

Place MNA Headquarters, Canton

Fee Series: MNA members, \$175; all others, \$255

Each session: MNA members, \$65; all others, \$95

Contact hours* 3.6 per program. Total for series: 10.8

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

Applying OSHA to Healthcare Settings

Description



Provided by a grant from the Massachusetts Department of Industrial Accidents, this program teaches OSHA standards and the protections that they provide for the health and safety of workers in "general industry," which also apply to protect workers, including nurses, in healthcare settings. The goal of the grant is to train one or more members from each MNA local bargaining unit as a "Worksite Health and Safety Representative."

Speakers MNA staff members Evie Bain and B. Elaine Mauger. Trainers Catherine Dicker, Joanne Whynot-Butler, Rosemary Connors, Patty Healey, Marcia Robertson, Janice Homer, Kathleen Opanasets, Rosemary O'Brien, Nancy Mucciaccio, Elizabeth O'Connor, Nancy Adrian and Kathleen Sperrazza.

Time 9:00 a.m. – 1:00 p.m.

Dates & Places March 12, District 3, Best Western Hotel of Cape Cod, Bourne.

April 9, Unit 7, following State Council meeting at Indian Meadows, Marlboro

May 14, District 2, Best Western Hotel (Royal Plaza Hotel & Trade Center), Marlboro

May 21, MNA Headquarters, Canton

June 18, District 1, District 1 Office, Northampton

Fee Free to MNA members

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

Mechanical Ventilation

Description

This course will provide an overview of mechanical ventilation types, modes and therapies. Course will also discuss the nursing management of a patient on mechanical ventilation.

Speaker Carol Mallia, RN, MSN

Date Tuesday, March 25

Time 5:00 – 9:00 p.m.

Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 4.5

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

The District 1 Education Committee Presents

Interpreting Lab Values

Description

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

Speaker Carol Mallia, RN, MSN

Date Thursday, May 8

Place Berkshire Community College, Pittsfield

Time 4:00 -9:00 p.m.

Fee Student/Retiree \$10, Member \$15, Non-Member \$20

Contact hours* 4.1

Registration deadline: April 24, (no refunds after that date)

Make check payable to: District One, MNA, 243 King St., Northampton, MA 01060

The Real Nursing World: Transition from Student to RN

Description



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

Speaker Carol Mallia RN, MSN, facilitator

Date Thursday, April 3

Time 5:30 – 9:30 p.m.

Place Holiday Inn, Worcester

Date Tuesday, April 8

Time 5:30 – 9:30 p.m.

Place Lombardo's Function Facility, Randolph

Date Wednesday, April 9

Time 5:30 – 9:30 p.m.

Place Springfield Marriott Hotel, Springfield

Fee Free to senior nursing students and faculty

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

Diabetes 2003: What Nurses Need to Know

Description



Session 1: This session will discuss the pathophysiology and classification of Diabetes Type 1 and 2. The nursing implications of blood glucose monitoring will be discussed. Non-pharmacological interventions such as exercise and meal planning will be explained. The program will conclude with a discussion of oral pharmacological agents.

Session 2: This session is designed to provide the nurse with a comprehensive update on insulin therapy. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.

Speaker Ann Miller, MS, RN, CS, CDE,

Dates **Session 1:** Thursday, April 3

Session 2: Thursday, April 10

Time 5:30 – 9:00 p.m.

Place MNA Headquarters, Canton

Fee MNA members, \$65 all others, \$95 (Each session)

Contact hours* 3.6 each session

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

Verbal Self Defense for Nurses

Description

This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies are discussed. The program will conclude with an interactive discussion of case scenarios related to conflict management.

Speaker Joe-Ann Fergus RN, BSN

Date Tuesday, April 15

Time 6:00 – 9:00 p.m.

Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 3.3

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

Nursing Management of Central Lines

Description



This program describes the multiple venous access devices used in central line therapy. Indications for tunneled vs. non-tunneled lines and potential complications will be discussed. The nursing management and legal aspects in managing the care of these devices will be described in detail.

Speakers Mary Walsh RN, BS, CRNI, Infusion Therapy Specialist
Marilyn Bernard RN, CRNI, Infusion Therapy Specialist

Date Thursday, April 24

Time 5:30 – 8:30 p.m.

Place MNA Headquarters, Canton

Fee MNA members, \$65 all others, \$95

Contact hours* 3.0

Special notes Program limited to 20 participants.

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

Advanced Cardiac Life Support

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



Speakers Carol Mallia, RN, MSN, and other instructors for the clinical sessions
Dates Tuesday, April 29 & May 6 (certification); May 6 (recertification)
Time 9:00 a.m. – 5:00 p.m.
Place MNA Headquarters, Canton
Fee Certification: MNA members, \$155; all others, \$195. Recertification: MNA members, \$125; all others, \$165
Contact hours* 16 for certification program. None for recertification.
Special notes Light lunch provided. Enrollment limited to 48 participants.
MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Emergency Medical Response to Hazardous Materials and Acts of Terrorism

Description The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, the decontamination procedures and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers and nursing interventions for patient care will be identified.



Speakers Anthony Fucaloro, EMT
 Capt. Lawrence P. Ferazani
 Evie Bain, RN, MEd, COHN-S
Dates **Two separate sessions:** Wednesday, May 7 or Tuesday, June 3
Time 9:00 a.m. – 5:00 p.m.
Place MNA Headquarters, Canton
Fee MNA members, \$45; all others, \$65
Contact hours* 6.9
Special notes Lunch provided. Class limited to 25.
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Advanced Dysrhythmia Interpretation

Description This course is designed for nurses who have had a basic course in monitoring patients for cardiac rhythm disturbances and wish to enhance that knowledge base with more complex monitoring of advance dysrhythmias. The course will describe the EKG changes related to ischemia, injury, and infarct. The EKG abnormalities associated with toxic drug levels and electrolyte imbalances will also be described. The course will conclude with an overview of pacemakers and common pacemaker rhythm disturbances.



Speaker Carol Mallia RN, MSN
Dates Tuesday, May 13
Time 5:00- 9:00 p.m.
Place MNA Headquarters, Canton
Fee MNA members, \$45; all others, \$65
Special notes Enrollment limited to 40 participants.
Contact hours* 3.2
MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Peripheral I.V. Therapy Program

Description This program introduces the RN to the theory of peripheral venipuncture. It includes anatomy and physiology of the peripheral circulatory system, fluid and electrolyte imbalance, infection control and legal issues of the practice of venipuncture. Classroom instruction will include procedural demonstration and return demonstration on I.V. arms. **Clinical experience will not be provided.**



Speakers Mary Walsh RN, BSN, CRNI, Infusion Therapy Specialist
 Marilyn Bernard RN, CRNI, Infusion Therapy Specialist
Date Thursday, May 15
Time 5:00 – 8:30 p.m.
Place MNA Headquarters, Canton
Fee MNA members, \$65; all others, \$95
Special notes Certificate of attendance will be awarded
MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Wound Care — Dressing for Success

Description This program will provide a comprehensive overview of the factors affecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. New dimensions of wound care, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closure devices will also be discussed.



Speaker Carol Mallia RN, MSN, CWOCN
Date Thursday, June 5
Time 5:00 – 9:00 p.m.
Place MNA Headquarters, Canton
Fee MNA members, \$45; all others, \$65
Contact hours* 4.5
MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Managing Cardiac & Respiratory Emergencies

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



Speaker Carol Mallia RN, MSN
Date Tuesday, June 10
Time 5:00 – 9:00 p.m.
Place MNA Headquarters, Canton
Fee MNA members, \$45; all others, \$65
Contact hours* 4.0
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Interpreting Laboratory Values

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



Speaker Carol Mallia RN, MSN
Date Monday, June 16
Time 5:00 – 9:00 p.m.
Place MNA Headquarters, Canton
Fee MNA members, \$45; all others, \$65
Contact hours* 4.1
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Acute Care Nursing: 3-Program Series: The three offerings of Wound Care — Dressing for Success, Managing Cardiac & Respiratory Emergencies and Interpreting Laboratory Values have been grouped for a reduced package price. **Register for all three and save \$20.**

IMPORTANT INFORMATION FOR ALL COURSES

- Registration** Registration will be processed on a space available basis. Enrollment is limited for all courses.
- Payment** Payment may be made with MasterCard or Visa by calling MNA or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021
- Refunds** Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.
- Program Cancellation** MNA reserves the right to cancel programs when registration is insufficient.
- *Contact Hours** Continuing Education Contact Hours are provided for all programs except Advanced Cardiac Life Support by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for Advanced Cardiac Life Support is provided by the Rhode Island State Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
To successfully complete a program and receive contact hours, you must: 1. Sign in. 2. Be present for the entire time period of the session. 3. Complete the evaluation.
- Chemical Sensitivity** Scents may trigger responses in those with chemical sensitivity. Please avoid wearing scented personal products and refrain from smoking when you attend MNA continuing education programs.

Smallpox vaccination plan status report

Last month's *Massachusetts Nurse* featured a special section concerning MNA's analysis and position statement concerning the state Department of Public Health's Pre-event Smallpox Vaccination Plan for health care workers. To view this information, visit the MNA web site at www.massnurses.org.

The MNA has taken the position that it cannot encourage its members to participate in the program until a variety of issues are addressed in the plan. Specifically, the MNA believes there should be furloughing of employees who are vaccinated to prevent exposure of the live vaccine virus to patients susceptible to severe complications; compensation for workers who suffer side effects from the vaccine, liability protections for workers who may expose a patient or co-worker, and a comprehensive education program to ensure the health care workforce and the public understand the plan, smallpox in general, and the risks of the plan.

Before releasing its position statement, the MNA called the DPH to discuss the issues. The MNA Smallpox Task Force continues to track this issue and as events change and issues are addressed, the MNA will re-evaluate its position and issue additional information for MNA members. Check the MNA web site for updates on these issues.

Since releasing its position, the MNA has garnered significant media attention for its stance, resulting in numerous print, radio and television interviews with MNA leaders and staff. *The Boston Globe* has published two editorials that support the MNA's position on the issue, specifically endorsing the need to furlough nurses to prevent unnecessary exposure to vulnerable patient populations. In a debate between MNA President Karen Higgins and Alfred DeMaria, director of the DPH smallpox vaccination effort on New England Cable News, DeMaria praised the MNA for "doing exactly what it should be doing to inform its members on this issue. Their concerns deserve to be addressed."

MNA is not alone in raising concerns

The MNA has not been alone in its opposition to the plan. Shortly after the MNA announced its position, similar positions were announced by the Maine State Nurses Association, Rhode Island State Nurses Association, California Nurses Association, Texas Nurses Association and the American Nurses Association. More than 350 hospitals nationwide have decided to opt out of the plan because of safety, compensation and liability concerns and hundreds more are undecided.

A panel of experts created by the prestigious Institute of Medicine (IOM) called for better screening, a system for covering lost wages and medical expenses for people who have adverse effects from the vaccine and an independent, non-political voice for the program. The American Public Health Association has recommended additional protections to assure safe and effective implementation of the vaccine.

Cooley Dickinson Hospital in Northampton has refused to participate in the program because of the danger it may present to patient populations, and three other Boston area hospitals – Massachusetts General Hospital, Beth Israel Deaconess Hospital and Children's Hospital – were reported in *The Boston Globe* to have serious reservations about

the program.

In February, DPH-employed physicians, nurses and staff were the first in the state to receive the vaccine. As the *Massachusetts Nurse* went to press, very few additional health care workers had been vaccinated. The *Washington Post* ran a major feature story that pointed out that the program had stalled nationally as a result of the concerns raised by organizations like the MNA and by reluctant health care workers concerned about the issues left unresolved.

Initial complications reported

As of early March, the Centers for Disease Control had reported that two dozen people have reported complications associated with the vaccine, though none has been life-threatening:

- A 39-year-old Florida nurse, after complaining of headaches and malaise, developed a severe rash called "generalized vaccinia" that is a known side effect of the inoculation. Although additional testing is being done, health officials expressed confidence that the pustules on her chest and back were caused by the live virus vaccine. She was treated with antihistamines, and doctors do not expect her to have permanent scarring, said Eric Mast, an immunization specialist at the CDC.
- Two other Florida cases involved symptoms not typically associated with smallpox vaccination — angina, or severe chest pain, and gallbladder inflammation. Both patients were treated at local hospitals and are in good condition, officials said.
- Health officials have expected a small number of complications associated with the inoculations. In the past, between 14 and 52 of every 1 million people immunized suffered life-threatening side effects such as encephalitis. More common reactions include fever, itching, lethargy and headache.
- As of Feb. 21, 7,354 people had been immunized in the voluntary program, designed to vaccinate 500,000 health care workers who would respond to

an initial outbreak and open mass vaccination clinics.

- More than 108,000 military personnel have been inoculated in the past six weeks, with six serious complications reported, according to the most recent data available from the Pentagon. They included two cases of encephalitis, two serious rashes, one case of myocarditis (inflammation of the heart) and an eye infection.

National legislation filed

In response to the broad based outcry of concerns about the smallpox plan, and as the program continues to stall, Congress has acted to try and pass legislation to address these concerns. Rep. Henry Waxman (D-Calif.) recently introduced H.R.865 (<http://thomas.loc.gov>). It is a bill to protect and compensate workers and others injured by the smallpox vaccination. It has been sent to the Health Subcommittees of the Energy & Commerce and the Education & Workforce Committees. Massachusetts Congressman Ed Markey has signed onto the bill as a sponsor. Highlights of the legislation include:

- Establishes a no-fault compensation program for those injured by the smallpox vaccine modeled on the program for children injured by routine immunizations;
- Provides grants to states to pay for their vaccination programs, including education and testing for medical conditions that are risk factors for severe reactions;
- Provides states full funding to pay for the immediate medical care of any health care worker or first responder injured by the vaccine, or anyone injured by coming into contact with someone who has been recently vaccinated;
- Prohibits discrimination against any worker who refuses to be vaccinated;
- Permits up to four days of paid leave for health care workers who experience transient but significant local reactions. Employers can obtain reimbursement for this expense from the compensation

program.

MNA smallpox conference draws 100

In an effort to increase education among nurses and other health care workers about smallpox, the MNA hosted a conference, Smallpox 2003: What Nurses and Others Must Know, at the Best Western Hotel and Conference Center in Marlboro on Feb. 25. More than 100 nurses and allied professionals attended the event, where they learned to distinguish the signs and symptoms of smallpox from many other infectious diseases, particularly chicken pox, impetigo and disseminated herpes zoster as well as other types of other skin lesions. Participants received a packet of information from the DPH that included the most recent publications on smallpox from the CDC in Atlanta.

Those who could not attend the conference can obtain much of the same information and materials online at www.cdc.gov/smallpox. Part of this web information site, entitled, Most Frequently Asked Questions, is particularly helpful.

Susan Lett, MD, Massachusetts DPH director of immunization, presented on the history, epidemiology and treatment of the disease. During the entire day, Dr. Lett answered questions from a very interested and inquisitive audience.

Donna Lazorik RN, MS, coordinator of adult immunization at the DPH, described the Massachusetts Pre-event (before a case of smallpox appears) Vaccination Plan. Ms. Lazorik noted that the volunteer vaccination program has been developed with a component to screen out those who should not participate due to personal or family risk factors.

A panel consisting of Karen Higgins, president of MNA, Evie Bain, MNA coordinator of health and safety, Mike Aires, of the International Association of Firefighters and Nancy Lessin, coordinator of health and safety for the Massachusetts AFL/CIO, addressed concerns that adverse effects of the vaccine and the risks to volunteers and patients have not been adequately addressed by either the CDC or the federal government. ■

Want Safe Staffing? Then come to a legislative briefing

The MNA Department of Legislation & Government Affairs, the Congress on Health Policy and Legislation and MNA members from across the state are working together to set up legislative briefings across the state. These briefings, entitled "A Public Health Crisis: Recruitment and Retention in Nursing — Its Impact on Patient Care," are designed as a forum for MNA members and our supporters to meet with local legislators and inform them of the critical staffing issues that nurses face in health care facilities everyday and to help us win their support for our safe staffing bill.

Below is a listing of briefings that have been organized with the legislators who sit on the Health Care Committee. These are the very legislators who will determine the future of the MNA sponsored Safe Staffing Legislation. They need to hear from their RN constituents what is happening on the frontlines of health care — come

share your story! If you live in the towns represented by the legislators and want to participate, Please RSVP to 781-830-5725 or mcampbell@mnarn.org

April

Rep. Kathleen Teahan

(Abington, East Bridgewater and Whitman)

Friday, April 4
9 a.m.

Emmy's Deli, Rt. 123

Rep. Patricia Haddad

(Dighton, Somerset, Swansea and Taunton)

Friday, April 4
9:30 a.m.

Somerset Town Hall

Rep. Robert Coughlin

(Dedham, Walpole and Westwood)

Tuesday, April 8
5 p.m.

District Office, 369 Washington St.,
Dedham

Rep. Colleen Garry

(Dracut and Tyngsborough)

Thursday, April 10
11 a.m.

District Office, 1105 Lakeview Ave,
Dracut

Rep. Thomas Golden

(Chelmsford and Lowell)

Friday, April 11
9 a.m.

Location: TBD

To RSVP or for more information, call 781-830-5725. If you would like to host a briefing in your area, please call 781-830-5713. ■