

# the Massachusetts *nurse*



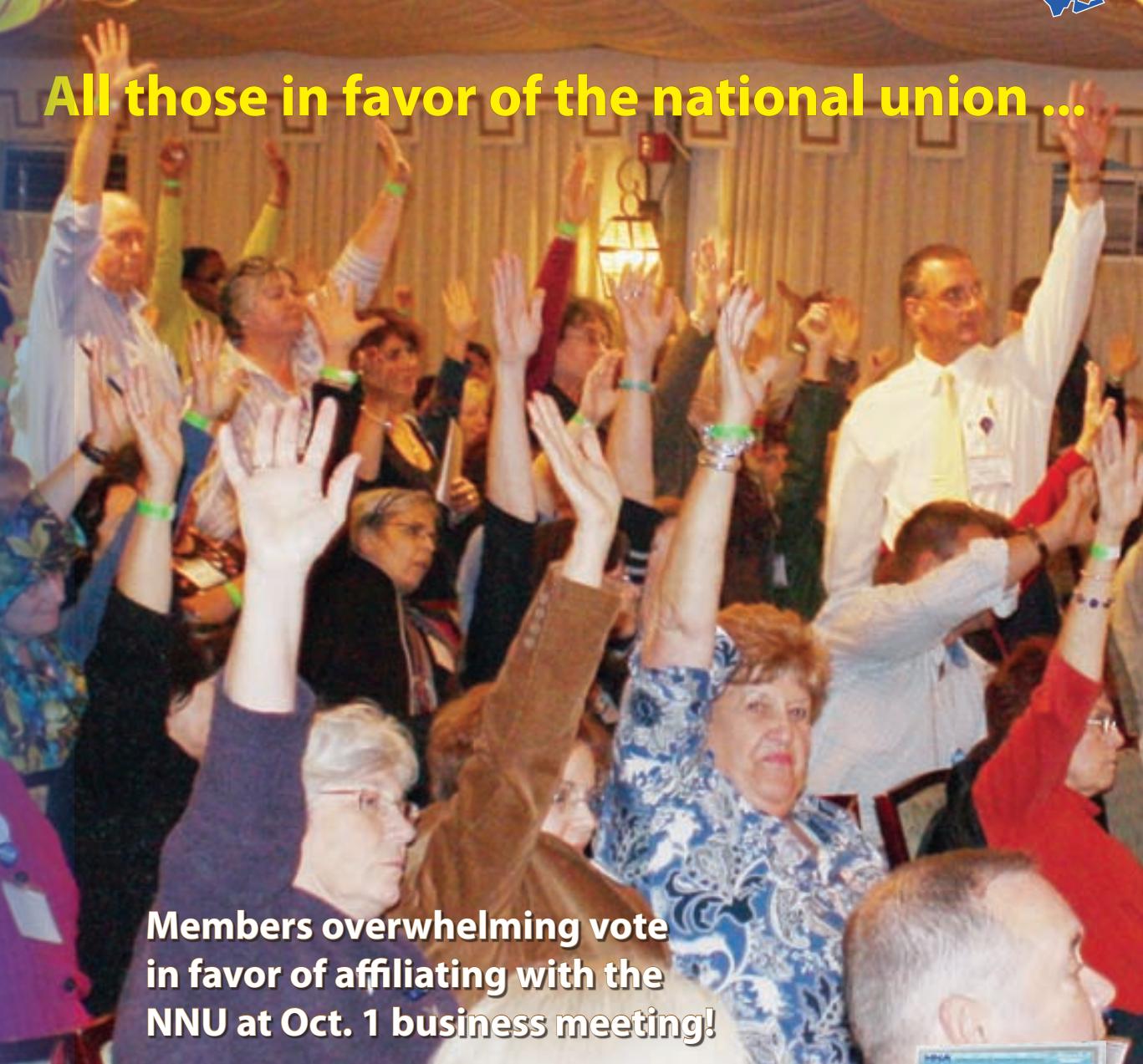
THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

■ VOL. 80 NO. 9



ADVOCATE

All those in favor of the national union ...



Members overwhelming vote  
in favor of affiliating with the  
NNU at Oct. 1 business meeting!

October 2009

**MNA**<sup>SM</sup>  
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**Medicare for All:** When it comes to universal health care, MNA members wear their hearts on their sleeves . . . or perhaps a better way to say it is "on their jackets." These MNA bumper stickers showed up in all sorts of creative places after they were mailed as part of the July/August newsletter. But no matter where they were affixed, the message was clear: NOW is the time for Medicare for all.

## Health Care for All: It is an MNA goal, it is part of who we are

By, Sandy Eaton, RN

The MNA Bylaws gives our philosophy and purpose as an organization. Consider these pertinent passages . . .

### Philosophy:

The MNA, a multipurpose organization for professional nurses, believes that:

- Nursing is a humanistic, socially essential service which is goal directed to quality health care for all people and is committed to the development of high standards in education and practice.
- In order to influence health care delivery and new dimensions in health care practices, the professional organization focuses on opportunities for participation in professional activities, fostering professional growth, promoting and practicing the economic and general welfare of nurses through collective bargaining, collective action and involvement in the political process.
- The organization is committed to promoting availability of health services for all people and accepts the responsibility to function as a consumer advocate in health.

From Article I, Section 3: The purpose of the MNA, unrestricted by consideration of nationality, race, creed, religion, lifestyle, color, sex, handicap, or age, shall be to . . . work for the improvement and availability of health care services for all people.

At this historic juncture, we realize that we are committed, RNs and allied health professionals alike, to fighting for quality, affordable health care for all, whether they serve coffee at Dunkin Donuts or provide critical nursing care in a tertiary facility. With our philosophy in mind, our members have affirmed and reaffirmed our resolve to achieve enforceable staffing standards in our facilities and health care as a right of all who reside here. We advocate for our patients, individually and socially, using every means at our disposal. ■

## the Massachusetts nurse

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

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**MNA**  
MASSACHUSETTS NURSES ASSOCIATION



## Standing at the crossroads of change

*Julie Pinkham addressed members at the annual business meeting on Oct. 1. These are her remarks.*

**W**e are at the cross roads. The tsunami of change: No bargaining unit too large to withstand it or too small to avoid it.

Not since deregulation of health care in Massachusetts in the 90s—where nearly every hospital merged, affiliated or closed and MNA renegotiated literally every single contract—have I felt the monumental nature of the coming onslaught. Like then, we will once again see the question raised on the relative value of nurses. Couldn't our work be reduced to simple tasks and be farmed out to unlicensed personnel?

As the single largest professional occupation in health care—with a high degree of public trust and a moral obligation under your license to put your patient before your job, make no mistake as a patient advocate—you are an obstacle in the intent of the health care industry to deliver care in the manner they see fit.

Whatever last vestige of the human component of health care there was and the respect of hospital administration to the unique patient-nurse relationship—those days are gone. It is business pure and simple and you are in the way of doing business.

The safe staffing legislation was never

about patient care for the industry. It was—and is—about control. The fear of its passage is the fear of the Legislature codifying your existence at a time when, “alternative models of patient care” seem so

much more inviting. As the discussion of health care takes the national stage, the tsunami gains its size awaiting a release across the country.

In 1995 I sat before a group of staff nurses for the MNA Cabinet of Labor applying to be the director of labor as they grappled with a sense of impending and dramatic change in this state. With them, we fought our way through deregulation and pushed back the second wave of an attempt to substitute nurses with unlicensed personnel. In 2000, I sat before a group of nurses of the Board of Directors and having narrowly lost the first bylaw vote for disaffiliation, again together, they took a leap of faith, hiring me as the executive director and bringing together the cabinet for labor and the board—putting staff nurses in control of the MNA. No longer would the tail wag the dog.



Julie Pinkham

With the Board immediately reaffirming its desire to disaffiliate from the management-dominated ANA, together under siege and threat of lawsuits, we scheduled and moved the disaffiliation vote within 90 days and then set upon the rebuilding this organization to the MNA it is today. Now I stand with them as we move the next major initiative—as we build a movement to withstand the next industry wave, again with its intent to assault the RN scope of practice to fracture the patient-nurse relationship and lessen the standards of care and standards of working conditions.

As before, MNA leaders have embraced change, not without its controversy, but with its driven goal to move the agenda of front-line nurses. Today history will be written and you will be the architects of that history. Will the nurses of this country have a powerful front-line RN-led union to speak with the same force and conviction that you have spoken with locally? Will the patients we advocate for have the benefit of that long-awaited voice, the one they trust—the one that the industry fears on the national stage? I say yes. Let us move the legacy of a progressive RN movement forward. Nurses across the country are waiting for you to lead. Let's not keep them waiting.

As always, thank you for the pleasure of working with all of you and with the dedicated staff of the MNA. ■

## Looking back at four meaningful years as MNA president

*MNA President Beth Piknick addressed members at the annual business meeting at this month's convention in Brewster. These are her remarks.*

Good afternoon fellow nurses. This will be my last opportunity to address you as the president of the Massachusetts Nurses Association, an organization that has been a central part of my life for more than three decades. Let me start by saying, I have never been prouder to be a member of this organization. The last four years as your president have been the highlight of my career as a nurse, and a humbling experience for me as a woman, who has had the awesome privilege and responsibility of speaking for and representing what I believe to be the most powerful collection of nurses in this country. Please, give yourselves a round of applause.

While I usually use this time to review all of the good works of the MNA and the Board over the past year, I will leave you to read

my report and the other reports contained in the MNA Annual Report to survey all the activities and accomplishments of the past year.

With the brief time I have, and it will be brief, I wanted to take this opportunity to discuss the board's work on the key goal that was achieved in the past year, which was a directive given to us by you the membership at last year's convention. At that time you cast a unanimous vote to obligate the board to seek out other like-minded organizations and to participate as architects of a new national nurses union by and for direct care nurses, and to bring that issue back to the membership for a vote.



Beth Piknick

It was a tall order, with limited time to achieve it. But we are here today to cast the vote you asked for, on the issue you wanted to vote on—the creation of National Nurses United, what will be the largest and most powerful union of nurses in the history of the United States.

While for some in this room this may seem to be a rushed process; for those of us who have been with the organization for a long time, this was too long in coming. And now that it is here, it represents the fulfillment of an organizational promise to our membership. That promise was made at the end of the historic vote to rid ourselves of the management-dominated ANA back in 2001 when you, the membership, unanimously endorsed the call for the formation of a new national union.

So here we are. This is our chance to realize the aspirations of all the staff nurses who

*Continued on Page 6*

# MNA votes to join RN Super Union at annual convention

The formation of the largest RN union and professional association in U.S. history took another major step forward as members at the annual convention of the MNA cast an overwhelming vote to endorse affiliation with the new national union.

National Nurses United (NNU), unifying the 23,000-member MNA with the 86,000-member California Nurses Association/National Nurses Organizing Committee (CNA/NNOC) and the 45,000 member United American Nurses, is scheduled to hold its founding convention Dec. 7 and 8 in Phoenix, Ariz. The new union will be comprised of more than 150,000 front-line direct care nurses working in 22 states.

"This represents a monumental step forward in the growing movement of direct care nurses to finally claim a national voice with true national power," said Beth Piknick, RN, a nurse at Cape Cod Hospital and presi-

dent of the MNA. "As the debate over health care reform takes center stage, it's essential that direct care nurses, those who spend the most time with patients, have the ability to make their positions known and their voices heard."

"We have just sent shock waves through the health care industry and I hope it sends chills down the backs of those employers who would want to continue to keep us down," said Karen Higgins, an ICU nurse at Boston Medical Center who has been appointed by the MNA Board of Directors to serve as one of three co-presidents of the NNU.

"I am in favor of the national union because I am tired of other people, who don't provide direct care, speaking for nurses," said Jane Connolly, RN, a nurse at Carney Hospital in Dorchester, who spoke at the meeting when the motion to affiliate was presented. "The NNU will be an organization of RNs,

speaking for RNs to improve the care of our patients from coast to coast."

National Nurses United is being formed by the parties with a commitment to strengthen the ability of direct care RNs to protect and improve patient care conditions and RN standards from coast to coast. The NNU also aims to protect and expand patient rights and RN professional practice, including promoting a Senate bill, S.1031—the National Nursing Shortage Reform and Patient Advocacy Act—which is modeled after the successful California law that established RN-to-patient safe staffing limits. The new organization will work to strengthen the voice of nurses in the national health care debate.

After the vote, MNA Executive Director Julie Pinkham spoke of a growing movement of "nurses from all over our nation coming together to raise their voices in defense of their patients whose safety has been compromised by an industry that puts business interests over the interests of sick patients."

"The system is broken," Pinkham added "and we are coming together to fix it."

At the annual meeting held in Brewster, the membership voted by more than a three to one margin in favor of the MNA's affiliation with the NNU, and passed all related motions supporting the organization's participation in the new union. A preliminary vote on a dues increase to support the organization's participation was also conducted, but secret mail balloting on the measure still needs to be completed. Final results are expected in early November.

The preliminary agreement between the three founding organizations to form the NNU was announced on Feb. 18, 2009. The CNA/NNOC membership voted to endorse the new national nurses union in September and the UAN is scheduled to hold its vote later this month. ■



Jane Connolly, an RN at Carney Hospital, offers her testimony in favor of affiliating with the NNU.



The annual business meeting begins.



▲ Members wait with their IDs in hand to enter the tent.

Karen Couglan speaks in favor of a proposal. ►

▼ Voting in favor of affiliating with National Nurses United.



# In addition to supporting new national, members support policies regarding affiliation with NNU

At the annual meeting the membership voted by more than a three to one margin in favor of the MNA's affiliation with the NNU, and passed all related motions supporting the organization's participation in the new union. A motion affirming the Board of Director's selection of Karen Higgins as one of three presidents and Beth Piknick as a vice president to the executive council of the NNU, establishes a method of selecting Massachusetts delegates for the NNU convention and has the Board develop a policy for future election of Massa-

chusetts NNU delegates to be brought to the MNA business meeting for review and adoption (see the ad on Page 24 for details).

The membership also voted in favor of a motion that grants the Board of Directors interim authority to withdraw MNA's affiliation from the national with just 30 days notice subject to a vote to repeal the board's decision by the membership at the next business meeting. This motion is in keeping with the membership's expressed desire to be able to disaffiliate should that become necessary in

the future without the hassle the organization went through back in 2001 when we left ANA. The policy is supported by language contained in the legal affiliation document underpinning our participation, which was drafted under guidance by MNA's legal counsel. While the organization doesn't anticipate ever having the need to exercise this option, it provides the MNA with greater leverage within the new national and a means of exiting the organization to protect our members interests in the future. ■

## **...President's remarks**

*From Page 3*

have worked so hard for so long, under torturous conditions to claim our place as architects of our professional future, to claim our voice on the issues that are important to us, to come together as one body to fight for the health and safety of our patients and our communities throughout this country.

**"As we move forward today, I only hope that we will appeal to the better angels of our nature, that we will see the true and more important goal of this process."**

In the last several weeks in talks throughout the state I have made all the arguments for this national, and those same arguments will no doubt be made in the debate that follows. As we move forward today, I only hope, as Abraham Lincoln stated, that we will appeal to the better angels of our nature, that we will see the true and more important goal of this process. I hope we will recognize the rare opportunity before us to seize this unique moment in nursing history, a once in a lifetime opportunity to build a better future, not only for us here today, but for every nurse who follows us.

We all have a choice today. We can walk away from history to save what amounts to \$3 per week, or we can invest in our future and finally realize our dream for a national voice with national power. Either way, the time is now. And to quote Lincoln once again, "With malice toward none, with charity for all ... let us strive on to finish the work we are in." ■



**Before the meeting:** MNA members enjoy lunch, and a beautiful view, on the terrace at the Ocean Edge Resort prior to the start of the business meeting.





Phil NiSheaghda from the Irish Nurses Organisation offers labor program attendees insights into what it takes to build a strong, national union. A slide from her presentation is below.



Linda Silas from the Canadian Federation of Nurses Unions at the podium.



Linda Silas and Eileen Norton, the MNA's director of organizing, take a few moments to enjoy the weather and some union-related conversation.



MNA President Beth Piknick with Bill Fletcher after his labor program presentation.



Senator Kennedy as we remember him: Standing strong with striking nurses at St. Vincent Hospital in Worcester in 2000.

## Mourning the death of Senator Kennedy

By Andi Mullin  
*Legislative Director*

It was with great sadness that we learned of the death of our friend, Sen. Edward M. Kennedy in late August.

It is impossible to overstate the incredible impact and contribution that Senator Kennedy made to the commonwealth of Massachusetts, to workers across the United States, and to the field of health care. Whether it was the expansion and strengthening of Medicare, raising the minimum wage, insuring fair treatment for people with disabilities, or expanding the protections for women who are victims of pay discrimination, Senator Kennedy was peerless in his dedication to and effectiveness at improving the quality of health care and improving the lives of workers.

He was also peerless in his advocacy for his beloved Massachusetts. There is not a health care institution in this state that has not benefited mightily from his fierce dedication over

the last 47 years. Nurses, doctors, health care professionals, administrators, patients – we have all profited from his devotion to our health care infrastructure, our workers, and our patients. He was essential to the successful resolution of the St. Vincent nurses strike in 2000, backing the nurses in their opposition to the unsafe practice of mandatory overtime. He came to the aid of our members time and time again over the years, in ways both large and small.

We have lost an irreplaceable friend and ally, and we join others in deeply grieving that loss. We also, however, celebrate Senator Kennedy's extraordinary life and remarkable accomplishments. We were so fortunate to have known him and to have had him as our friend. We will miss him terribly, but our lives are so much richer for having known him.

We express our most heartfelt sympathies to his wife, children, and extended family. ■

# Advocate for safe RN staffing on Nov. 3



The Patient Safety Act, H.3912/S.890, will have a public hearing before the Joint Committee on Public Health on Tuesday, Nov. 3 at 10 a.m. at the State House. The Patient Safety Act is sponsored by Rep. Christine Canavan (D-Brockton) and Sen. Marc Pacheco, (D-Taunton).

The Patient Safety Act will set a safe limit on the number of hospital patients a nurse can be forced to care for at one time. The bill is critical to patient safety, and will end the common hospital industry practice of understaffing nurses in the commonwealth's acute care hospitals.

The MNA is planning a variety of activities leading up to and on the day of the hearing to bring attention to this important issue and to lobby for the Patient Safety Act. Many of these activities will be held near your own community. Others will be held at the State House. If you would like to participate, please call the organizer assigned to your region.

## **Region 1 (Western Mass.)**

Leo Maley: lmaley@mnarn.org or 781-520-1483

## **Region 2 (Central Mass.)**

Sandy Ellis: sellis@mnarn.org or 508-756-5800, x103

## **Region 3 (Southeastern Mass.)**

Barbara "Cookie" Cooke: bcooke@mnarn.org or 508-345-9219

## **Region 4 (North Shore and Merrimack Valley)**

Riley Ohlson: rohlson@mnarn.org or 781-830-5740

## **Region 5 (Greater Boston)**

Maryanne McHugh: mmchugh@mnarn.org or 781-830-5713.

# Down the Rabbit Hole

By Deb Rigiero, organizer

I imagine that many of today's nurses often feel like Alice in Wonderland following the White Rabbit down the rabbit hole—chaotically falling into a very strange and surreal world while they are working what should be a regular shift at a typical hospital.



Deb Rigiero

Just imagine "Nurse Alice" sipping the potion labeled "drink me," only instead of making her large the concoction makes her older. After years of nursing, her back and shoulders are sore, her knees are stiff, her hands ache and she needs glasses to read the computer screen.

Yet, Nurse Alice still loves her profession. She is able to mentor new nurses, provide support to her colleagues, and care for her patients using all her experience, education and skill.

But lurking in the corners of Hospital Wonderland is the Cheshire Cat, grinning and disappearing. It appears to be taunting Nurse Alice. What does that cat want?

Nurse Alice follows the grinning cat down an Oak Corridor into a part of Hospital Wonderland she has never visited before. There, she sees a Red Queen in front of a computer screen. What is the Queen looking at?

## Off with their heads!

It is a list of employees and their dates of birth. "What does she need this for?" Alice wonders. Next, she sees the Red Queen strike a line through a name as she yells "Off with their head!" She continues to strike different employees' names off the list.

Alice recognizes one of the names of a nurse who is just a few years older than her being "red-lined." She notices that many of the red-lined nurses are the older, more experienced nurses. Why would the Red Queen do this?

Nurse Alice runs into the "Duchess" and tells her what she sees. The Duchess says to Alice, "Everything has a moral, if only you can find it."

Nurse Alice thinks about this and realizes she is truly in a very strange and surreal world. A world of insidious age discrimination where experienced nurses are targeted for discipline, reported to the Board of Registration of Nursing, or threatened with lay-offs because of their age. Of course in Nurse Alice's world, her hospital is not unionized so there is no protection.

## Is there a moral to the story?

One has to wonder who benefits by "red-lining" experienced nurses. If a greedy employer looks at this as pure financial gain, then this is a good program. It makes financial sense to lay-off, discipline or force out the more experienced nurses who typically are paid more per hour, are at higher risk of using sick time and health care benefits, and who receive more benefit time than nurses who have not been there long.

Who is hurt by this insidious age discrimination? Experienced nurses that now have to worry about job security; patients who depend on nurses for their care; and less experienced nurses who need experience and mentoring. The ideal floor or unit should have new nurses, older nurses and nurses in between who can bring different experiences,



knowledge and support to the patients they care for.

So, what is the moral of Alice's story? Unionize, unionize, unionize! Prevent this insidious age discrimination by having seniority rights, the grievance process and the unity of your colleagues who know that an injury to one is an injury to all. If you are already in a union, be vigilant in monitoring disciplines and watch for patterns that would indicate age discrimination.

Now, let us all peer "through the looking glass" and see a workplace that values experience and provides mentoring for new nurses. Together, we can make our hospitals places where nurses can nurse and patients get the care they need and deserve.



# A family friendly workplace: how unions make a difference

By Jenifer MacGillvary  
and Netsy Firestein

How do unions help build family-friendly workplaces? To begin with, compared with nonunionized workers, unionized workers enjoy better conditions of employment across the board: they receive higher salaries and more generous benefits packages. Unionized employees receive not only *more* benefits, but also benefits that are more *useful* to them.

Unions take the collective preferences of their members and communicate this information to the employer, with the result that the mixture of the total compensation package is rearranged to reflect these preferences. It seems likely that job security, wages and health benefits will always be higher priorities in contract negotiations, but as family-friendly benefits become more important, this preference will be implemented more quickly (and more generously) for unionized workers.

Unions also play a critical role in actualizing formal workplace or public policies: they turn policy into action. This “facilitation effect” (also described as a “rights-facilitating effect,” an “educational role” or an “implementation function”) is central to any understanding of the union advantage. Unions educate members on what their workplace rights are and how to exercise them; they monitor the workplace and ensure that policies and rights are being enforced; and they protect workers from retaliation when they exercise their rights.

Study after study has found evidence of the facilitation effect. Union-represented employees are more likely than nonunionized workers to file workers’ compensation claims; they receive more unemployment insurance; and they are more knowledgeable than nonunionized workers about their future social security and pension benefits. As explored more fully below, unionized workers are more aware of their rights under the Family and Medical Leave Act. In unionized workplaces, OSHA enforcement improves, as does compliance with the overtime regulations of the Fair Labor Standards Act. These programs are costly to employers, giving them a clear disincentive to voluntarily provide more than the legally required minimum notice. Unions fill this information void.

## The undeniable benefits on unionizing

**Family and Medical Leave Act:** Unioniza-

tion promotes compliance with the Family and Medical Leave Act. Unionized employees are more likely to have heard of the FMLA and have fewer worries about taking leave. Companies with *any* unionized employees are 1.7 times as likely to comply with the FMLA as companies without any unionized employees.

**Access to paid leave:** Unionized workers are more likely to receive fully paid and partially paid family leaves. Comparing hourly workers who take leave, 46 percent of unionized workers compared to 29 percent of nonunionized workers receive full pay while on leave.

**Flexible paid sick days:** Unionized workers are 1.3 times as likely as nonunionized work-

to flexible workplace policies. In fact, the few studies of this issue that have been done show a negative relationship between unionization and flexible work arrangements. This may be because many types of flexibility are not an option for some occupations: for example, telecommuting for factory workers or daily change of start time for nurses. Or it may be that flextime for some union workers and unions has a negative connotation in that it could mean employers have the flexibility to require unscheduled, mandatory overtime and shift work. More research is needed that examines the union-nonunion difference in flexible work arrangements within job classes and categories.

**Child-care benefits:** In the private sector, 19 percent of unionized workers compared to 10 percent of nonunionized workers receive child-care resource and referral services from their employers. Additionally, 37 percent of private-sector unionized workers compared to 31 percent of private-sector nonunionized workers have dependent care reimbursement accounts, in which part of their salary is set aside each month on a pre-tax basis to pay for eligible child-care expenses.

### Vacation and holidays:

Unionized workers receive an average of 15 vacation days per year, compared to the non-union average of 11.75 days. This amounts to a union advantage of 28 percent (AFL-CIO, 2009). In the private sector, 84 percent of unionized workers receive *some* paid vacation, compared to 77 percent of nonunionized workers, and 85 percent of unionized workers compared to 76 percent of nonunionized workers receive *some* paid holidays. Eighty-five percent of private-sector unionized workers, compared to 76 percent of private-sector nonunionized workers, receive at least one paid holiday.

### Interested in unionizing?

To find out how benefits like the ones described above can become part of your work environment, contact the MNA’s division of organizing at 781-830-5777.

*This article is taken entirely from “Family-Friendly Workplaces: Do Unions Make a Difference?” (July 2009), by Jenifer MacGillvary (University of California, Berkeley Center for Labor Research and Education) and Netsy Firestein (The Labor Project for Working Families).* ■



ers to be allowed to use their own sick time to care for a sick child, and they are 50 percent more likely than nonunionized workers to have paid personal leave that can be used to care for sick children.

Private-sector unionized workers are 10 percent more likely than nonunionized workers to have “illness leave,” a measure that includes a combination of paid vacation, paid sick leave, paid family leave and paid personal leave.

**Family-friendly health-care benefits:** Companies with 30 percent or more unionized workers are five times as likely as companies with no unionized workers to pay the entire family health insurance premium. Even when unionized employees are required to pay part of their family insurance premium, they pay a much lower share of the premium than nonunionized workers do—13 percent of the premium compared to 32 percent.

**Flexible work arrangements:** Flexible work arrangements include job-sharing, part-time work, compressed workweeks, working from home, returning to work gradually after family leave and atypical schedules. There does not appear to be a union advantage when it comes

# 2009 flu vaccine update: seasonal and H1N1

The MNA appreciates the efforts of health care employers who are offering influenza vaccines to nurses and other health care workers, and we encourage members and others to take advantage of these vaccination opportunities understanding that—as with any decision—it is important to learn about the vaccines and make informed choices.

As we enter the flu season we want to update MNA members on the Massachusetts Department of Health's recently issued emergency regulations for the vaccination of hospital employees against influenza. These DPH regulations are specific to both seasonal influenza and H1N1 (visit mass.gov/dph for details).

These regulations do NOT mandate the vaccination of hospital employees. Instead, they mandate that employers educate employees about the flu, make flu vaccines available, maintain records of employees receiving the vaccine and maintain records of the employees who declined the vaccine.

This is an emergency regulation which is in effect for 90 days. Subsequent regulations may be promulgated after the 90 days and may have changes. We will continue to monitor the progress and will update you of any changes.

This year, DPH does require signed declination forms but it does NOT require that you provide a reason for declining. The DPH promulgated declination form is on this page.

The MNA is in the midst of raising concerns with the DPH over its recommendation/suggestion that a hospital employee's promulgated declination form be added to the "employee's personnel record." We plan to indicate that this be altered to state that the form be added to an employee's "confidential medical record" to ensure privacy (this is consistent with other vaccinations such as Hepatitis B).

Also important to note is that Rep. Peter Koutoujian filed a piece of legislation specific to flu prevention in January of this year. H. 2100, An Act Providing for the Prevention of Influenza in Health Care Workers and High Risk Patients, was reviewed and endorsed by three MNA Congresses, including the Congress on Nursing Practice, the Congress on Health Policy and Legislation and the Congress on Health and Safety. The MNA Board voted to support the bill at its September meeting. This bill would require hospitals to offer free vaccines to health care workers and also require that workers receive education about the vaccine—but NOT require mandatory vaccination or require that an RN indicate why s/he is declining the vaccine. The MNA Board feels that the approach outlined in the Koutoujian bill has the best chance of resulting in a high number of health care workers actually agreeing to get the vaccine voluntarily. ■



CDC photo.



Facility Name: \_\_\_\_\_

You have given me the opportunity to be vaccinated with the influenza vaccine at no charge to myself.

I have received, read and understand the information about the risks and benefits of the vaccine.

However, (please indicate one of the following choices)

- I decline the influenza vaccine at this time. I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.
- I have already received the influenza vaccine for this flu season and am thus declining it at this time. I received the vaccine at \_\_\_\_\_

Employee's Name (Print) \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

The DPH-approved declination form.

# MNA urges respiratory protection for healthcare workers

## Recommends N-95 respirators

The MNA's divisions of nursing and health and safety recently sent the following letter to the Massachusetts Department of Public Health's commissioner, John Auerbach. The letter asks the DPH to reconsider its past assertion that N-95 respirators are not needed when caring for patients with H1N1 influenza or suspected of having H1N1.



**MNA<sup>SM</sup>**  
MASSACHUSETTS NURSES ASSOCIATION

Dear Commissioner Auerbach:

The Massachusetts Nurses Association strongly urges the Massachusetts Department of Public Health to require N95 respiratory protection for nurses and other caregivers exposed to risk of infection from patients suspected or confirmed of H1N1 infection. N-95 protection constitutes a necessary upgrade from the current recommendation for surgical mask protection.

Several prominent institutions have all very recently declared surgical masks to be inadequate protection for workers from H1N1 and have recommended instead N-95 respirators for patients suspected or confirmed to have H1N1 infection. The Institute of Medicine (IOM) (September 3, 2009) and the American Medical Association (AMA) (September 14, 2009) both confirmed that N-95 respirators should be used by healthcare workers as protection when caring for patients with H1N1 (Swine) flu.

The MNA is requesting that the Massachusetts Department of Public Health reconsider their past assertion that N-95 respirators are not needed when caring for patients with H1N1 Influenza or suspected of having H1N1. IOM is now in agreement with CDC, OSHA and NIOSH and the AMA. There seems no doubt that N-95 is the appropriate standard for Massachusetts.

MNA has polled groups of its nurse members and many have already been fit tested for N95 Respirators over the past few years and are able to wear N 95 respirators when and if they are made available to them. This is a strong indication that N95 protection is not an unreasonable or unmanageable standard to meet. It is moreover, critical for maintaining a healthy workforce during the expected pandemic outbreak in Massachusetts.

We urge MDPH to act with haste.

Sincerely:

 Julie B. Pinkham, RN

Executive Director

 Beth Piknick, RN

President

340 TURNPIKE STREET ■ CANTON, MASSACHUSETTS 02021-2711  
781.821.4625 ■ FAX 781.821.4445 ■ [www.masnurses.org](http://www.masnurses.org)  


# MNA Member Discounts Save You Money

**Log onto "myMNA," the new members-only section of the Web site**

## Personal & Financial Services

### PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION ..... 800-247-1500  
Leading provider of professional liability insurance for nursing professionals. [www.nso.com](http://www.nso.com).

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Exceptional credit card at a competitive rate.

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Term life insurance offered at special cost discounts.

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20% discount on tax preparation services.

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Save on your next home loan/mortgage with discounts available to MNA members and their families. Receive free mortgage pre-approvals.

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Get a free phone, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee for members.

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Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyecare and chiropractic expenses.

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MEMBER ADVANTAGE ..... 781-828-4555 OR 800-232-0872  
Discount prices on a broad range of products. Register at [mnadiscountproducts.com](http://mnadiscountproducts.com)

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

### WRENTHAM VILLAGE PREMIUM OUTLETS

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

### CAMBRIDGE EYE DOCTORS

Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World.

### HEALTH CARE APPAREL

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Receive 15% discount off all regularly priced merchandise. Visit [www.massnurses.org](http://www.massnurses.org) for a printable coupon to present at time of purchase.

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15% discount at Brooks Brothers, Adrienne Vittadini and Carolee. <http://membership.brooksbrothers.com>.

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AVIS CAR RENTAL ..... 1-800-331-1212  
Discounts can be used for both personal and business travel.

HERTZ CAR RENTAL ..... 800-654-2200  
MNA members discounts range from 5 – 20%. (For MNA discount CDP, call 781-830-5726.)

### EXCLUSIVE TRAVEL DEALS

MNA VACATION CENTER ..... [WWW.MNAVACATIONS.COM](http://WWW.MNAVACATIONS.COM)  
Powered by TNT and Goahead tours. Get exclusive access to travel specials at prices not available to the public.

DISCOUNT MOVIE PASSES ..... 781-830-5726  
Showcase Cinemas/National Amusements, \$7.75. AMC Theatres, \$6. Regal Cinemas (not valid first 12 days of new release), \$6.

### DISNEY DISCOUNT

Discounted tickets to Walt Disney World and Disneyland along with other Florida attractions. Call 800-331-6483.

### ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

Obtain Adventure Card to receive discounts to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

### UNIVERSAL STUDIOS FAN CLUB

..... 888-777-2131  
Log onto the MNA Web site at [www.massnurses.org](http://www.massnurses.org) and click on the Universal Studios Link to obtain special discount prices.

### WORKING ADVANTAGE

Discounts for movies, theme parks, ski tickets, Broadway shows. [www.workingadvantage.com](http://www.workingadvantage.com).

### SIX FLAGS NEW ENGLAND

One day pass only \$25. Contact MNA's Division of Membership at 800-882-2056, x726.

## Central Mass AFL-CIO honors MNA Region 2 chair

At the 2009 Central MA AFL-CIO Labor Day Breakfast, Lynne Starbard RN, MNA Regional Council 2 Chair, was the recipient of the United Way/AFL-CIO Community Services Award. The award is given annually in recognition for support and participation in community projects. Starbard is a leader in her commitment to participating in community service projects. Not only does she demonstrate her own generosity in giving, but she inspires others to do so as well. She has coordinated toy and food drives in her bargaining unit and in her region. She participates annually in the Central MA AFL-CIO Community Services holiday food basket and toy program. Starbard and her co-workers are a constant presence at the annual Letter Carrier's Food Drive and the United Way Day of Caring. And under her leadership, the MNA Regional Council 2 is an annual scholarship sponsor at the Central MA AFL-CIO Scholarship Golf Tournament.



**Well-deserved recognition:** Lynne Starbard, RN, chair of MNA Regional Council 2, with MNA members and Paul Soucy, labor director of United Way of Central Mass. and Joe Carlson, president of Central Mass. AFL-CIO.



**"Cancer is the Rat!"** MNA members join others in Worcester's labor and legislative community on Labor Day to "Strike Against Cancer." The event was held to draw attention to the UMass/AFL Walk to Cure Cancer in September. MNA Regional Council 2 is a proud sponsor of The Walk to Cure Cancer.



**MetroWest Leonard Morse:** MNA members at MetroWest Leonard Morse Campus hosted an MNA Day at their hospital in August. The MNA leadership advertised the day with a flyer to all units and called through all the units to remind them to come to the table at the cafeteria on the day of the event. It was advertised as a day to meet their leaders, their staff, ask contract questions and ask general MNA questions. It was a huge success! Members came by, joined MNA leaders and staff for their coffee break, asked questions and won fun prizes! What a way to get to know MNA! In photo, MNA Leonard Morse leaders Vicki Emerson RN (left) and Lynn Shaw welcome MNA members to MNA Day.

# 2009 Rosemary Smith Memorial Golf Tournament a booming success

The Massachusetts Nurses Foundation—a non-profit organization that supports scholarship and research in nursing and healthcare—held its annual golf tournament on July 20, and was successful in raising more than \$20,000 for its scholarship programs. The tournament is named in memory of Rosemary Smith, RN and longtime leader/advocate for the nursing community and a tenacious supporter of the MNF.

More than 110 participants enjoyed the 18-hole, scramble-style tournament at the LeBaron Hills Country Club in Lakeville. The day's events included a buffet style awards luncheon followed by a raffle giveaway and the awards presentation. Awards were given to the lowest scoring male, female and mixed foursomes.

- Mixed winners: Andrew Ferris, Mark Ferris, Sharon Gallagher
- Male winners: Joe Byrne, Joe O'Toole, Jim Axon, Ed Hickey
- Female winners: Katy Kelley, Sandra Leo-Clark, Kristen Murray, Barbara McGrath

The 50/50 raffle prize of \$1,200 was won by Michael D., an RN at the Templeton Developmental Center.

Thanks to the planning committee: Andy Ferris, Cindy Messia, Jack Gordon, Jon Neal, Shirley Thompson, Tom Lent and Tony Antonelli.

Special thanks to the hardworking volunteers that helped to make this event successful: Chris Doucette, Barbara "Cookie" Cooke, Dayana Ocasio, Deb Hickey, Donna Olsen, Ginny Ryan, Kathy Metzger, Marguerite Sousa, Nancy Byrne, Pat Conway, Phyllis Sheldon, Sharon DeCosta, Tina Russell, Tonia King and William Salazar. And thanks as well to all of the MNA local bargaining unit chairpersons who sold so many 50/50 raffle tickets. ■



**Mixed winners:** Mark Ferris, Sharon Gallagher, Andrew Ferris.



**Male winners:** Jim Axon, Joe Byrne, Ed Hickey, Joe O'Toole.



**Female winners:** Katy Kelley, Sandra Leo-Clark, Barbara McGrath, Kristen Murray (Alphabetical order may not match order in photo).

A photograph of a golf course with a large, stylized "Thank You!" graphic overlaid in the center. The background shows a green golf course with trees and a clear sky.

## Generous patron sponsors of this year's tournament:

- Arbella Insurance
- Colonial Insurance
- ISI New England
- McDonald, Lamond & Canzoneri, Attorneys
- Mindshift Technologies
- Reliant Mortgage Program
- MNA Regional Council 3
- MNA Regional Council 5
- MNA Unit 7 State Chapter of Healthcare Professionals

## The MNF thanks all other donors:

- Altus Dental
- Barncoat Insurance Agency
- Central MA AFL-CIO
- Claranne & James Parker
- Curtin, Murphy and O'Reilly, P.C.
- HarborOne Credit Union
- Jeff Vigeant
- Kathleen & Michael Smith
- MindSHIFT Technologies
- Ocean Spray Cranberries, Inc.
- Siena Construction Corporation
- Tina Russell, RN
- UBS Financial Services, Inc.



# How you can make a difference in the future of nursing

*It's easy—make a contribution to the MNF*

As a member of the MNA, it's easy to make a contribution to the Massachusetts Nurses Foundation (MNF) and help nurses study clinical issues essential to the improvement of health care. Your help is as easy as ...

## **Writing A Check**

Through your tax-deductible donation, you can make a difference in what the foundation can do. Funds are directed toward nursing scholarships & research. Any donation big or small helps us make a difference. Are you renewing your MNA membership? You can make a donation at the time of renewal by simply completing the MNF donor form and including your donation with your dues payment to the MNA.

## **Donating Honorariums or Travel Reimbursements**

Have you received an honorarium for a speaking engagement? Consider donating your honorarium to the Foundation. Are you currently serving on an MNA Congress, Committee or Task Force? Consider donating your travel reimbursement—simply check off the MNF box on your MNA travel reimbursement form & the amount of your travel reimbursement will be donated directly to the MNF!

## **Arranging a Memorial Gift**

A donation can be made in memory of family members, friends and associates or to acknowledge a special event. An acknowledgement will be made to the family of the person being honored.

## **Arranging for Planned Giving**

As you consider your tax planning—we hope you will consider making a tax-deductible donation to the MNF through wills, endowments or legacies.

## **Participating in MNF Fundraising Events**

Whether it's the MNF Auction, Raffles or Golf Tournament—your participation in MNF fundraising events helps us raise funds to support nursing scholarships & research. Watch for announcements of upcoming fundraising events. Your support is always appreciated.

## **For More Information**

Our mission is accomplished only through donations. You can make a difference in the future of nursing. Your gift provides the meaningful difference in what the foundation can do! For more information about the MNF or any of our giving programs, please contact us at (781) 830-5745.



Make a donation in honor or memory of a loved one or friend to the scholarship fund. When a gift is received, the MNF will send a personalized letter to the person or family indicated notifying them of your thoughtful donation but not revealing the amount of the donation. Every gift is tax-deductible and the donor receives an acknowledgement for their donation. Please make checks payable to the Massachusetts Nurses Foundation.

**Massachusetts Nurses Foundation**  
340 Turnpike Street  
Canton, MA 02021



## CONTINUING EDUCATION ONLINE

[www.massnurses.org](http://www.massnurses.org)

Click on **MNA CE ONLINE** on the home page under *Professional Development*.



### Programs Available:

- **Workplace Violence**

The goal of this program is to provide nurses and others with an understanding of the extent and severity of workplace violence in the healthcare setting, the effects this violence has on nurses and other victims and learn to identify hazardous conditions that can be corrected to prevent violence. Continuing Nursing Education Contact Hours for this activity, *Workplace Violence*, will be awarded until April 15, 2010.

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

The goal of this program is to ensure a therapeutic environment in which the patient and the nurse can interact, as well as to create a healthy workplace in which employees can practice. Continuing Nursing Education Contact Hours for this activity, *Fragrance Free! Creating a Safe Healthcare Environment*, will be awarded until June 1, 2010.

- **Latex Allergy**

The goal of this program is to provide nurses and other healthcare workers with information related to the frequency and severity of latex allergy and prevention strategies to protect themselves and their patients from allergic reactions. Continuing Nursing Education Contact Hours for this activity, *Latex Allergy*, will be awarded until February 15, 2011.

- **Fatigue and Sleeplessness**

The purpose of the program is to enable nurses and other healthcare providers to recognize the dangers associated with sleeplessness and fatigue on their own health and safety and on that of their patients, and to utilize skills to combat fatigue. Continuing Nursing Education Contact Hours for this activity, *Fatigue and Sleeplessness*, will be awarded until January 8, 2010.

- **Work-Related Asthma in Nurses and Their Co-workers**

This program will enable nurses and others to recognize signs and symptoms of work-related asthma and other health effects from exposure to chemicals and other products in the healthcare environment as well as advocate for safer products to protect the health of nurses, other healthcare providers and their patients. Continuing Nursing Education Contact Hours for this activity, *Work Related Asthma in Nurses and Their Co-workers*, will be awarded until May 15, 2011.

### Program Requirements

To successfully complete a program and receive contact hours, you must read the entire program, take and pass the Post-Test and complete the Program Evaluation. To pass the Post-Test, you must achieve a score of 80% or above. Your certificate of completion will be available immediately, from the "My Account Page", upon successful completion of the program.

### Accreditation

The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**All programs are free of charge to MNA members and others.**

# MNA unveils fifth online continuing nursing education program

*Program on work-related asthma will provide education both locally and abroad*

The MNA's newest online continuing education program, "Work-Related Asthma in Nurses and Their Co-Workers," went live in June of 2009. Health care professionals who are interested in learning more about work-related asthma, as well as several other timely and important topics, are encouraged visit the MNA's Web site at [www.massnurses.org](http://www.massnurses.org).

You are invited to use these online programs to fulfill your continuing education requirements for nursing licensure as well as to become more aware of hazards that exist in your workplace and how they can be minimized or eliminated.

Since the inception of the MNA's online continuing nursing education health and safety programs in 2006, more than 4,300 people have completed these programs. The overwhelming majority are registered nurses and MNA members. Other groups who have utilized these programs include nursing students and workplace safety professionals.

## Work-Related Asthma in Nurses and Their Co-workers

This program will enable nurses and others to recognize signs and symptoms of work-related asthma and other health effects from exposure to chemicals and other products in the healthcare environment as well as advocate for safer products to protect the health of nurses, other healthcare providers and their patients. Continuing Nursing Education contact hours for this activity, Work Related Asthma in Nurses and Their Co-workers, will be awarded until May 15, 2011.

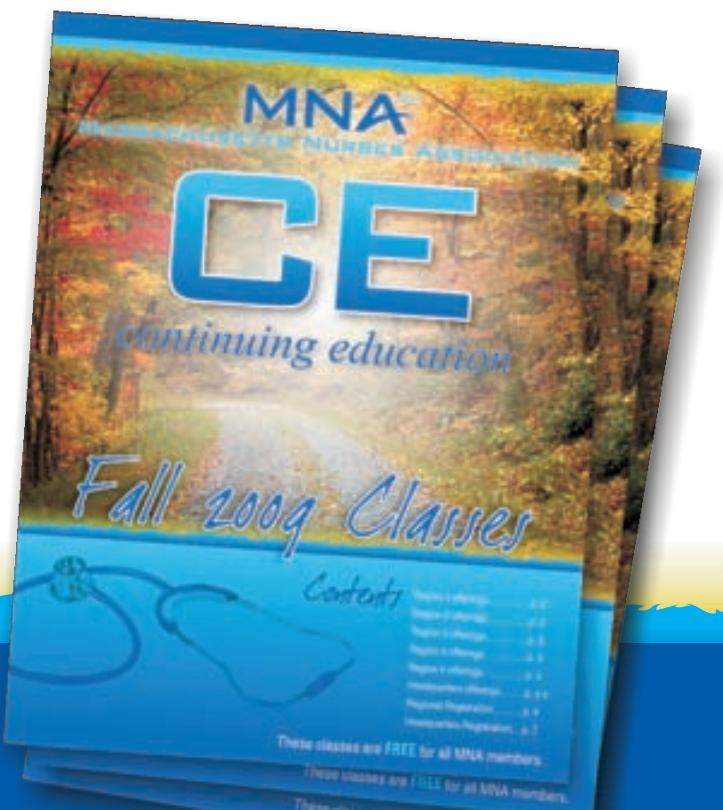
Practically every state in the country—as well as countries such as Canada, Cuba, India and Portugal—has had a nurse complete one of these MNA programs. ■

# *Looking for the MNA Continuing Education Programs?*

## **Look no further.**

View a complete list of MNA Headquarters and Regional Continuing Education Programs at:  
[www.massnurses.org/nursing-resources](http://www.massnurses.org/nursing-resources)

Full program syllabi are mailed twice a year to all members. Please contact MNA Division of Nursing at 781-821-4625 if you did not receive your copy.



The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**MNA<sup>SM</sup>**  
**LABOR SCHOOL**



### Track 1: MNA Overview and Structure

Region	1	2	3	4	5
<b>Week 1:</b> Overview of the MNA	C	C	C	C	C
Divisions	O	O	O	O	O
By-laws	M	M	M	M	M
How policies, decisions are made	P	P	P	P	P
One member, one vote	P	P	P	P	P
<b>Week 2:</b> Legislative and Governmental Affairs	L	L	L	L	L
Division: Political Activity	E	E	E	E	E
<b>Week 3:</b> Nursing Division/Health and Safety	T	T	T	T	T
<b>Week 4:</b> Public Communications	E	E	E	E	E
<b>Week 5:</b> Organizing Division	D	D	D	D	D

### Track 2: Role of the Floor Rep., Grievances and Arbitration

Region	1	2	3	4	5
<b>Week 1:</b> Role of the MNA rep					
Identifying grievances	C	C	C	C	C
What is grievable					
Grievances vs. complaints—how to tell the difference, how to work with the member	C	C	C	C	C
<b>Week 2:</b> Components of the grievance procedure	O	O	O	O	O
Time lines and steps	M	M	M	M	M
When/how to settle grievances	P	P	P	P	P
Discipline vs. contract interpretation grievances	L	L	L	L	L
Burden of proof, just cause, due process, seven tests of just cause	E	E	E	E	E
Past practice	T	T	T	T	T
• Definition					
• Difficulty in proving a practice					
• Burden in proving a practice					
<b>Week 3:</b> How to file grievances					
How to write a grievance					
Investigation/identifying sources of information					
Right to information					
Information requests					
Constructing the case					
<b>Week 4:</b> Presenting the grievance	E	E	E	E	E
Dealing with management					
Settling the grievance	D	D	D	D	D
<b>Week 5:</b> Arbitration					
Why it's good for the members					
Why it's bad for the members					
Unfair labor practices					
Weingarten rights					
Organizing around grievances					

### Track 3: Collective Bargaining

Region	1	2
<b>Week 1: Negotiations and the Legal Basis</b>	10/7	12/3
Process overview		
Bargaining ground rules		
<b>Week 2: Preparing for Bargaining</b>	10/14	1/14
Importance of internal organizing		
Contract action team		
Contract calendar, planning events		
Surveys, meetings, other methods of gathering proposals from members		
Setting priorities		
Developing a campaign		
<b>Week 3: Committee Decision Making</b>		
Conduct at the table		
Dates, location, etc		
Open bargaining. Pros & cons.	10/21	1/28
Opening statements		
Proposal exchange		
<b>Week 4: Table Tactics/Reading Signals</b>	10/28	2/11
Implementing the contract campaign		
The contract action team		
Writing contract language		
<b>Week 5: Costing the Contract</b>	11/4	2/25
Bargaining video		
Picketing and strikes		
Bargaining unit job actions		
Impasse/contract extensions		
<b>Week 6: Use of the Media</b>	11/18	3/10
Reaching agreement, writing final language		
Committee recommendation		
Ratification process		
Midterm bargaining		

### Track 4: Computer Training

Region	1	2
<b>Week 1: Excel 1</b>	C	TBA
<b>Week 2: Excel 2</b>	O	TBA
<b>Week 3: Excel 3 graphs &amp; application</b>	M	TBA
<b>Week 4: Word 1</b>	P	TBA
<b>Week 5: Word 2</b>	L	TBA
<b>Week 6: Publisher 1</b>	E	TBA

After a very successful first year, the MNA Labor School has been expanded and restructured. It now consists of six separate tracks of classes in each Region running five to seven weeks each, depending on the track. Two new tracks have been added. One focuses on the MNA structure and divisions, and the second track on computer training (Excel, Word and Publisher). Classes are standardized, so if one particular class is missed in one region, it can be picked up in any other region.

At the conclusion of each track, participants receive a certifi-

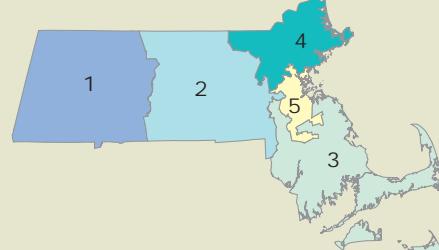
cate of completion. Any MNA member who completes **any two** tracks will receive an MNA Labor School blue jacket. There are no prerequisites to attend any track—members are free to attend any track they choose and need not follow them in order. Each track is self-contained, focusing on a specific area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

Preregistration through the Regional office is necessary. Classes generally run from 5–7:30 p.m., with a light meal included. All courses are free and open to any MNA member. **Classes in red will be held from 10 a.m.– noon.**

			Track 5: Building the Unit, Building the Union					
3	4	5	Region	1	2	3	4	5
11/17	10/15	C	Week 1: Member Participation/Basic Foundation	10/14	10/7		C	9/15
		O	Purpose of a union Bargaining unit structure & officers By-laws, why they're important Organizing model, internal organizing				O	
12/1	10/29	M	Week 2: Organizing the Workplace Mapping the workplace Using contract action teams outside of bargaining Organizing around grievances	10/21	10/14		M	9/29
		P					P	
12/15	11/12	L	Week 3: Attacking Member Apathy Effective union meetings Internal communication structure Member feedback	10/28	10/28		L	10/13
		E	Week 4: Strategic Planning Developing Plan Assessment Intervention	11/4	11/4		E	10/27
1/5/10	11/19	T	Week 5: Workplace Action Identifying Action Plan, preparation and calendar Pressure tactics/Work to rule Strikes	11/18	11/11		E	11/10
		E					D	
1/19/10	12/3							
2/2/10	12/10	D						
3	4	5	Track 6: Labor Law and Special Topics					
Region	1	2	3	4	5			
Week 1: Family and Medical Leave Act Massachusetts Small Necessities Leave Act	12/2			10/15				
Week 2: Fair Labor Standards Act Overtime rules Labor-Management Reporting and Disclosure Act Union officer elections		12/16			11/12			
Week 3: Workers Compensation Occupational Safety and Health Act	1/6/10			10/29				
Week 4: Americans with Disability Act Age Discrimination Act Worker Adjustment & Retraining Notification Act Employment Discrimination HIPAA Uniformed Services Employment and Reemployment Rights Act of 1994		1/13/10			11/19			
Week 5: NLRB & the Kentucky River/Oakwood cases Nurse supervisor issues		1/27/10			12/10			

For further details:  
[massnurses.org](http://massnurses.org)

781-830-5757



### Labor School Locations

#### Region 1, Western Mass.

241 King Street

Northampton

413.584.4607

#### Region 2, Central Mass.

365 Shrewsbury St.

Worcester

508.756.5800

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

60 Route 6A

Sandwich

508.888.5774

#### Region 4, North Shore

10 First Avenue, Suite 20

Peabody

978.977.9200

#### Region 5, Greater Boston

MNA Headquarters

340 Turnpike Street, Canton

781.821.8255

# Peer Assistance Program

*Help for Nurses  
with Substance  
Abuse Problems*



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

Please call us at  
781-821-4625, ext. 755  
or 800-882-2056 (in Mass. only)  
[peerassistance.com](http://peerassistance.com)

All information is confidential

*The MNA Peer Assistance Program is a confidential program provided by the MNA to assist chemically dependent nurses.*

## Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

### Boston Metropolitan Area

- Bournewood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. LeRoy Kelly, 508-881-7889. Thursdays, 5:30–6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-238-8024. Thursdays, 6:30–7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Jacqueline Sitte, 781-341-2100. Thursdays, 7–8:30 p.m.

### Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Mondays, 6–7 p.m.

• Health Care Support Group, UMass School of Medicine, Outside Room 123, Worcester. Emory, 508-429-9433. Saturdays, 1–2 p.m.

• Adcare Hospital of Worcester, 107 Lincoln Street, Worcester. Contacts: Lorraine, 508-410-0225. Mondays, 6–7 p.m.

### Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Dana Fogerty, M.A., 978-352-2131, x57. Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Jay O'Neil, 781-979-0262. Sundays 6:30–7:30 p.m.

### Southern Massachusetts

- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Chris Sullivan, 617-838-6111. Tues. 5:15 p.m., Wed., 5:15 p.m. & coed at 6:30 p.m.
- PRN Group, Pembroke Hospital, 199 Oak St., Staff Conference Room, Pembroke. Sharon Day, 508-667-2486. Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, AdCare Michelle, 508-965-2479. Mondays, 7–8:30 p.m.

### Western Massachusetts

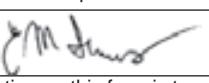
- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.
- Professional Support Group, Franklin Hospital Lecture Room A, Greenfield. Contacts: Wayne Gavryck, 413-774-2351, Elliott Smolensky, 413-774-2871. Wednesdays, 7–8 p.m.

### Other Areas

- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Sharon Goldstein, 800-445-1195. Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, North 650, Manchester, N.H. Contacts: Janet K., 978-975-5711, Sandy, 603-391-1776. Tuesdays, 7:00–8:00 p.m.



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- Depression
- Anxiety
- Feelings of isolation and being alone
- Doubts about professional competence
- Difficulties at work and at home

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**Medically Induced Trauma  
Support Services**

# Be a part of nursing history

**Submit your request to be selected  
as a delegate to the founding  
convention of National Nurses United  
Dec. 7 & 8 in Phoenix, Arizona**

The formation of the largest RN union and professional association in U.S. history took another major step forward on Oct. 1 as members at the annual meeting of the Massachusetts Nurses Association cast an overwhelming vote to endorse affiliation with the new national union.

National Nurses United (NNU), unifying the 23,000-member MNA with the 86,000-member California Nurses Association/National Nurses Organizing Committee (CNA/NNOC) and the 45,000 member United American Nurses, is scheduled to hold its founding convention December 7 and 8 in Phoenix, Ariz. The new union will be comprised of more than 150,000 front-line direct care nurses working in 22 states.

At the annual meeting the membership also voted in favor of a motion by the Board of Directors to establish a process for the selection of delegates to attend the new national union's first convention. The motion:

- Affirmed the MNA Board of Directors' selection of Karen Higgins as the NNU's co-president and Beth Piknick as the vice president.
- Established a short-term policy for the selection of delegates to the first national convention in December whereby the Board of Directors will select up to 22 delegates from among interested MNA members.
- Called upon the Board to develop a long-term policy on the process for nominating and electing MNA delegates to the NNU's conventions going forward. The process that is developed will be presented to and voted on by the membership at the 2010 business meeting.

## How to submit your request to be selected as a delegate to the founding convention

To be eligible for selection as a delegate to the founding convention, you must be an MNA RN bargaining unit member in good standing who is able and willing to serve as a delegate for the MNA at the national convention, scheduled for Dec. 7–8, 2009. To be considered, you must submit a letter to the MNA Board of Directors indicating your interest in serving as a delegate to the national nurses union's convention. Such written notice must be received by the MNA Board no later than Nov. 16, 2009. The MNA Board will select from among the eligible members, with preference to secure delegates from the MNA regions equally. The Board will select the delegates at its November Board meeting.

Please mail your letter to the MNA Board of Directors, 340 Turnpike St., Canton, MA, 02021 or fax it to 781-821-4445. You can also e-mail your request to Robin Gannon at [rgannon@mnar.org](mailto:rgannon@mnar.org).

