

the Massachusetts

nurse.



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

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THE
ADVOCATE



**Cambridge Hospital
nurses vindicated!**

September 2010

MNASM

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Nurses' Guide to Single Payer Health Care

Patient safety and quality of life at stake

By Sandy Eaton

"Is that to save the hospital?" asked a woman outside a local supermarket a few weeks ago as I collected signatures to put a non-binding question on the ballot. I only thought for a split second before I answered in the affirmative.

The woman was the mother of one of my co-workers at Quincy Medical Center, a facility threatened with going under, where the administration has chosen to attack the nurses with a 3 percent wage roll-back, 5 percent health insurance cost shifting and other drastic measures as a solution.

The petition in my hand was to place a question on the November ballot pressing the state representative in the area to support legislation that would establish health care as a human right by creating a single-payer, Medicare-for-all system in the commonwealth.

She quickly signed the petition.

The fight to create a just health care system in Massachusetts and nationally goes on, a system in which nurses and other health care professionals are valued instead of scapegoated. In the free fall of the marketplace, there are winners and losers. In health care, we cannot afford any more losers. We need to reshape the system in which we labor in order to implement fully our mandate "to work for the improvement and availability of health care services for all people."

The Massachusetts Campaign for Health Care Justice, launched in January by Mass-Care and Jobs with Justice, will have non-binding, single payer questions on the ballot in 14 representative districts this November. The language of the ballot question is below, as is a list of the 14 districts.

"Shall the representative from this district be instructed to support legislation that would establish health care as a human right regardless of age, state of health or employment status, by creating a single payer health insurance system like Medicare that is comprehensive, cost effective, and publicly provided to all residents of Massachusetts?"

This question will appear on the Nov. 2 ballot in these districts: 2nd Berkshire, 4th Berkshire, 1st Franklin, 8th Hampden, 4th Middlesex, 13th Middlesex, 14th Middlesex, 29th Middlesex, 5th Norfolk, 11th Norfolk, 12th Norfolk, 11th Suffolk, 15th Suffolk and 13th Worcester.

These districts cover all or part of these communities: Acton, Alford, Ashfield, Becket, Belchertown, Bernardston, Blandford, Braintree, Brookline, Buckland, Cambridge, Carlisle, Chelmsford, Cheshire, Chester, Chesterfield, Chicopee, Colrain, Concord, Conway, Cummington, Dalton, Dedham, Deerfield, Dorchester, Egremont, Goshen, Great Barrington, Hampden, Hancock, Hinsdale, Huntington, Jamaica Plain, Lanesborough, Lee, Lenox, Leverett, Leyden, Lincoln, Marlborough, Middlefield, Mission Hill, Montague, Monterey, Mount Washington, New Ashford, New Marlborough, New Salem, Northfield, Norwood, Otis, Paxton, Pelham, Peru, Pittsfield, Plainfield, Richmond, Roxbury, Sandisfield, Sheffield, Shelburne, Stockbridge, Shutesbury, Sudbury, Sunderland, Tolland, Tyringham, Walpole, Washington, Watertown, Wayland, Wendell, West Stockbridge, Westwood, Whately, Williamsburg, Windsor, Worcester and Worthington.

This means that you may have a chance to vote for health care justice. To get involved in local coalitions building this campaign, contact:

Mass-Care:

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the Massachusetts nurse

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MNA SM
MASSACHUSETTS NURSES ASSOCIATION

Times are tough, but the MNA is ready—time for united action

By Donna Kelly-Williams

As the *Massachusetts Nurse* was heading to press, a strike was looming for the courageous nurses of North Adams Regional Hospital, who were making a stand for their patients, for their practice and for their own dignity. As they did so, the MNA was mobilizing: placing ads in the newspaper, on radio and television, mobilizing the labor and political community, generating incredibly positive media coverage and printing lawn signs, banners and store signs. Our labor educators and organizers were working with the nurses on building committees and strategies to win the strike. All of the MNA's resources were directed to the 102 nurses at this small community hospital. They are a small unit, but they were never alone, and they had a powerful voice because they are part of something bigger.

Their fight was our fight, and similar fights are brewing in all corners of the commonwealth. At Quincy Medical Center, nurses continue to battle an oppressive management team and dangerous staffing conditions. They too are placing ads in the media, posting lawn signs in their community and mobilizing to stand up for what they believe.



Donna Kelly-Williams

At Tufts Medical Center and Boston Medical Center, nurses there prepared for contentious negotiations with staffing at the center of the debate. Nurses in nearly every hospital are facing layoffs and restructuring, but again, they are

not alone. Their union is working for them, negotiating the impact of these layoffs to minimize the impact on nurses to the greatest extent possible.

Nurses at Cape Cod Hospital's psych unit have just learned that they will have a position added back to their unit in response to a campaign they waged with the MNA.

A group of Taunton school nurses made a powerful presentation before their school committee advocating for restoration of their jobs, a presentation developed and coordinated by the Region 3 community organizer.

On the legal front, our attorneys are advocat-

ing for members, winning a major arbitration decision at Cooley Dickinson Hospital to protect the nurses' pensions, which were illegally frozen. This issue of the *Massachusetts Nurse* features a story about Elaine Gill, a courageous nurse who was terminated by her hospital under trumped-up charges. The MNA won her case. Gill was reinstated and compensated for this injustice.

Wherever our members are facing problems, the MNA is there. The Board of Directors have been walking through facilities and attending meetings nearly every night. Yes, we are hearing fear and uncertainty, but we are also hearing a sense of solidarity and resolve by our members and we are seeing them looking to the MNA as a source of strength and power.

The times are indeed hard, but all of us, as members of the MNA, have nothing to fear as long as we stick together and work together. As always, the Board wants to hear from you and to work with you whenever you need us. Our names and e-mail addresses are on the MNA Web site and my direct line is 781-830-5780 or you can reach me at dkellywilliams@massnurses.org. ■

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Marathon talks yield tentative agreement with North Adams Regional Hospital

Marathon negotiations just days before the start of a Sept. 3 strike led to a tentative agreement on Sept. 2 between the Massachusetts Nurses Association bargaining unit and the North Adams Regional Hospital.

Negotiations over the contract between the 102 registered nurses and the hospital had been going on since January. The primary outstanding issues had been the hospital's concessionary proposals that the nurses believed would have been disastrous for both the quality of patient care and the quality of their lives.

"We are satisfied and relieved that we were able to work out a tentative settlement that serves the needs of our patients and our members," said bargaining unit chair, Ruth O'Hearn, RN. "We want to thank the community for the outpouring of support we have received. Everywhere we went our neighbors, our friends and our patients offered us their support. This positive settlement never would have been possible without the community's backing. It is our hope that after these conten-



Celebration: Members of the MNA bargaining unit at North Adams Regional Hospital after a tentative contract agreement was reached.

tious negotiations we will be able to work with the hospital as they go through their difficult financial problems and possible affiliation with Berkshire Medical Center."

The nurses are currently working to schedule a ratification vote. A pre-strike rally that was scheduled for the day before the strike became a celebration. ■

Final ruling finds Cambridge Hospital violated state labor law

In a complete victory for the nurses of Cambridge Hospital, the Commonwealth Employment Relations Board (CERB) issued its final ruling in late August, finding that Cambridge Health Alliance (CHA) violated state labor law by bargaining in bad faith and depriv-



ing nurses of their union rights. The ruling followed CHA's decision to prematurely cease negotiations, declaring impasse and unilaterally slashing nurses' retiree health benefit. CERB also flatly rejected the hospital's claim that it was eligible for an exception in this particular case, due to "externally imposed" and "economic" circumstances beyond their control.

In finding against CHA, the CERB issued an order calling upon the hospital to post a notice to all employees, stating that they broke the law "by unilaterally implementing changes to retiree health insurance contribution rates without satisfying the bargaining obligation set forth in M.G.L c 150E, Section 9 (public sector labor law)." The order further states that CHA will:

- Restore all terms of the retiree health insurance benefit for all MNA bargaining unit members in effect prior

to the Alliance's unilateral change.

- Participate in good faith collective bargaining procedures, including mediation, fact-finding, or arbitration, if applicable, as set forth in Section 9 of the law.
- Make whole employees for economic losses suffered, if any, as a direct result of the Alliance's actions, plus interest or any sums owed.

"We are thrilled and vindicated by the Board's ruling," said Betty Kaloustian, a nurse at the hospital and chair of the nurses' local bargaining unit. "The board got it right. Our employer had an obligation to negotiate with us and they chose not to. Unfortunately, the hospital's actions have had a devastating impact on those nurses who they were trying to force to retire, not to mention the impact on all the other nurses who were seeing their benefits slashed. We are appalled at the lack of respect shown to those nurses who have given their hearts and souls to this institution."

"The law could not be more clear on this point, and we are amazed that this public employer tried to claim otherwise," said Julie Pinkham, RN and executive director of the MNA. "While this case is settled, we can only hope those who made these unlawful decisions are held accountable for the financial cost involved in creating this crisis, as well as for the impact these actions will have on the nurses' trust in the CHA administration going forward."

The registered nurses of the Cambridge Hos-

pital campus of CHA, who are represented by the MNA, filed an unfair labor practice charge with the CERB against the hospital on July 1 for its refusal to engage in good faith negotiations with the nurses in their effort to reach agreement on a new union contract. A preliminary hearing before the CERB was held on July 8. The CERB issued a complaint against CHA on July 12 and the formal hearing on the complaint was held on Aug. 11.

At the hearing, the MNA argued that this was a simple case involving a blatant violation of nurses' rights, as the Cambridge Health Alliance declared an impasse after only five sessions and without first participating in the legally required process of mediation and fact-finding. Subsequent to the decision, the hospital implemented a 40 percent cut to the nurses retiree health benefit and forced the nurses to put in papers for retirement by July 31 if they wanted to retire with the current benefit. In response, the MNA argued for an expedited decision by the Board to prevent implementation of the CHA retirement cuts, as nurses would suffer harm by being forced to retire early.

On Aug. 18, the CERB issued an initial ruling in favor of the union, but scheduled a hearing two days later to provide the hospital with an opportunity to prove its claim that they are eligible for an exception in this particular case, due to "externally imposed" and "economic" circumstances beyond their control. In its final ruling, the CERB found no reasonable justification or evidence that supported CHA's actions. ■

RN at Brockton Hospital is exonerated, wins settlement

E laine Gill worked as a registered nurse at Brockton Hospital for more than 30 years and, by all accounts from those who knew her during her tenure there, was one the most valued and respected RNs at the hospital. But those 30 years hardly seemed to matter when, one day in 2008, the hospital brought a charge of poor clinical practice against Gill and she was terminated.

The MNA quickly filed a grievance—a grievance that went on to arbitration.

Alan McDonald, the attorney for the MNA who handled Gill's case, was ultimately successful in refuting the hospitals baseless charges, but he was quick to add that this was the longest arbitration he ever experienced, "with over 20 days of testimony." In the end, the arbitrator found in favor of Gill and ordered that she be "made whole," including payment of all lost wages and credit for lost years of service. The hospital then appealed the arbitrator's ruling to federal court.

About the same time that all this was going on, an article appeared in the *Brockton Enterprise*, which depicted Gill as a drug diverter—charges that were never part of the original complaint. Gill, who had since found new employment, received a call from her new employer shortly after the article appeared in the paper asking her if there was something she needed to tell them. She was now in fear of losing her new job even though she was exonerated of all charges. In addition, Gill, a life-long resident of Brockton, was now concerned about both her professional and non-professional reputation.

Soon after the article appeared in the paper, Gill's fellow nurses came to her aid by circulating a petition denouncing the newspaper and standing together in her support. Hundreds of nurses signed the petition. Soon after these events, the hospital requested a meeting to work out a settlement and the litigation over the arbitrator's decision was settled to the satisfaction of both Gill and the MNA.

John Gordon, Gill's MNA bargaining unit representative, said, "Justice was done, which is hard to believe after all the hospital put her through. Gill is one of the nicest and most caring nurses I have ever had the pleasure of working with in my 25-year career. All during her ordeal I received calls from her colleagues inquiring about her well being and about how the case was progressing. It is great to see that when a nurse is wrongly accused, the hospital can be made to pay." ■



Kathy Metzger, left, chair of the MNA bargaining unit at Brockton Hospital, with Elaine Gill, following her winning settlement.

"Justice was done, which is hard to believe after all the hospital put her through... It is great to see that when a nurse is wrongly accused, the hospital can be made to pay."

Nursing on Beacon Hill: Legislative Update



MNA Vice President Karen Coughlin speaks at an Aug. 17 rally outside Sen. Scott Brown's Boston office to protest his vote against health care funding for Massachusetts.

Senate Watch

On Aug. 4, the U.S. Senate, in a procedural vote and after several attempts, successfully moved legislation to provide Massachusetts with over \$700 million in federal funding for the FY11 budget year. This funding, known as FMAP (Federal Medical Assistance Percentages), provides states with additional dollars for various health care and social service programs. Originally part of the federal stimulus package which has saved millions of jobs nationwide, the FMAP funding at issue in this vote would have continued enhanced reimbursements from January through June 2011. The bottom line: \$655 million for health care, education and local services in Massachusetts. This money will help prevent layoffs of MNA members in the public sector, and preserve funding for hospitals all across the commonwealth.

A YES vote on August 4 was a vote to bring more dollars to Massachusetts. A NO vote was a vote to prevent those desperately needed dollars from flowing to the commonwealth.

How did YOUR U.S. Senators vote?



John Kerry



Scott Brown



YES



NO

Frank discussion:
MNA member Kathy Metzger (left) and MNA Vice President Karen Coughlin met with Congressman Barney Frank in July to discuss a variety of issues, including the pending sale of Caritas Christi Health Care, the state's second-largest hospital group, to the for-profit Cerberus Capital Management private equity firm.



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GET THE FACTS!

What are the facts about Question 3 — the ballot question that would cut the Massachusetts sales tax by more than half?



By Riley Ohlson
MNA Associate Director

Question 3, which will appear on the ballot this November, would cut the state sales tax from 6.25 to 3 percent, resulting in a loss of \$2.5 billion to the state budget. Last month we debunked myths about the impact of Question 3, which would harm local services in our communities. This month we look at how this drastic measure would specifically affect MNA bargaining units and our patients.

MYTH: This question doesn't directly affect me or my fellow MNA members. Why would the MNA even take a position on this question?

The Facts: Because state funding impacts every single one of our bargaining units! Teaching and community hospitals receive direct state aid, and many of the patients we see are only able to afford health care because of state subsidies and programs. Already, cuts in the state budget have impacted our bargaining units adversely:

- Quincy Hospital has cut RN salaries and benefits, as well as staffing. Quincy has always received direct aid from the commonwealth because it is a high-quality, low-cost provider, but this year it will get 50 percent less aid due to inadequate revenues. A \$2.5 billion tax cut would likely eliminate all aid to community hospitals like Quincy, forcing many of them to close.
- North Adams Hospital, another community hospital that relies heavily on state support and where MNA members face an attempt by management to gut their contract, could face a similar fate.
- Registered nurses and health care professionals who work for the commonwealth have already seen devastating cuts in services that have adversely impacted the quality of patient care and hit MNA members with layoffs, furloughs, huge health insurance hikes and attempts to close state facilities that serve vulnerable patients.
- Cuts in state aid to safety net hospitals are having a devastating impact on safety net providers:
 - ▶ Somerville Hospital has seen all inpatient services eliminated. Addictions services are no longer offered anywhere at the Cambridge Health Alliance.
 - ▶ Cambridge Hospital saw its in-patient pediatric unit close.
 - ▶ Boston Medical Center is closing the BU campus' emergency department and implementing 21 layoffs.

Your fellow registered nurses on the MNA's Board of Directors have voted to oppose Question 3 and they strongly urge you and your family to vote NO on this question in November.

MNA Board of Directors July 2010 BOD meeting highlights

- The MNA Assault Bill was signed into law on July 2! The bill increases penalties against individuals who attempt to harm nurses, doctors, social workers, and other health care workers. The bill went into effect immediately. Congratulations to all the MNA members and staff who have worked so hard to get this bill passed.
- Andi Mullin, director of legislation, reported on the MNA PAC meeting. The PAC sent out questionnaires to the candidates for the 10th Congressional seat being vacated by Bill Delahunt. They interviewed the two Democratic candidates whose questionnaires were returned. The PAC recommended that the BOD stay neutral in the primary.
- Julie Pinkham, MNA executive director, gave BOD members an overview of the Taft Hartley Pension Plan that MNA is currently negotiating at a number of facilities. A Taft Hartley is a multi-employer defined benefit pension plan that provides a defined, guaranteed benefit in retirement, which is paid out in monthly installments for the entire lifespan of the participant.
- The BOD approved the MNA Awards Committee's recom-

mendation for a new Retired MNA Member Award which will recognize a retired MNA member who continues to make a significant contribution to the MNA and the patient community through volunteerism and advocacy. The BOD also approved the recommendations of the awards committee and the MNA PAC for the 2010 annual and legislative awards.

- The BOD approved a position statement on opposing specific bylaws for the *Massachusetts Nurse*.
- The BOD established a subcommittee to look at the dues rate for per diem nurses.
- The BOD forwarded suggestions to the BOD Policy Committee to develop a policy for election of NNU delegates to the National Convention. The BOD will review in August.
- The BOD endorsed MNA sponsorship of "Nurses Night Out" at the DCU Center to be held on Sept 1.
- Please visit the MNA Web site for more information on the following job actions: North Adams nurses strike authorization vote; Cambridge Hospital nurses informational picket; and the Hyatt 100 rally.



MNA Appreciation Day at Six Flags: Hundreds of MNA nurses, along with their friends and family members, made their way to Six Flags New England on July 24 for a fun-filled day of amusement park adventures. Visitors who wore MNA blue or clothing that touted the organization's name received a few extra perks and a bit of extra fanfare throughout the day. Shown here: Samantha, Erica, Patrick and Amanda, who came along with Faulkner Hospital's Paula Hertello, took the time to make their own MNA T-shirts.

Fair Labor Standards Act: Federal protections for overtime work

By Tom Breslin

Associate Director of Labor Education

You may have read recently that large employers like Wal-Mart and Staples have had to pay large fines, sometimes into the millions, for violations of overtime standards and for requiring their employees to "work off the clock," that is, not paying employees for all hours worked.

Of all the federal laws governing work and the work place, one you should be familiar with and that affects almost everyone is the Fair Labor Standards Act (FLSA). This law establishes the minimum wage, sets standards for overtime pay, governs things like youth employment and applies to both the public and private sectors. It applies to most workers in a



Tom Breslin

majority of industries. The FLSA also identifies certain types of employees who are "exempt," in that they do not qualify for overtime pay.

While the FLSA covers many areas, it is important to note what it does not cover. The

FLSA does not require that employees receive vacations, holidays, sick leave, meal breaks, premium pay for weekend or holidays worked or other benefits. These are bargained in your contract and any changes must be addressed in negotiations (yet another reason to be glad you have a contract). Further, the FLSA does not limit the number of hours in a day or a week that a person can or must work if the employee is at least 16 years old.

One of the most important components of the FLSA is the section which describes what is counted for the calculation of overtime pay. As we all know, overtime is pay at one and one half a person's regular rate of pay for work performed in excess of 40 hours in a seven-day pay period. It is just as important to know, however, what must be included in the overtime calculations for registered nurses and health care professionals.

Since most MNA members work in acute care settings where there are a variety of types of premium and differential payments, members should make sure that these payments are included in their base rate of pay for the purpose of calculating the correct overtime rate. For registered nurses and health care professionals the "regular rate" includes an

employees' hourly rate plus other types of compensation such as bonuses and differentials.

Under the FLSA the only types of compensation excluded from the regular rate are specific payments such as discretionary bonuses, gifts, contributions to certain types of welfare plans, payments from profit sharing plans and pay for not taking vacations and holidays. A common error in calculating overtime in the health care industry involves the failure to include differentials and premium pay in the base rate.

Shift differential

If an RN or health care professional works an evening or night shift, the differential paid for those shifts must be included in the base hourly rate for those hours for the calculation of overtime. Under the FLSA, the additional half-time compensation (the overtime amount), must be paid on the regular rate which is defined as "the total remuneration divided by the total hours worked." Remember that the regular rate for the purpose of calculating overtime is not the hourly rate if a member works a shift for which shift differential is paid.

Bonuses

For the purpose of calculating overtime, the FLSA requires that non-discretionary bonuses be included in the regular rate of pay. Non-discretionary bonuses are those which are "announced to employees to encourage them to work more steadily, rapidly or efficiently and bonuses which are designed to encourage employees to remain with a facility." Under the FLSA, few bonuses are discretionary. Consequently, most bonus payments must be included in the base rate.

The classic example is the facility which pays a bonus for not calling in sick or for otherwise working all scheduled hours. The same applies for bonuses like extra shift bonuses, retention bonuses, etc. That bonus payment must be included with the regular rate for calculating the overtime rate.

Eight and 80-hour standard

Most MNA contracts contain language which describes a 40-hour standard for overtime purposes. That is, when a RN or HCP works in excess of 40 hours in a seven-day period, the additional hours are paid at the overtime rate.

The FLSA also contains language which permits the health care industry to utilize a different overtime standard than the 40 hour standard that we are accustomed to. Hospitals and residential care facilities are permitted to

utilize an overtime standard in which overtime is paid after either eight hours in a day or 80 hours in a 14-day pay period. This is used in health care primarily because of the weekend scheduling pattern in hospitals. It permits employees to work more than 40 hours in a week and not be paid overtime provided they do not work more than eight hours in a shift or if they work fewer than 40 hours in the next week.

To use this standard, the employer is required to have an agreement with the union representing affected employees before the work is performed. An employer is permitted to utilize both the 40 hour and the eight and 80 in the same facility depending on the scheduling patterns for employees, but they must use one standard for individual employees. It must also be applied consistently; the employer may not change the standard week to week or pay period to pay period to their advantage.

The FLSA also applies to issues like travel time for those employees for whom travel is part of their principal activity, such as travel from job site to job site like VNA nurses. This does not apply to travel to and from work either before or after the work day.

Attendance at lectures, meetings, training programs, etc is considered hours of work unless all the following criteria are met:

- Attendance is outside the employee's regular hours
- Attendance is voluntary
- The course material is not directly related to the employees' job
- The employee does not perform any productive work during such attendance

Among other questions that frequently come up regarding the FLSA is one regarding meal breaks. Bona-fide meal breaks are **not** considered work time and the employee should not be paid for them. In exchange for that, however, the employee must receive a break which is duty free. If they are interrupted and they perform work duties during this time, they should be paid for their meal break time at the overtime rate if applicable.

The FLSA is administered by the Wage and Hour Division of the U.S. Department of Labor. Questions about pay practices and complaints can be directed to their office. They have the ability to investigate a complaint and go back as far as two years, three years for willful violations. If a complaint is substantiated, they can order back pay and, in some cases, damages.

Questions about the FLSA or DOL procedures should be directed to your labor division associate director. ■

Solidarnosc

Marking the founding of the Polish trade union Solidarnosc

By Joe Twarog

Associate Director of Labor Education

This September marks the 30th anniversary of the founding of the first independent self-governing trade union in a Soviet-occupied country—the Polish union Solidarnosc (Solidarity). Its birth followed years of struggle for a voice in the workplace that also took the lives of many workers. The union was established in the Gdansk shipyards in August/September 1980. It was more than a trade union however, in that it was instrumental in bringing an end to foreign repressive, totalitarian rule in Poland, and eventually throughout eastern Europe.

A precursor to the 1980 events occurred in December 1970 as a result of an increase in food prices and other everyday items. Due to an economic crisis, demonstrations broke out all over the country, which were brutally put down by the army. The army fired into the crowds of workers and killed some 42 and wounded another 1,000 at the Lenin Shipyard in Gdansk. In Dec. 1980 a memorial was raised to commemorate this event.

As the country's economy continued its downward spiral, workers were reinvigorated and began organizing. In July 1980 the corrupt government once again raised prices on food and commodities and depressed wages, leading to increased public and labor unrest. But it was the firing of a popular crane operator, Anna Walentynowicz, at the Lenin shipyard in Gdansk that set the spark for a



Joe Twarog

general strike and the eventual founding of Solidarnosc. She was a dedicated organizer whom her bosses considered a troublemaker, and fired her for alleged "anti-government activities." (Walentynowicz died at age 80 in the April plane crash that took the

lives of 95 others, including the president of Poland Lech Kaczynski, who were on their way to commemorate the Soviet massacre of Polish officers in the Katyn forest).

A sit-down strike began and committees formed that drew up a series of 21 demands on the government, including: union recognition, the right to strike, freedom of expression, the release of political prisoners, increased pay, pension reform, access to mass media, the guarantee of the return to work of striking workers, as well as compensation of all workers taking part in the strike, and, interestingly:

- Improvement in working conditions of health care services to ensure full medical care for workers.
- Assurances of a reasonable number of places in day-care centers and kindergartens for the children of working mothers.
- Paid maternity leave for three years.

Lech Wałęsa, a fired electrician, became the face of the strikes and the union. Strikes swept the country over all industries, and despite the government's efforts to isolate Gdansk and to limit communications (news censorship, cutting phone service, rail, road and air links cut etc.) the workers established their own highly effective underground communications network.

Intense negotiations with the union—that were broadcast openly over the shipyard's PA system—resulted in an agreement. On Sept. 3, 1980, the government signed the agreement with the union conceding to all of their demands. Later that month the Polish Communist leader was also deposed and replaced. The new union soon set up a national governing structure with 38 regions. In the following year

about 10 million workers joined the union (of a total population of 35.5 million), as it became transformed into a social and revolutionary movement.

Inevitably in December 1981, the threatened government outlawed and crushed the union, arresting and jailing its officers (including Wałęsa) and declaring martial law throughout the country.

The formation of the union and the declaration of martial law stirred world-wide attention. The public in the U.S. was well aware and supportive of the labor events in Poland, even as the Professional Air Traffic Controllers Organization's union was being crushed here by President Ronald Reagan. Ironically and hypocritically, many world leaders (including Reagan and Margaret Thatcher of Great Britain) supported the events in Poland (in part because Solidarnosc challenged the communist dictatorship) while opposing union organizing at home.

The union was forced underground through 1988. Significant events followed: Lech Wałęsa won the Nobel Peace Prize (1983), the Ministry of Internal Security murdered a popular pro-Solidarity priest (1984), mass arrests and imprisonments continued.

But by 1988 the economy worsened again as prices rose by 40 percent. Strikes swept the country. Finally the government relented and legalized Solidarnosc once again. The union ran candidates in 1989 capturing 160 of 161 contested Sejm (lower house of parliament) seats, and 92 of 100 Senate seats. A new Solidarnosc-led government was formed as the Communist party was ousted. In December 1990, Lech Wałęsa was elected and became the first president of Poland ever elected by popular vote.

In the following years, the union itself faced many internal crises, with ups and downs and many changes in course and philosophy. Despite its early spectacular successes, the road has not been a smooth one for the union in the post-communist era. Nonetheless, it is important to recognize and commemorate that it was the courageous ordinary workers who organized and fought for their rights, while challenging the enormous power of the Soviet empire—and succeeded. These are lessons to be learned and remembered. ■



Anna Walentynowicz

Maryland nurse researcher dubunks Magnet hospital designation

By Mary Crotty
Associate Director of Nursing

New nursing research found no significant differences in hours worked, nursing practice environment, physical demands placed on nurses or in perceived patient safety between Magnet-hospital nurses and non-Magnet nurses. On all three of these critical indicators of hospital and patient safety, there was no advantage to being a Magnet hospital, according to the study by a University of Maryland nursing professor.

Interestingly, Magnet hospital nurses were less likely to self-report mandatory overtime and physical demands, yet in reality the hours worked and the actual physical demands found by the study were nearly identical for Magnet and non-Magnet nurses. Perhaps nurses working in Magnet hospitals think that the Magnet designation is giving them benefits that other nurses don't have, but this research finds that not to be the case.

The American Nurses Credentialing Center (ANCC) recognizes 348 health care organizations in the U.S. and four internationally as "Magnet." The designation evolved several decades ago as a strategy to decrease nursing turnover and aid hospitals in retaining nurses through supposedly more supportive work environments. Magnet certification has been a lucrative product for the ANCC (a subsidiary of the ANA) over the years. There currently are seven Magnet hospitals in Massachusetts:

| Hospital | City | Year Recognized |
|--------------------------------|-------------|-----------------|
| Baystate Medical Center | Springfield | 2005 |
| Children's Hospital | Boston | 2008 |
| Dana-Farber Cancer Institute | Boston | 2005 |
| Lahey Clinic | Burlington | 2009 |
| Massachusetts General Hospital | Boston | 2003 |
| South Shore Hospital | Weymouth | 2009 |
| Winchester Hospital | Winchester | 2003 |

The fact that South Shore Hospital was Magnet designated last year is sufficient to illustrate the meaninglessness of the label. South Shore is host to very serious problems of understaffing, long waits, dangerous conditions for patients, nurse turnover and dissatisfaction.

Professor Alison Trinkoff of the University of Maryland School of Nursing and colleagues conducted the research using data from the Nurses Worklife and Health Study (Trinkoff et.al., 2006)*, with responses from 837 nurses working in 14 Magnet and 157 non-Magnet facilities across the country. The study was published in the July/August issue of JONA (Journal of Nursing Administration). The research was partly funded by the National Council of State Boards of Nursing, the trade association for state boards of nursing, which is generally aligned with industry (hospitals and their state associations) in attitudes and policies, so there is almost certainly no research bias at work for the study authors.

*The "Nurses Work life and Health Study" (Trinkoff, et al., 2006), a longitudinal study of 2,273 registered nurse respondents, found that 17 percent of staff nurses, 4 percent of managers and 7 percent of advanced practice registered nurses regularly exceeded the IOM's recommendation that:

"To reduce error-producing fatigue, state regulatory bodies should prohibit nursing staff from providing patient care in any combination of scheduled shifts, mandatory overtime, or voluntary overtime in excess of 12 hours in any given 24-hour period and in excess of 60 hours per 7-day period" (IOM, 2004).

Nomination and election of MNA delegates to the NNU Convention

The following policy proposal addresses the specifics of when and how delegates from the MNA membership will be elected for NNU delegate conventions. It is included here so that members may review it prior to it being taken up at the MNA's annual business meeting on Thursday, Oct. 14.

MNA delegates to the NNU convention will be directly elected through a secret ballot election by MNA RN Labor Program members in good standing within each MNA Region. MNA delegates to the NNU convention will serve a two-year term. The term will commence at the close of business at the Annual MNA Business Meeting and end at the close of business of the Annual MNA Meeting two years from the commencement of the term. Any MNA RN Labor Program member in good standing may complete and submit a consent-to-serve form to the nominations and elections committee. The deadline for submission

of consent-to-serve forms will be in accordance with MNA's nominations and elections policy.

In order to ensure appropriate representation from across Regions within the MNA, the delegates shall be elected as follows: MNA Regions will elect one delegate for each 1,000 RN Labor Program members in good standing in the respective Region. There will be one alternate delegate elected by RN Labor Program members in good standing within each MNA Region. The number of delegates to be elected from each Region will be based upon the RN Labor Program members in good standing in each Region on June 30 the year preceding the NNU convention. The election of delegates to the NNU convention will take place in conjunction with the annual MNA election in the appropriate years.

This policy, including application and deadline, is to comply with the MNA policy for nominations and elections and applicable laws. ■

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.

TERM LIFE INSURANCE

LEAD BROKERAGE GROUP 800-842-0804
Term life insurance offered at special cost discounts.

LONG TERM CARE INSURANCE

WILLIAM CLIFFORD 800-878-9921, x110
Flexible and comprehensive long-term care insurance at discount rates.

SHORT TERM DISABILITY INSURANCE

INSURANCE SPECIALIST LLC 888-474-1959
Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE

LEAD BROKERAGE GROUP 800-842-0804
Provides income when you are unable to work due to an illness or injury.

RETIREMENT PROGRAM

AMERICAN GENERAL FINANCIAL GROUP/VALIC 800-448-2542
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

HOME MORTGAGE DISCOUNTS

RELIANT MORTGAGE COMPANY 877-662-6623
Save on your next home loan/mortgage with discounts available to MNA members and families. Receive free mortgage pre-approvals.

LIFE & ESTATE PLANNING

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

BLUE CROSS BLUE SHIELD

For details on health insurance plans, call 800-422-3545, ext. 65414

Products & Services

AUTO/HOMEOWNERS INSURANCE

COLONIAL INSURANCE SERVICES, INC. 800-571-7773
MNA discount available for all household members. No service changes with convenient EFT payment.

CELLULAR TELEPHONE SERVICE

AT&T WIRELESS 800-882-2056, EXT. 726
MNA members can now go to any AT&T Wireless company store for all transactions. 24% discounts on rate plans.

T-MOBILE 866-464-8662
Get a free phone, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee for members.

DISCOUNT DENTAL & EYEWEAR PROGRAM

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

ASSOCIATED EDGE (FORMERLY MEMBER ADVANTAGE)

ASSOCIATED EDGE 781-828-4555 OR 800-232-0872
Discount prices on a broad range of products. Log into myMNA.

OIL NETWORK DISCOUNT

COMFORT CRAFTED 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

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

BROOKS BROTHERS DISCOUNT

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

Travel & Leisure

CAR RENTAL

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
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.

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 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.

SIX FLAGS NEW ENGLAND

Seasonal. Contact MNA's Division of Membership at 800-882-2056, x726.



The MNA Labor School has been restructured. It now consists of six separate tracks of classes running for four weeks each (except for Computer Training which will remain at six weeks) in each of the five MNA Regions. The class material is standardized across the regions, so that if someone misses a class in one region, they could pick that up in another region.

At the conclusion of each track, participants will receive a certificate of completion. Any MNA member who completes any two tracks will receive an MNA blue jacket with "MNA Labor School" silk-screened on the jacket.

There are no prerequisites for attending any track. Members are free to attend any track they choose and need not follow them in order. Each track is self-contained with a focus on a specific area of concentration.

Additionally, one does not have to be a union officer or floor representative to participate. All MNA members are welcomed and encouraged to attend.

Pre-registration through the Regional office is necessary. Evening classes run from 5:30–7:30 p.m., with a light meal provided at 5 p.m. **Classes marked in red on the calendar are held in the mornings from 10 a.m. – noon.**

Coffee and snacks are provided for morning classes.

All courses are free and open to any MNA member.

| Track 1: MNA Overview and Structure | | | | | |
|---|----------------|---|----------------|---|-------|
| Region | 1 | 2 | 3 | 4 | 5 |
| Week 1: Overview of the MNA: Divisions and Bylaws, Legislative & Governmental Affairs | | | | | |
| Week 2: Nursing Division and Health & Safety | | | | | |
| Week 3: Public Communications | | | | | |
| Week 4: Organizing and Labor Action Divisions | | | | | |
| Track 2: Role of the Floor Rep., Grievances and Arbitration | | | | | |
| Region | 1 | 2 | 3 | 4 | 5 |
| Week 1: Role of the Floor Rep., Identifying Grievances vs. Complaints, Review of the Grievance Procedure and Timelines | 9/15 9/15 | | 9/22* 10/19 | | 9/13 |
| Week 2: Grievance Investigation and the Right to Information, Discipline and Just Cause, Past Practice | 9/29 9/29 | | 10/2* 11/1 | | 9/27 |
| Week 3: Writing & Filing Grievances, Preparing the Case, Weingarten Rights, Organizing around Grievances | 10/6 10/6 | | 11/10 | | 10/4 |
| Week 4: Presenting the Grievance, Settling Grievances, Arbitration, ULPs | 10/20 10/20 | | 11/16 | | 10/18 |

| Track 3: The Collective Bargaining Process | | | | | |
|---|----------------|----------------|---|---|-------|
| Region | 1 | 2 | 3 | 4 | 5 |
| Week 1: Collective Bargaining and the Legal Foundation, Process Overview, Ground Rules, Bargaining Committees and the Contract Action Team | 11/3 11/3 | 9/16 9/16 | | | 11/8 |
| Week 2: Preparing for Bargaining—Surveys, Calendar, Priorities, Defining and Developing a Contract Campaign, The Committee Decision Making Process | 11/17 11/17 | 9/30 9/30 | | | 11/22 |
| Week 3: At the Bargaining Table—Tactics and Signals, Roles at the Table, Writing Contract Language, Leverage & Pressure Tactics, Use of the Media | 12/1 12/1 | 10/21 10/21 | | | 12/6 |
| Week 4: Contract Costing, Strikes & Job Actions, Mediation, Impasse, Agreement, Committee Recommendation and Ratification | 12/15 12/15 | 11/18 11/18 | | | 12/20 |

| Track 4: Computer Training | | | | | |
|--|---|---|---|---|---|
| Region | 1 | 2 | 3 | 4 | 5 |
| Week 1: Excel 1 | | | | | |
| Week 2: Excel 2 | | | | | |
| Week 3: Excel 3 | | | | | |
| Week 4: Word 1 | | | | | |
| Week 5: Word 2 | | | | | |
| Week 6: Using the Internet and MNA e-mail | | | | | |

Track 5: Building the Unit, Building the Union

| Region | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Week 1: Member Participation, Bargaining Unit Structure and Bylaws, Internal Organizing and Mapping the Workplace | | | | | |
| Week 2: Basic Union Building Tools—Internal Communications, Contract Language, Use of Unit Newsletters & Bulletin Boards, Organizing around Grievances | | | | | |
| Week 3: Running Union Membership Meetings, Leadership Development and Officer Elections, Dealing with Apathy | | | | | |
| Week 4: Strategic Planning, Labor and Community Coalitions, Workplace Actions and Strikes, Work to Rule | | | | | |

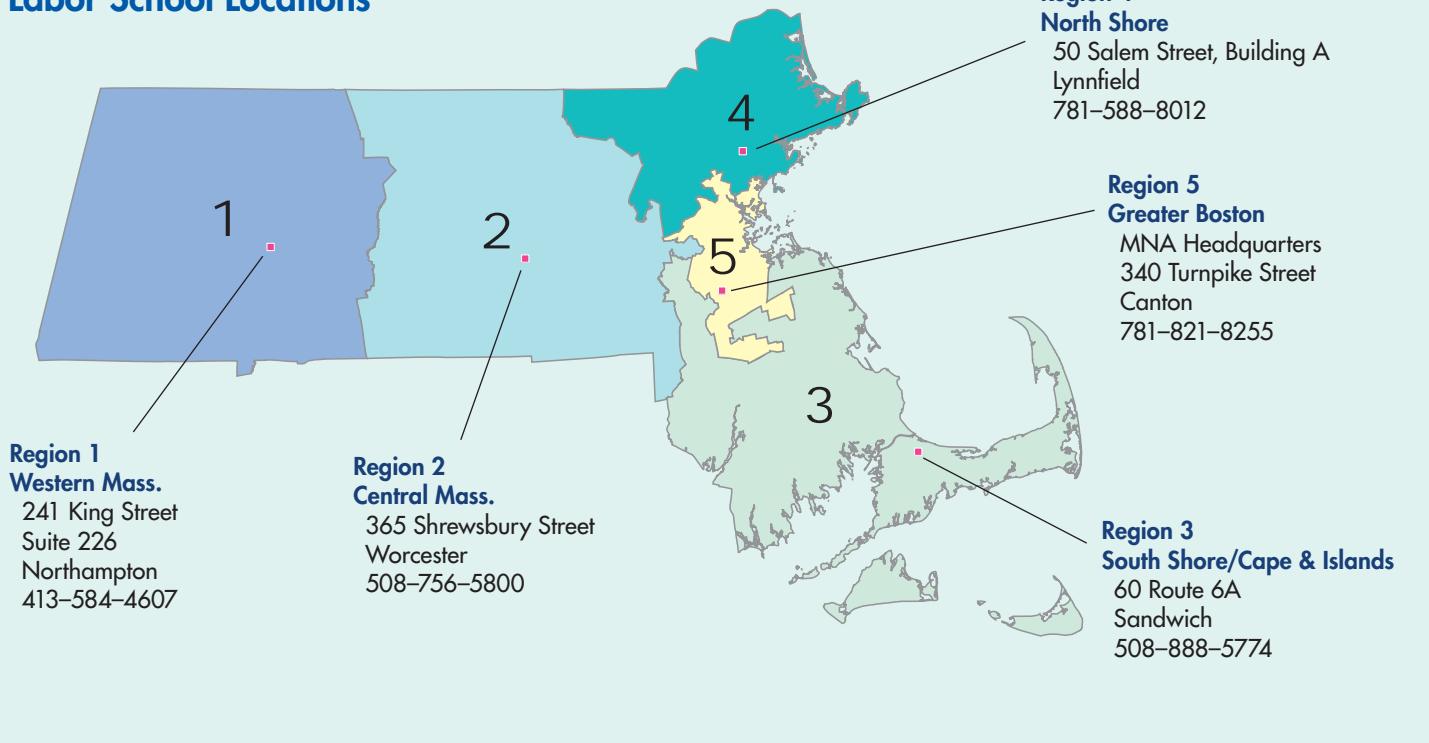


Track 6: Labor Law and Special Topics

| Region | 1 | 2 | 3 | 4 | 5 |
|---|---|---------------------------|---|---|---|
| Week 1: Family and Medical Leave Act, Massachusetts Small Necessities Leave Act, Worker Adjustment and Retraining Notification Act (WARN) | | 12/16 12/16 | | | |
| Week 2: Fair Labor Standards Act, Labor-Management Reporting and Disclosure Act, HIPAA (Health Insurance Portability and Accountability Act) | | 12/30 12/30 | | | |
| Week 3: Workers Compensation, Occupational Safety and Health Act, Americans with Disabilities Act, Uniformed Services Employment and Reemployment Act (USERRA) | | 1/6/11 1/6/11 | | | |
| Week 4: The Kentucky River/Oakwood Cases and the NLRB and Nurse Supervisory Issues, The National Labor Relations Act and Chapter 150(e) | | 1/27/11 1/27/11 | | | |

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

Labor School Locations



MNF golf tournament a big success in raising scholarship funds

The Massachusetts Nurses Foundation—a non-profit organization whose mission is to support scholarship and research in nursing and health care—held its annual golf tournament on July 19, and was successful in raising over \$20,000 for its scholarship programs. The tournament named in memory of Rosemary Smith, RN a longtime leader and advocate for the nursing community and a tenacious fundraiser and supporter for the MNF.

More than 110 participants enjoyed the 18-hole, Florida scrambl-style tournament at the LeBaron Hills Country Club in Lakeville. The day's events included a buffet awards luncheon followed with raffle prizes and awards presented to the lowest scores for female, male and mixed foursomes.

Female winners: Joanne Raby, Julie Bunn, Phyllis Berg, Caroline Tocci.

Male winners: Oscar Miranda, Rick Miranda, Tim Noone, Matt Viena.

Mixed winners: Jeannine Williams, Mary Krumsiek, Jim Mitchell, Jon-Gary Williams.

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, Deb Hickey, Deb Rigiero, Eileen Norton, Kathy Metzger, Marguerite Sousa, Nancy Byrne, Pat Conway, Phyllis Sheldon, Tina Russell, and William Salazar.

Generous patron sponsors of this year's tournament included:

- Arbella Insurance
1100 Crown Colony Drive
Quincy, MA 02269
- Colonial Insurance
310 North Main Street #6
Mansfield, MA 02048
- McDonald, Lamond & Canzonieri,
Attorneys
153 Cordaville Road, Suite 320
Southborough, MA 01772
- Mindshift Technologies

307 Waverly Oaks Road, Suite 201
Waltham, MA 02452

- MNA Regional Council 3 — South Shore/Cape Cod Area
- MNA Regional Council 5 — Greater Boston Area MNA
- Unit 7 State Chapter of Healthcare Professionals

The MNF thanks all other donors:

- Anchor Capital Advisors, LLC
- Brockton Rox
- Central MA - AFL-CIO
- Claranne & James Parker
- Curtin, Murphy and O'Reilly, P.C.
- HarborOne Credit Union
- Jeff Vigeant
- F1 Boston
- Nurse Discount Home Mortgage by Reliant Mortgage
- Ocean Spray Cranberries, Inc.
- Siena Construction Corporation
- Tina Russell, RN
- UBS Financial Services, Inc.

We thank Deb's Cleaning Service for its donation and we apologize for our omission of acknowledgment at the event. ■

Winners' photos on next page ►

Deb's Cleaning Service is committed to providing its clients with superior services. We will travel to your project throughout New England including; Massachusetts, Connecticut, Rhode Island, Maine, and New Hampshire. For more information or to request a specific service call or email us today!

Deb Savoie • 508-868-9878 • dawnsavoie@rocketmail.com

Member of the Worcester Chamber of Commerce



Mixed winners: Jim Mitchell, Mary Krumsieck, Jeannine Williams, Jon-Gary Williams.



WINNERS!



Female winners: Joanne Raby, Julie Bunn, Caroline Tocci, Phyllis Berg.



Male winners: Oscar Miranda, Rick Miranda, Tim Noone, Matt Viena.

Donations Needed for MNF Annual Auction!

Help support nursing scholarships and research by donating an item, product or service to the annual Massachusetts Nurses Foundation auction — to be held at the MNA 2010 Convention in October at the DCU Center in Worcester.

Some ideas for auction donations:

- ✓ Valuable Personal Items
- ✓ Gift Certificates for Goods or Services
- ✓ Works of Art
- ✓ Craft Items
- ✓ Memorabilia & Collectibles
- ✓ Vacation Packages
- ✓ Gift Baskets

For auction donor form, contact the MNF at 781-830-5745.
Or you can mail or deliver your donation to the MNF,
340 Turnpike St., Canton, MA 02021.



Proceeds benefit scholarship programs

MITSS Annual **HOPE** Award

Honoring Outstanding People Everywhere
who have furthered the MITSS mission of supporting healing and restoring hope

3rd Annual MITSS Hope Award

Nominations are now being accepted for the **Third Annual MITSS HOPE Award**. The MITSS HOPE Award was established in 2008 to recognize people —patients, families, health care providers, hospitals (or teams or departments), academic institutions, community health centers, grass roots organizations, EAP programs, etc.—who exemplify the mission of MITSS: Supporting Healing and Restoring Hope to patients, families and clinicians impacted by adverse medical events, medical errors, or unexpected outcomes. This year's award is being sponsored by rL Solutions, and the winner will receive a \$5,000 cash prize to continue their work.

The award will be presented at the MITSS 9th Annual Dinner at the Westin Copley Place on Nov 4. Visit www.mitsshopeaward.org for eligibility criteria, submission requirements, deadlines, and more. Nominate someone who is doing great work (including yourself)!

Save the Date

October 13-15

MNASM
MASSACHUSETTS NURSES ASSOCIATION

2010 CONVENTION



SHAPING OUR FUTURE TOGETHER



Go to www.massnurses.org for more information to come.

Notice to members and non-members regarding MNA agency fee status

In private employment under the National Labor Relations Act

This notice contains important information relating to your membership or agency fee status. Please read it carefully.

Section 7 of the National Labor Relations Act gives employees these rights:

- To organize
- To form, join or assist any union
- To bargain collectively through representatives of their choice
- To act together for other mutual aid or protection
- To choose not to engage in any of these protected activities

You have the right under Section 7 to decide for yourself whether to be a member of MNA. If you choose not to be a member, you may still be required to pay an agency fee to cover the cost of MNA's efforts on your behalf. If you choose to pay an agency fee rather than membership dues, you are not entitled to attend union meetings; you cannot vote on ratification of contracts or other agreements between the employer and the union; you will not have a voice in union elections or other internal affairs of the union and you will not enjoy "members only" benefits.

Section 8(a)(3) of the National Labor Relations Act provides, in pertinent part:

It shall be an unfair labor practice for an employer –

(3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other statute of the United States, shall preclude an employer from making an agreement with a labor organization ... to require as a condition of employment membership therein on or after the 30th day following the beginning of such employment or the effective date of such agreement, whichever is the later. If such labor organization is the representative of the employees as provided in Section 9(a), in the appropriate collective bargaining unit covered by such agreement when made...

Under Section 8(a)(3), payment of membership dues or an agency fee can lawfully be made a condition of your employment under a "union security" clause. If you fail to make such payment, MNA may lawfully require your employer to terminate you.

This year, the agency fee payable by non-

members is 95 percent of the regular MNA membership dues for chargeable expenditures. Non-members are not charged for expenses, if any, which are paid from dues which support or contribute to political organizations or candidates; voter registration or get-out-the-vote campaigns; support for ideological causes not germane to the collective bargaining work of the union; and certain lobbying efforts. MNA has established the following procedure for non-members who wish to exercise their right to object to the accounting of chargeable expenditures:

1. When to object

Employees covered by an MNA union security clause will receive this notice of their rights annually in the Mass Nurse. If an employee wishes to object to MNA's designation of chargeable expenses, he or she must do so within thirty days of receipt of this notice. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Employees who newly become subject to a contractual union security clause after September 1, or who otherwise do not receive this notice, must file any objection within thirty days after receipt of notice of their rights.

MNA members are responsible for full membership dues and may not object under this procedure. MNA members who resign their membership after September 1 must object, if at all, within 30 days of the postmark or receipt by MNA of their individual resignation, whichever is earlier.

Objections must be renewed each year by filing an objection during the appropriate period. The same procedure applies to initial objections and to renewed objections.

2. How to object

Objections must be received at the following address within the thirty-day period set forth above:

Massachusetts Nurses Association
Fee Objections
340 Turnpike Street
Canton, MA 02021

Objections not sent or delivered to the above address are void.

To be valid, objections must contain the following information:

- The objector's name
- The objector's address

- The name of the objector's employer
- The non-member's employee identification number
- Objections must also be signed by the objector

Objections will be processed as they are received. All non-members who file a valid objection shall receive a detailed report containing an accounting and explanation of the agency fee. Depending on available information, the accounting and explanation may use the previous year's information.

3. How to challenge MNA's accounting

If a non-member is not satisfied that the agency fee is solely for chargeable activities, he or she may file a challenge to MNA's accounting. Such a challenge must be filed within 30 days of receipt of MNA's accounting. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Challenges must be specific, and must be made in writing. Challenges must be received by MNA at the same address listed above in section 2 within the 30-day period to be valid. Challenges not sent or delivered to that address are void.

Valid challenges, if any, will be submitted jointly to an impartial arbitrator appointed by the American Arbitration Association. MNA will bear the cost of such a consolidated arbitration; challengers are responsible for their other costs, such as their travel expenses, lost time, and legal expenses, if any. Specifically challenged portions of the agency fee may be placed in escrow during the resolution of a challenge. MNA may, at its option, waive an objector's agency fee rather than provide an accounting or process a challenge. ■

MNA membership dues deductibility for 2009

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

| Region | Amount | Percent |
|-------------|---------|---------|
| All Regions | \$39.00 | 5.0% |



Mortgage Rates Have Dropped!

Are you missing out on lost opportunity?

MNA Member Program Benefits:

- \$275 Discount Off Closing Costs
- 1/8% Discount Off Points Incurred
- 10% Discount On Owner's Title Insurance
- 10% Discount on Homestead Act
- Free Review of Purchase & Sales Agreement *
- Free Pre-Approvals and Credit Analysis
- Program Available to Direct Family of MNA Members

The Health Professional / Nurse Discount Mortgage Program. It's Your Benefit!

"As a first time homebuyer, I had a lot of questions and concerns. The program representative showed patience, put my needs first and got me a great low rate."

- Amy Moitoza (MNA Member)



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(1-877-MNA-MNA3)

www.mnalend.com

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MNA endorsed lender,
Reliant Mortgage Company, LLC"**

MA Lic. MC1779; NH Lic. #8000-ABBB; CT Lic. 10182; RI Lic. #20001277LW; ME Lic. #ELM0794. Not every applicant will qualify for these programs.* Reviewed by licensed attorney