

the Massachusetts

# nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

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ADVOCATE

## Turning up the heat on Wall Street



August 2011



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## Protecting Medicare on its 46th birthday

On July 30, Medicare celebrated its 46th birthday. Together with Social Security, Medicare represents the crown jewels of the "social insurance model." Medicare provides comprehensive, single-payer health care to nearly every American over 65. Polls show 72 percent of all Americans agree that this right should not be diminished in any way.

Despite such widespread public support, today the entire social insurance model is under broad and systematic attack. From Wisconsin to Florida and New York to California, nearly every state is in the throes of a fiscal crisis brought on by Wall Street greed and is responding by undermining the hard won rights, benefits and programs that sustain working people, their families and their communities. And on Aug. 2, just three days after Medicare's birthday, the "debt cap limit" deadline threatened a complete government shutdown if major cuts were not made to Medicare, Medicaid, Social Security and other programs.

The entire labor movement is mobilizing to defend Social Security, Medicare and Medicaid. The National Nurses United has launched its Main Street Contract Campaign calling for the defense and expansion of the social safety net by making Wall Street pay. Many local and state coalitions are also emerging around these issues.

The Labor Campaign for Single Payer advocates the "high road solution" to these unprecedented attacks on the well-being and security of workers everywhere: solve health

care first, make the rich pay their fair share and transfer resources from military expenditures and corporate welfare to programs benefiting working people. In particular, we work to improve and strengthen Medicare by expanding it to everyone in America. The entire budget deficit would disappear if per capita health care costs in the U.S. were the same as in any other industrialized country with a national health care system.

The choice couldn't be clearer: continue to strip away basic benefits and rights from hard-working Americans or take on Wall Street and the for-profit health care industry by fighting to make health care a right and to reallocate resources to meet human needs.

We urge you to take the occasion of Medicare's 46th birthday to join with others who are working to defend and expand the social insurance model and to raise the call for Medicare-for-All as a solution to the crisis. Here are a few things you can do to organize around this issue:

- Download Healthcare NOW's "Medicare is the Solution" Organizer's Toolkit and work with others in your community to organize a birthday celebration.
- Participate in the Progressive Democrats of America's Healthcare Not Warfare Brown Bag Lunch Vigils.
- Organize a delegation to meet with your congressional representatives and senators during the summer recess. Tell them you will not support anyone who votes to cut, undermine or weaken essential social insurance programs. Ask them to co-sponsor S.703/HR 1200—the Sanders/McDermott Health Security Act of 2011 (endorsed by the AFL-CIO) and HR 676—the Conyers Medicare for All Bill.

The stakes couldn't be higher. The next few months could very well determine the fate of Medicare, Medicaid and Social Security. We need your active participation to help turn the tide and build the movement for Medicare-for-All.

**In Solidarity,**  
**Mark Dudzic**  
**National Coordinator**



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Massachusetts Nurses Association **MNA** National Nurses United

# It's time for a Main Street Contract for America and it's nurses who need to lead the fight

By Donna Kelly-Williams  
MNA President

With continuing high employment, stagnating wages, skyrocketing health care costs, and tens of millions of Americans facing housing, nutrition and retirement insecurity, the American dream is slipping away for far too many. That is why NNU/MNA is pushing for a Main Street Contract for the American People, a new binding relationship for their security, for their families and for future generations. This issue of the *Massachusetts Nurse Advocate* provides our readers with an overview of this historic campaign, highlighting recent actions we have taken in this exciting effort to change this country for the good of working people. Please see the stories on pages 12-15 for all the details.

In my column this month I want to highlight why the NNU and the MNA are leading this fight for economic justice and security.

## Why us?

**We are witnesses to the trauma.** As nurses, we all have personal experience every day in our practice in dealing with the casualties of this corporate war on working Americans. In our emergency rooms and on the floors of acute care facilities, in the homes served by our visiting nurse members, in the schools served by our school nurses, in the homeless shelters and mental health facilities where our members work in the public sector, we are seeing patients and families suffering the physical and mental illness associated with loss of work, increasing poverty, hunger,



Donna Kelly-Williams

homelessness and economic stress. This includes:

- Stress-induced heart ailments in younger patients
- Hypertension
- Pancreatitis, including more cases in children due to high fat diets
- "Gut" disorders, such as colitis
- Obesity linked to poverty
- Increased mental illnesses for all age groups; anxiety disorders among youth
- Higher asthma rates
- Deaths tied to delays in care, insurance obstacles

**We are mandatory reporters.** We see more and know more about the health impacts on the economy than anyone else in the society. We can't afford to be silent as the vulnerable depend on us to blow the whistle on corporate greed and its impact on real people.

**We are ethically obligated.** Our code of ethics is our guiding principle. We are legally and ethically bound to advocate for our patients. When it is the very structure of our economic system that is harming our patients, advocacy does not stop at the walls of our hospitals, schools or nursing homes. In this case, the intervention that is needed is for fundamental changes to our society.

**We are respected.** According to the Gallup Poll, as well as MNA's own polling, registered nurses have an 80 - 90 percent approval rating with the American public. The public trusts nurses more than any other segment of our society. We are perfectly positioned to serve as the lead messenger for this movement.

**We are strong.** The NNU, with 175,000 members and growing, is the largest union of registered nurses in U.S history. The MNA, with more than 23,000 members, is the largest and most powerful organization and union for RNs and health professionals in the commonwealth. We are in every community and work in every setting.

If not nurses, then who can lead this struggle for economic justice? If not now, then when? I urge every MNA member to become involved in this campaign. Read this issue of the magazine, visit [massnurses.org](http://massnurses.org) and [MainStreetContract.org](http://MainStreetContract.org) to learn more and to join this fight. ■

*As nurses, we all have personal experience every day in our practice in dealing with the casualties of this corporate war on working Americans.*

## the Massachusetts nurse



**On the cover:** From left, Betsy Prescott, St. Elizabeth's Hospital; Jackie Fitts, Morton Hospital; Carlotta Sparks, MNA.

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# A nurse is not a punching bag: RNs advocate for safer workplaces

By Riley Ohlson  
Associate Director

On June 23, the Joint Committee on Public Safety held a public hearing on S.1237, An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence. This bill was filed by the MNA to address the crisis of violence in hospitals across the commonwealth. Sen. James Timilty (D-Walpole), Senate chair of the committee and Rep. Mike Brady (D-Brockton), House vice-chair of the Committee, sponsored the bill.

Karen Coughlin, MNA vice president and a bedside nurse at Taunton State Hospital, led the MNA panel of testifiers and began by thanking legislators for their support last year in passing legislation that enhances the penalties for those who assault health care workers while they are in the line of duty. Coughlin went on to identify the next step in reducing this type of violence. "Addressing the problem of violence in hospitals requires a multi-pronged approach. Last year, we dealt with the issue of punishment, which is a crucial piece of the puzzle. But I think that even more important than punishing offenders is preventing this violence in the



Testimony from RN experts: Karen Coughlin, left, Joanne DaCosta and Karen Duffy.

an RN in a psychiatric unit, testified about the problems her unit faced with violence when her hospital started dangerously increasing the census without adding additional staff. "Despite difficult circumstances, for many years we were able to provide safe, quality care to our patients. We were even able to dramatically reduce the use of restraints in our unit, a major goal of the Department of Mental Health. However, in 2009 we began to see a number of negative changes. Where admissions to the unit were once controlled, patients are now admitted whether or not staff believes that there are sufficient resources available to care for them. Predictably, serious problems with violence emerged almost immediately."

DaCosta described coworkers' efforts to convince management to remedy the problem, offering such seemingly common-sense suggestions as moving a security guard from the hos-

pital to their unit, which is physically isolated from the rest of the facility. Nevertheless, her facility's management has yet to respond to calls for proactive steps to reduce violence, and workers and patients continue to suffer the consequences.

Karen Duffy, an RN at Signature Healthcare Brockton Hospital, used an example from recent history to explain what can happen when the concerns of health care professionals are heard and the suggestions are implemented. Five years ago, violence was epidemic at Brockton Hospital. Between May 2006 and May 2007, more than 1,000 calls were made from within Brockton Hospital to 911—more than three

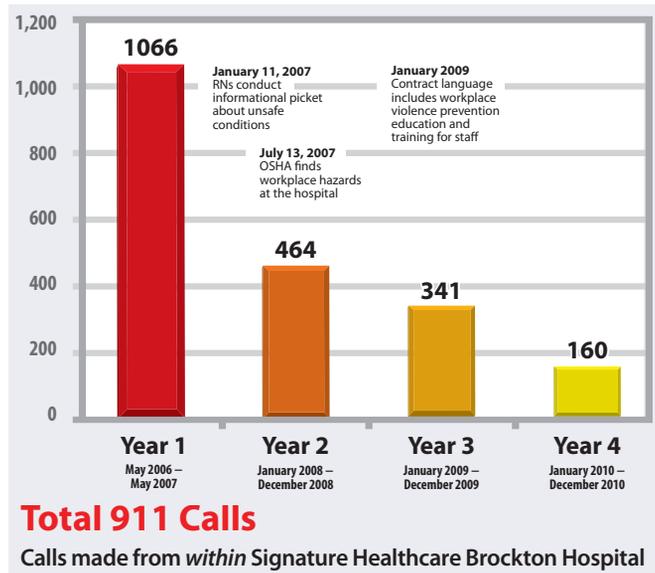
violent or potentially violent incidents within the hospital per day. Nurses had been imploring management to take the problem seriously for years. They even conducted an informational picket at the hospital, and eventually asked OSHA—the Occupational Safety and Health Administration—to come in and see the problems for themselves. OSHA issued a devastating report validating the RNs' concerns, and finally hospital management responded.

Brockton identified weaknesses in its security system and implemented a plan to make the hospital safer. As Duffy explained in her testimony, positive results occurred immediately. "As you can see from this chart ... calls to 911 from inside the hospital began to drop. In 2008, there were 464 such calls, more than 50 percent fewer than before. In 2009, there were 341 such calls, and last year only 160. That is almost a 90 percent reduction in these emergency calls in just a three year period," said Duffy.

While the job is not finished at Brockton Hospital, Duffy made it clear to legislators that the common sense steps outlined in S.1237 can make rapid and impressive strides toward a safer workplace.

Legislators on the committee were supportive of the nurses' testimony, with one state representative even suggesting that the bill be made more stringent to prevent hospitals from taking advantage of any possible loopholes. One month later, the bill was reported favorably out of the Public Safety Committee.

The bill is now before the Joint Committee on Health Care Finance, and legislators need to hear from you about the problem of workplace violence and how important it is for them to act on this prevention legislation. To find your legislator, visit [capwiz.com/massnurses](http://capwiz.com/massnurses). For more information or to get involved contact Andi Mullin at [amullin@mnarn.org](mailto:amullin@mnarn.org) or 781-830-5716. ■



first place, and that's what SB 1237 addresses," Coughlin explained.

S.1237 would require health care employers to work with their employees to perform annual risk assessments and identify factors that may put employees at risk of workplace violence. These factors vary from facility to facility.

Once these factors are identified, the bill requires health care employers to develop and implement a plan to minimize the risks. Because the risks are different from hospital to hospital, the plan will be different in each facility. Finally, the bill would require employers to work with their employees to evaluate the plan annually and make adjustments as necessary.

After Coughlin finished, Joanne DaCosta,

# School nurses advocate for their students on Beacon Hill

## MNA members educate legislators on the vital role of nurses in our public schools

By Lainey Titus  
Associate Director

Citing the need for a nurse in every school, school nurses from Gloucester, Methuen, North Andover, Wilmington and Worcester visited the State House on June 28 to educate their legislators about the crucial role they play in their schools.

The nurses met with staff members and legislators in support of S.221 (sponsored by Sen. Richard Moore, D-Uxbridge), which would improve nurse staffing through school funding methods, as well as S.207 (sponsored by Sen. Jennifer Flanagan, D-Leominster), which would require a nurse in every school.

“Unfortunately, the general public still has the perception that school nurses are just giving out Band-Aids, and that couldn’t be further from the truth. The children in our schools today are more acutely ill than ever before but are able to stay in their local schools because of their school nurses,” said Tami Hale, RN, Worcester Public Schools. “I’m glad we were able to visit the State House and make sure our legislators know why it is so important to have a nurse in every school.”

While the group mainly visited with legislative staff, they did get the chance to meet with a number of legislators including Sen. Michael Moore (D-Millbury), Reps. Cleon



School nurses meet with Sen. Michael Moore (D-Millbury) to talk about the need for a nurse in every school.

Turner (D-Dennis), Ryan Fattman (R-Sutton) and Ted Speliotis (D-Danvers).

“Before coming today I figured that the legislators might be consumed with other issues, like the state budget, and wouldn’t care about what was affecting us in the schools, but that wasn’t the case at all,” said Deb McCarthy, RN, Gloucester Public Schools. “It was nice to see

that they were very interested in what we had to say.”

Both pieces of legislation were discussed at hearings by the Joint Committee on Public Health in June and are pending before the committee. If you would like to get involved with issues affecting school nurses, please contact Maryanne McHugh at 781-830-5713. ■

## Save the date: Legislative hearings on important MNA bills

On Tuesday, Sept. 20, the Massachusetts Legislature’s Joint Committee on Public Health will conduct a public hearing at the State House on several critically important MNA bills. This hearing will include testimony on:

**S.543/H.1469, An Act Relative to Patient Safety** (Sponsors: Sen. Marc Pacheco/Rep. Christine Canavan). The Patient Safety Act will protect patients and strengthen our health care system by requiring the Department of Public Health to set a limit on the number of patients a nurse is forced to care for at one time in an acute care hospital. There is no single intervention that would more immediately and significantly improve the quality of care that patients receive in the hospital. Setting a limit on how many patients a nurse is assigned at one time will reduce costly medical errors and accidents, hospital-acquired infections, and hospital readmissions, which will, in turn, save precious health care dollars.

**H.1506, An Act Prohibiting the Dangerous Practice of Mandatory Overtime** (Sponsors: Sen. Jack Hart/Rep. Jim O’Day.) Nurses working at the bedside across the

Commonwealth have seen employers drastically increase the use of mandatory overtime as their primary staffing strategy. Forcing nurses and other health care professionals to work when they are exhausted endangers patients and leads to costly and preventable medical errors and complications. The practice of mandatory overtime is indefensible by any patient safety standard, and yet hospitals continue to escalate their use of this practice. This legislation would put an end to it.

**S.1076/H.1484, An Act Relative to Safe Patient Handling** (Sponsors: Sen. Harriette Chandler/Rep. Denise Garlick). Frequent heavy lifting and transferring of patients is causing skeletal injuries that are debilitating nurses and driving them from the bedside. Shockingly, the cumulative weight lifted by a nurse in one typical eight-hour shift is equivalent to 1.8 tons. Twelve percent of nurses leave the profession annually due to back injuries and greater than 52 percent complain of chronic back pain. This bill would require health care facilities to develop and implement an injury prevention program to protect caregivers and

patients from lifting-related injuries. The plan would require providers to supply necessary patient handling equipment or lifting teams, as well as specialized training for health care workers on safe patient handling techniques and the use of handling equipment.

Please save the date, and if you would like to participate in activities associated with the hearing, please contact your community organizer. ■

### Save the Date!



Call 781-830-5713 for details

# Making connections: MNA members bring concerns to legislators



Constituent Karen Lyons, an RN at UMass Adolescent Unit, and Rep. Harold Naughton (D-Clinton), House Chairman of the Joint Committee on Public Safety, discuss the importance of passage of the MNA's workplace violence prevention bill. A month after this meeting, Naughton's committee reported the bill out favorably.



MNA members met with Rep. Garrett Bradley (D-Hingham) this summer to discuss the MNA's legislative agenda. Bradley, who is a member of Speaker DeLeo's leadership team, has been a long-time supporter of safe staffing and other MNA bills. From left, Susan Wright Thomas, an RN at Cambridge Health Alliance; Bradley; Cathy Craig, an RN at Tufts Medical Center; and Craig's daughter, Shelby, whose sign says it all.



On June 23 MNA members met with newly-elected Rep. John Mahoney (D-Worcester) in the Region 2 office to talk about the MNA legislative agenda. Front row, from left, Kathleen Coggins, RN, St. Vincent Hospital; Tami Hale, RN, Worcester Public Schools; Adrien Mayo, UMass Memorial. Back row, from left, Mahoney; Jayne Foley, RN, UMass Memorial; Lynne Starbard, RN, UMass Memorial; Lisa Cargill, RN, UMass Memorial; Tim Mayo, RN, UMass Memorial.



MNA members met with Rep. Susan Williams Gifford (R-Wareham) in June to discuss the MNA legislative agenda. From left, Karen Wenger, Tobey Hospital; Judy Cardinal, Jordan Hospital; Lisa Kingston, Cape Cod Hospital; Judy Apone, Falmouth Hospital (seated); Stacy Brady, Taunton State Hospital; Gifford; Karen Coughlin, MNA vice president; June Miranda, Jordan Hospital; Joanne Murphy, Jordan Hospital; Maria Sheppard, Cape Cod Hospital. Also attending was Barbara Parro-Smith, Falmouth Hospital.



MNA members met with Rep. Tom Conroy (D-Wayland) in June to discuss the MNA's legislative agenda. Conroy is the vice chairman of the Joint Committee on Health Care Financing, so members were interested in getting his support. From left, Kelli O'Neill, RN, Tufts NEMC; Conroy; Liz Tobin, RN, Newton-Wellesley Hospital; Suzanne Tempesta, RN, Newton-Wellesley Hospital; Susan Howe RN, Newton-Wellesley Hospital.



Kelli O'Neill makes a point to Rep. Conroy.



A group of MNA members and allies from Cape Cod met with new Rep. David Vieira (R-Falmouth) in May to discuss the MNA's legislative agenda. From left, Michele Armour, a member of the Coalition for Social Justice, a strong MNA ally; Linda Kervin, RN, Cape Cod Hospital; Sonya Wargo, RN, Cape Cod Hospital; Maria Sheppard, RN, Cape Cod Hospital; Anne Fulton, RN, Falmouth Hospital; Vieira; Karen Coughlin, MNA vice president; Cynthia Dyer, RN, Pocasset Mental Health Center; and Regina Reed, RN, Falmouth Hospital.

# Steward Holy Family RNs vote overwhelmingly for MNA union representation

Culminating a two-year effort to win union representation to improve patient care, registered nurses at Steward Holy Family Hospital voted by 69 percent to join the Massachusetts Nurses Association/National Nurses United (MNA/NNU), the state and nation's pre-eminent organization of RNs.

The campaign gained momentum when the MNA and Steward Health Care, the new for-profit owner of the system, entered an organizing agreement last October. Under the agreement management remained neutral in the months leading up to the union election and assured a process to maintain accurate communication with employees. The MNA already represents nurses at five other Steward facilities including more than 2,000 registered nurses and health care professionals working at Carney Hospital in Dorchester, Good Samaritan Medical Center in Brockton, Norwood Hospital, St. Elizabeth's Medical Center in Brighton and Merrimack Valley Hospital in Haverhill.

Holy Family RNs greeted the election with cheers and hugs after the vote was tallied on July 11.

"We are thrilled to have achieved this victory, which is not only a victory for nurses, but also for our patients and the community we serve," said Ed Burke RN, who has worked in the hospital's pediatric unit for more than three years.

"We will now have a voice in the future of this facility to ensure safer staffing levels and improved working conditions, which will mean better care for our patients, while also improving this facility's ability to recruit and retain first rate nursing staff," said Cheryl Laorenza, RN, a nurse on the hospital's psychiatric unit for more than four years.

MNA will represent 357 RNs at the hospital, which is part of the Steward Health Care system.

MNA president Donna Kelly-Williams praised the Holy Family RNs for their "courageous effort to stand up for their protected right to advocate for their patients and themselves. When nurses are organized, patients are the biggest beneficiaries," said Kelly-Williams.

The drive to organize the nurses began in 2009, when RNs began meeting with MNA representatives to discuss concerns about a variety of issues, including the need for improved nurse staffing, improved floating policies and improvements in job security.

The MNA has been a national leader in its ability, through collective bargaining, to negotiate protections for nurses and patients from hospitals' attempts to cut costs by cutting care. This spring, MNA-represented nurses at Tufts Medical Center in Boston and St. Vincent Hospital in Worcester completed widely publicized



MNA/NNU staff with members of the Holy Family RNs organizing committee after the vote. Below, a huge show of support from the NNU Staff Nurse Assembly in Washington.



negotiations to win new union contracts that included limits on nurses' patient assignments, protections against the use of mandatory overtime, and limits on floating nurses to unfamiliar units. In the agreement reached with Steward last year at other Steward/Caritas facilities, MNA-represented nurses also achieved language to improve staffing and working conditions, while at the same time establishing a landmark defined benefit pension plan.

In the wake of the economic downturn, and the changes in the industry being driven by health care reform, the MNA/NNU reports that its organizing division is fielding a significant increase in calls from non-union nurses, not only in Massachusetts, but also from nurses throughout the northeast who are interested in union representation.

"Non-union nurses out there are seeing the rapid consolidation of the health care industry with hospitals merging on nearly a weekly

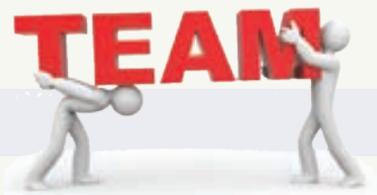
basis. Many hospitals looking for a quick fix to boost their bottom line have gone back to failed strategies of the 90's—cutting staffing levels, attempting to reduce or eliminate pay and benefits—leaving employees who are without a union with no power to do anything about it," said Julie Pinkham, RN, MNA executive director. "Then they see their counterparts who have a union voice with the MNA successfully combating these changes, and in many cases, winning important patient safety protections. It is no surprise that in this environment we are seeing more nurses who want to experience the power of workplace democracy."

Now that the election is settled, the nurses begin the work of forming their local committee. The nurses will elect members to their bargaining committee, and have already begun soliciting proposals from colleagues about what they would like to negotiate into their first contract. ■

# Labor-management partnerships: infection & remedy

## Understanding management buzzwords

<i>When they say ...</i>	<i>They mean ...</i>
"Efficiency"	Spending as little as possible on patient care.
"Performance"	How close patient-care spending comes to zero.
"Quality"	See "Efficiency."
"Flexibility"	Freedom for management to downsize, outsource, subcontract, use travelers, require floating and overtime and cut RN staffing.
"Partnership"	Union-busting.
"Adding value / value-adding"	Selling out union members to increase the employer's profit margin.
"High trust network"	A union that can be bought by management.
"Trust"	<i>As a property of management:</i> Artifice; cunning; deceit; double-dealing; duplicity; equivocation; falsity; guile; hypocrisy; insincerity; lying; mendacity; prevarication. <i>As a property of labor:</i> Folly; foolishness; gullibility; naïveté.
"Win-win"	We get the pie, you get crumbs.
"Communication"	Giving you information that either (1) is useless, or (2) you aren't allowed to use.
"Voice"	Talking when no one is listening.
"Participation in decision-making"	Participation in trivial decision-making.
"Service enhancement"	Modeling patient care on fast food customer service.
"Employment security"	See "Flexibility."
"Contract specialist"	HR's grievance diverter.
"Cooperation"	Empowering management to limit patient care, intensify your work, and deskill (fragment, simplify, routinize, automate) and outsource your job.
"Team"	Group of individual workers pitted against each other to benefit management.
"Problem-solving"	Helping management by getting others to work harder or eliminating their jobs.
"Improvement in labor relations"	Elimination of strikes & grievances by union-busting.
"Stable workforce"	Docile workforce.
"Alignment of interests"	We'll pretend to care more about patients than profit if pretending will increase profit.



*This list was developed by Linette Davis, an educator and research analyst with the California Nurses Association/National Nurses Organizing Committee.*

# Can your profession survive today's attacks on labor?

By Tom Breslin

*Associate Director of Labor Education*

By now, everyone has heard just about all they can handle about the assaults on public sector unions in Wisconsin, Michigan, Ohio and other states. It is ironic that this started in Wisconsin, which historically has been one of the most progressive states in the country. But, like it or not, this is the climate in the country today. There is an assault against middle class workers -- and registered nurses and health care professionals are squarely in the crosshairs.

This assault is taking place because the new political majority in these states simply feels that it can. Unions and union members traditionally have not supported (contributed to) their political party. State collective bargaining laws are changed because it is easier to change these laws at the state level than it would be to change the NLRA. In addition, public sector unions are the fastest growing segment of unionized workers so they make an attractive target.

Many of us never expected to see these kinds of attacks sprout up in Massachusetts. However, this past spring the Legislature debated bills restricting public employee unions' ability to negotiate over health insurance and the state budget includes language that begins to nibble away by restricting some of the bargaining rights municipal unions have over their health benefit plans. While I am not sure what the effect will be, the fact that it easily passed both the House and Senate should be a wake-up call that workers in Massachusetts are not immune to such attacks.



Tom Breslin

All the while, state agencies continue to reduce the level of services they provide because of the lack of political courage to fix a structural deficit in the state budget. While this is happening, we continue to see public employees

blamed for their greed, their benefits and the fact that they have a contract.

Can anyone actually believe that Unit 7 registered nurses and health care professionals are in any way to blame for the state deficit? They, in fact, save the state money with the services they provide.

The irony for MNA members is that health care is immensely profitable. Cape Cod Healthcare, which owns Cape Cod and Falmouth Hospitals, had profits of \$37 million in the last two years. Yet, nurses there had to fight for a minimal across-the-board increase and a guarantee of a limit of mandatory overtime. Meanwhile, Vanguard, which owns St. Vincent Hospital in Worcester, had profits of \$50 million in the last two years. These corporations undoubtedly have the ability to agree to such modest economic enhancements, as well as the proposals that would ensure patient safety. Yet, hospital managers continued to stonewall the nurses.

This kind of corporate behavior is the new reality for health care, and MNA members can expect to face such issues well into the future.

The question now becomes, "How do we fight back?" How do unions and the workers they represent protect themselves, their professions, their families and their hope of a better life? In our case, we also have to ask ourselves, in light of these attacks, how do we protect our patients?

What is necessary is a new level of commitment to our patients, profession and to each other. This means that workers across all sectors of the economy have to join to confront a corporate structure that seeks to deprive workers of the livelihood they deserve and by extension, deprives their patients of the care they deserve. This commitment requires:

- That we fight for jobs that pay a living wage
- That access to quality education be available to all
- That there be health care for all
- That the long standing public policy of the U.S. regarding the right to organize and bargain collectively be protected
- That all citizens pay their fair share of taxes (the tax rate for the wealthiest Americans is currently the lowest it has been in 80 years)

These issues are not occurring somewhere else in the economy; they are issues that all nurses are facing at the bargaining table and in their community. How we respond to these challenges will determine not only how our profession survives in the years to come, but to a large extent, how our society will survive. ■

## Judge rules to protect retiree health benefit of Cambridge Hospital RNs

Marking a complete victory for the nurses of Cambridge Hospital, a Middlesex County Superior Court judge issued a ruling that prevents Cambridge Health Alliance from making, or even proposing, cuts to the nurses' retiree health benefit—something management has been trying to do for a year.

"We are thrilled to have won this victory for the dedicated nurses of Cambridge Hospital who have devoted their careers to the care of this community," said Betty Kaloustian, co-chair of the MNA local bargaining unit at Cambridge Hospital. "We are also saddened that our employer has gone to such great lengths to skirt the law and their obligations to their employees. We hope this ruling will finally bring this sad chapter to a close."

The July 1 decision is the latest in a series of legal victories for the MNA against CHA, stretching back to August 2010 when the Commonwealth Employment Relations Board (CERB) ruled that CHA violated state labor

law, by bargaining in bad faith and depriving nurses of their union rights following CHA's decision to prematurely cease negotiations, declare impasse and unilaterally slash nurses' retiree health benefit.

Last year the CHA unilaterally implemented a 40 percent cut in the retiree health benefit guaranteed under the law for more than 300 nurses who work at Cambridge Hospital. The benefit requires CHA to maintain the nurses' health insurance benefit following retirement, paying 85 percent of the premium. The benefit is vitally important to the nurses because, as public sector employees, they have not paid into the Medicare system and would be subject to higher costs for their health care. The CERB subsequently ordered CHA to restore the benefit, pending their appeal of the decision.

In January, CHA opened negotiations with the MNA and other unions once again demanding dramatic cuts to the nurses' retiree health benefit. The MNA immediately filed

suit in Superior Court, stating that the retiree health benefit was an illegal subject for collective bargaining, as the benefit had been created and guaranteed to the nurses under the state law that enabled the creation of the Cambridge Health Commission, which subsequently merged Cambridge Hospital, Whidden Hospital and Somerville Hospital into the new Cambridge Health Alliance system. The law explicitly states that the benefit could not be changed. The judge agreed with the MNA and issued an order protecting the benefit. The MNA, which continues to negotiate with the hospital over a number of issues, expects this issue to be removed from the table.

"We can only hope that our administration will finally begin a good faith effort to reach a settlement of our union contract, and more importantly, will work with us over the long term to restore our trust in their leadership," said Donna Mondeau, co-chair of the Cambridge Hospital local bargaining unit. ■



A defiant Kathy Metzger, center, links arms with Karen Higgins, left, and Pat Mayo outside the Cambridge Hyatt Regency.

## MNA nurses rally in support of 'Hyatt 100'

### Six members arrested for civil disobedience

MNA and NNU nurses joined forces with hundreds of other union and community members for a protest march in front of the Cambridge Hyatt Regency on July 21. The purpose of the protest was to highlight the ongoing struggles of 100 housekeepers who were unjustly fired from three Boston-area Hyatt hotels two years ago.

The protest culminated with an act of civil disobedience when 35 protesters, including six MNA RNs, were arrested after staging a sit-in at the hotel's front entrance. The members were Pat Mayo, Kathy Metzger, Paula Ryan, Ann Marie McDonagh, Karen Higgins (NNU Co-President) and Julie Pinkham (MNA executive director). As they sat on the pavement, linked arm-in-arm, a phalanx of Cambridge police officers approached the protesters. After repeated requests for the protesters to leave, each was handcuffed and escorted to a waiting sheriff's bus as the crowd cheered, "What do we want? Justice! When do we want it? Now!" At the protest, MNA President Donna Kelly-Williams explained why the MNA/NNU joined the demonstration. "We are here to stand up for these workers, and workers everywhere who are being abused and cast off by an unrestrained corporate culture that says profits are more important than people, that the bottom line for Wall Street is more important than the quality of life on Main Street," said Kelly-Williams. The "Hyatt 100," as they have come to be known, were forced to unknowingly train their own replacements and were then dismissed without warning. The hotel chain refuses to reinstate the fired housekeepers despite climbing profits. Hyatt is the only major national hotel chain in Boston that outsources its housekeeping. The protest march and related boycott was part of a nationwide campaign to hold the giant hotel corporation accountable. ■



Karen Higgins, left and Ann Marie McDonagh, in handcuffs.



## MNA, NNU RNs lead community rally in New York City to heal America

*RNs flood Wall Street, call for a just taxation system*

Thousands of MNA and NNU registered nurses, joined by labor and community leaders and activists, rallied in front of the New York Stock Exchange on June 22, calling for, among other things, a sales tax on Wall Street's speculative activity—a tax that many estimate could raise the revenue required to rebuild the nation.

The protest, held on the steps of Federal Hall at Wall and Broad streets, raised awareness of the direct ties financial speculation has on the present economic crisis. The protest was part of a greater MNA/ NNU campaign to develop a "Main Street Contract for the American People," which aims to reverse national priorities and policies that have placed the interests of Wall Street over those of American families.

Specifically, the goal of the campaign is to chart a "new contract" for the American people in order to guarantee a better life today and a more secure future for our children and for future generations.

"We want to challenge today's conventional wisdom that says working people must endlessly sacrifice, while those at the top—of Wall Street and of every Fortune 500 company—reap the benefits of those

sacrifices," said Karen Higgins, an RN at Boston Medical Center and NNU co-president. "Furthermore, we collectively oppose any push by legislators who emphasize additional budget cuts rather than restoration of programs to rebuild our communities."

The rally was part of an International Day of Action, called on by the European Trade Union Confederation, with events scheduled throughout Europe in support of a similar tax on the buying and selling of stocks, bonds, credit default swaps, derivatives, and other major financial transactions. Great Britain and a number of other nations have such a tax, which has also been endorsed by the European Parliament.

In the U.S., hundreds of billions of dollars could be raised every year through such fees—which would easily be the revenue needed to repair the countless Main Street communities that have been so devastated by the abuses of Wall Street. "The money can be used to create jobs and fund health care, to improve education and housing, and to secure a dignified retirement for all working-class Americans," added Beth Piknick, an MNA RN working at Cape Cod Hospital and an NNU

# Key provisions of the Main Street Contract for the American People

## Jobs at living wages for everyone

Economic opportunity has become a mirage for far too many Americans, especially with the sharp drop in manufacturing jobs in this economy. While corporate profits have soared, and income disparity is at the highest point since the Great Depression, wages for most working people have fallen or stagnated. The “working poor” are fast becoming the norm—one in three American families lives at twice the poverty level or less, and many people struggle to pay for housing, food, medicine and other basic needs.

## Guaranteed health care for all

Enactment of a national law has not solved the health care crisis. Health care costs for American families have doubled in the past nine years. Medical bills account for more than 60 percent of personal bankruptcies. Big insurance giants deny more than one-fourth of all claims. More employers are dropping or reducing health coverage and shifting more costs to employees. Growing numbers of people delay basic medical care, waiting until they arrive in overcrowded emergency rooms. Children are showing symptoms of diseases long associated with adults. Health care should be a right, not a privilege. Nurses have long fought for a more humane health care system, based on individual patient need, not ability to pay. The only solution remains expanding and improving Medicare to cover everyone, with a single standard of care for all.

## A secure retirement, with the ability to retire in dignity

Nearly half of elderly Americans face a future at or below the poverty line. For African-American seniors that number is two in three. Yet leaders in both major parties have proposed big reductions in our most significant retirement programs, Social Security and Medicare, while state and city governments and private employers alike seek to sharply cut pensions and other retirement plans. We must keep the promise made to Americans and ensure that we will never return to the days when our seniors must work far into their retirement years or face a future of poverty, homelessness, and health insecurity.

## Equal access to a quality education

Mirroring other disparities in our society, slots in major universities and colleges are increasingly being taken by the wealthiest American families. Across the nation, public schools have seen budgets severely cut, and a number of governors and legislators are seeking to privatize or contract out education, limiting access for many. Meanwhile, the

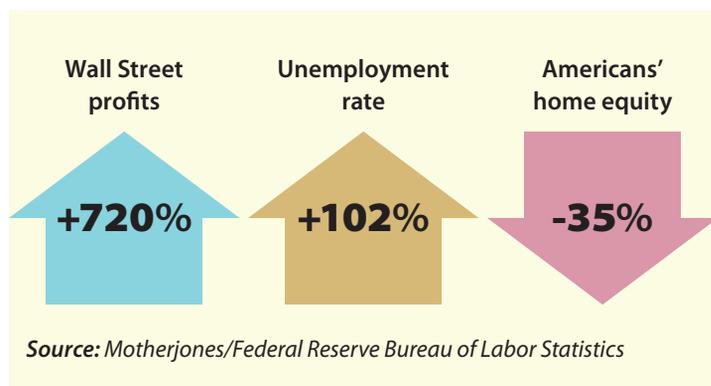
U.S. continues to fall behind other countries in educational equality and opportunity.

## Good housing and protection from hunger

One in five children in the U.S. today lives in poverty. Nearly 700,000 homes were foreclosed, just in the 10 most populous states, in the first quarter of 2011 alone. Homelessness, substandard housing, hunger, and near hunger exist in every American city and are on the rise. Some 15 percent of U.S. households, 17.4 million families or about 50 million people, were too poor to buy adequate food last year, according to the U.S. Department of Agriculture. More than a third of these households, with as many as one million children, were missing meals on a regular basis, the study found. Rising food prices are fueled by Wall Street speculation in commodities, enriching the financiers and increasing hunger.

## A just taxation system where corporations and the wealthy pay their fair share

Corporate profits in 2010 increased at the fastest rate in 60 years. Nearly 90 percent of the total income growth over the past 25 years has gone to the wealthiest 10 percent. CEOs now are paid as much as 344 times as much as the average worker. Yet Congress and the White House last December extended tax cuts for the wealthiest Americans. Many legislators continue to call for reducing corporate taxes—even though a General Accounting Office study found that 42 percent of large U.S. companies paid no U.S. income taxes for two or more years the past decade. U.S.-based corporations are rewarded for earning and reinvesting profits in foreign countries. It is long past time to restore a fair taxation system. ■



vice president. “American families have suffered the consequences of an unrelenting economic crisis, and the time has come to end the cycle of ignoring the total influence Wall Street’s corporate greed has had on this crisis.”

The campaign also aims to end the proposed cuts in Social Security, Medicare and other bedrock programs while the government promotes new corporate tax cuts—an essential goal given that a recent General Accounting Office study found that 57 percent of U.S. companies paid no federal income taxes for at least one year during the past decade.

“The modest pensions and health benefits we have earned, the pay that supports our families, the improved conditions for our patients did not deplete public treasuries or jeopardize the survival of our employers,” added Higgins. “The banks and other financial giants did—and were rewarded with bailouts and bonuses while our communities pay the price. Over the past 30 years, while wages have fallen or stagnated and insurance premiums and other basic costs skyrocketed, wealth has been shifted from working families to Wall Street. It is not shared

sacrifice when only working people make concessions.”

Some of the shocking statistics that support Higgins’ argument include:

- Corporate taxes are at historical lows. Yet at \$1.6 trillion, corporate profits for the third quarter of 2010 were the highest on record.
- Hospitals nationally recorded \$34 billion in profits in 2009, the second highest ever.
- 42 percent of U.S. companies paid no U.S. income taxes for two or more years from 1998 to 2005.
- The 400 richest Americans control more wealth than 150 million Americans combined.

The protest was sponsored by National Nurses United as well as the AFL-CIO, IBEW, National Jobs with Justice, UAW, TWU Local 100, NYPIRG, ATU, Working Families and other community and labor groups.

For details on upcoming protests, as well as complete details on the “Main Street Contract” campaign, visit [nationalnursesunited.org](http://nationalnursesunited.org). ■

HEAL AMERICA  
Tax Wall Street

Main Street Contract  
for the American People



**Above:** Karen Higgins, NNU co-president, addresses the crowd. **Left:** A nurse cares for an ailing Lady Liberty. **Below:** RNs Mary Foley, left, Lynne Starboard and Sue Mulcahy at the rally.



# HEAL AMERICA | TAX WALL STREET GREED



need it the least. The billions raised from the FTT would be available for creating jobs at living wages, health care, education, housing, and other community investment programs.

## Who supports a Wall Street tax?

Great Britain has a similar tax on each stock trade which has been very successful in raising revenues while not inhibiting financial activity; the London Stock Exchange remains the largest in Europe and the fourth largest in the world. The European Union is actively considering extending an FTT throughout the EU. Other nations in Asia, South America, and Africa have similar taxes. After the 1987 U.S. Wall Street crash, a number of U.S. politicians endorsed similar measures, including then-Senate majority leader Bob Dole and the first President Bush.

## What would this tax do?

The Wall Street tax would establish a small fee on each trade of stocks, credit default swaps, derivatives (a financial instrument whose value is derived from something else, i.e. a bank selling the value of a home mortgage debt it is owed) or other financial transactions. This fee is known as a “financial transaction tax (FTT),” or “market speculation tax.” It does not apply to ordinary consumer actions, such as ATM withdrawals.

## Is this like a Wall Street sales tax?

This tax would be the equivalent of sales taxes that Americans have long paid on most goods and services—every time they buy electronics or other consumer goods, pay their utility bill or eat at a restaurant. There presently is no such tax on Wall Street transactions.

## How much revenue would be raised?

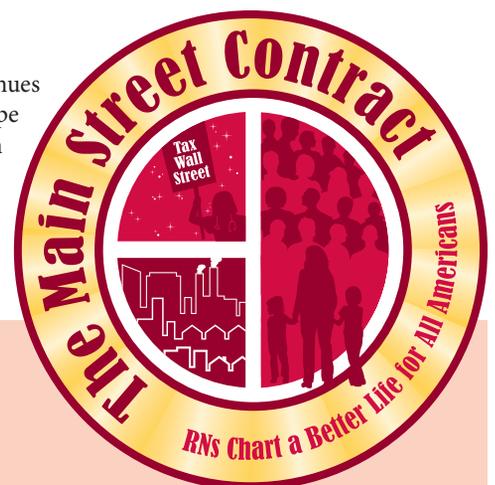
Estimates project a range of \$175 billion to \$350 billion depending on the percentage of the fee on transactions, what is covered, and how much market activity would be reduced as a result of the fee. Applied to the full range of Wall Street actions, including stocks and equities, swaps, bonds, options premiums, foreign exchange transactions, and futures, progressive economists estimate it would raise at least \$1.7 trillion over 10 years even if trading volume was reduced by half.

## How would the tax affect ordinary investors?

The tax would target the major traders and speculators on Wall Street who carry out most of the market activity. For ordinary investors, the costs will be negligible. The tax would likely discourage many of the worst excesses on Wall Street, such as the excessive speculation on derivatives and other activity that largely prompted the Wall Street crash of 2008 and subsequent recession. Big corporations, in particular the financial industry which dominates the economy, and speculators favor this casino-style capitalism to make windfall profits over long-term investments that build wealth broadly over time; they should pay their fair share.

## How would the revenue from the Wall Street tax be used?

New revenue from the tax would be available to rebuild America for everyone on Main Street who has been so harmed by the abusive practices on Wall Street and the diversion of national resources to those who



**YES!** I want to take the pledge to fight for a  
Main Street Contract for the American People

Visit [MainStreetContract.org](http://MainStreetContract.org) to learn more and to join the fight



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Join a Speak Out in Your Community  
Take Back Wall Street

RNs across the U.S. are calling on Wall Street to pay for the damage they caused on Main Street.

Our communities need health care, jobs, education, housing.

Our proposal: a "Wall Street sales tax" on major trading of stocks, bonds, derivatives, futures, the speculative activity that caused the economic crash in 2008 and harmed so many families.

- ◆ More than a dozen other nations have a similar tax.
- ◆ Targets major banks and investment firms, not ordinary investors.

Our Demands to Congress:

- Don't Cut: Social Security  
Medicare and Medicaid
- Tax Wall Street to Heal America

Time and Locations to be announced. Contact your Labor Rep for more details.

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



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# MNA Final Ballot, 2011

## President, Labor\*

**1 for 2 years**

Donna Kelly-Williams

## Secretary, Labor\*

**1 for 2 years**

Ellen Farley

## Director, Labor\*

**5 for 2 years  
(1 per Region)**

*Region 1*

Ann Lewin

*Region 2*

Patricia Mayo

*Region 3*

Karen Gavigan

*Region 4*

Kathleen "Kay" Marshall

Patricia Rogers Sullivan

*Region 5*

Dan Rec

Michael Robinson

## Director At-Large, General

**3 for 2 years**

Kathlyn Logan

Paula Ryan

Meredith Scannell

Susan Wright Thomas

## Director At-Large, Labor

**4 for 2 years**

Carolyn Fahey

Kathy Metzger

Trish Powers

Michael Savoy

Colleen Wolfe

Nora Watts

## Labor Program Member who is a non-RN Health Care Professional

**1 for 2 years**

Gloria Bardsley

## Nominations Committee,

**5 for 2 years  
(1 per Region)**

*Region 1*

*Region 2*

Patricia Mayo

*Region 3*

Lynne Demoura

Beth Piknick

*Region 4*

Meredith Scannell

*Region 5*

Mary Ann Gillan

## Bylaws Committee

**5 for 2 years**

Linda Condon

Patricia Healey

Betsy Prescott

## Congress on Nursing Practice

**5 for 2 years**

Linda Barton

Mary Doyle Keohane

Maureen Mogan

Elizabeth Sparks

Leann Tibets

## Congress on Health Policy

**5 for 2 years**

Tina Russell

Katherine Sandell

Lynn Starbard

## Congress on Health and Safety

**5 for 2 years**

Mary Havlicek Cornacchia

Meredith Scannell

## Center for Nursing Ethics & Human Rights

**2 for 2 years**

## At-Large Position in Regional Council

**2 for 2 years**

**(2 per region)**

*Region 1*

Patricia Healey

*Region 2*

Susan Mulcahy

*Region 3*

Collette Kopke

Rosemary O'Brien

*Region 4*

*Region 5*

Joan Ballantyne

Betsy Prescott

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

## MNA membership dues deductibility for 2010

This table shows the percentage of MNA dues paid in 2010 that may **not** be deducted from federal income taxes. Federal law disallows as a tax deduction the portion of membership dues used for lobbying expenses.

Region	Percent
All Regions	5.0%

## Notice to Members

This notice is to inform all MNA members that the maximum dues rate was increased to \$79.40 on July 1, 2011. The minimum dues rate and other calculations remain unchanged. For more information, contact the MNA's division of membership at 781-821-4625 or send an e-mail message to [mnainfo@mnarn.org](mailto:mnainfo@mnarn.org).

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Association



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Nurses  
United

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Retirement Program

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### **INSURANCE SPECIALISTS, INC.**

Sickness/Accident Disability Insurance

### **JOHN HANCOCK LIFE INSURANCE COMPANY**

Long Term Care Insurance

### **LAW OFFICES OF DAGMAR M. POLLEX, PC**

Estate Planning Services

### **LEAD BROKERAGE GROUP, INC**

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### **MEMBERSHIP BENEFITS GROUP**

Short Term Disability

### **NURSES SERVICE ORGANIZATION**

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Rave Motion Pictures . . . . . \$7.50 each

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Discounts at Universal Studios and Universal's Island of Adventure.

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Nurses  
Association



National  
Nurses  
United

# MNA hosts another wonderful trip to Sorrento, Italy

By Carol Mallia RN, MSN  
Nurse and avid traveler

When MNA started offering travel tours a decade ago, Sorrento, Italy was one of the first destinations. This spring we returned to this beautiful region with two full groups of passengers for a spectacular tour of one of the beautiful most regions in Italy.

The groups flew to Naples via Rome on Alitalia Airlines, where we met our tour escort. After an hour bus ride, we enjoyed a Margherita pizza at a quaint restaurant in the heart of the Sorrento historic district. Following lunch, we checked into our hotel. The first group departed on May 13 and stayed at the Hotel Michelangelo while the second departed a day later and stayed at the Conca Park Hotel. Both are four-star hotels located a few blocks from the center of town. On our first day, many of us lounged by the pool, took naps or explored the shops. Later that evening, our tour escort held a welcome reception and orientation before dinner at the hotel.

On our first day of touring, we explored Sorrento. After breakfast at our hotel, our escorts and local guides took us on a walking tour through Sorrento's historical center, including a visit to the Correale Museum which is in the 18th century palazzo at the east end of town. We then walked to the town center for a demonstration and tour at an inlaid wood factory and then off to a cameo studio before returning to the hotel for lunch. That afternoon, we visited La Sorgente, a picturesque farm belonging to the Marciano family which is nestled in the Sorrentine hills with a fabulous view of Naples. Rosa showed us around the farm and explained the process of olive oil and cheese making as Maria demonstrated how to make mozzarella the old fashioned way. We were then treated to a sampling of homemade wine, limóncello and Italian bread topped with fresh tomato, mozzarella and a drizzle of olive oil. There is nothing better than sampling the local delicacies on a quaint family-owned farm.

The next day, we had a scheduled day of leisure for the first group. Many in the group headed across Sorrento Peninsula to Positano via bus while others took an all-day guided excursion to Rome. Some took the opportunity for a private boat ride to explore the coastal grottos and dine at local restaurants. Others just enjoyed the sights and shopping of Sorrento. There is no shortage of fun things to explore in this picturesque area. Several passengers took a red topless bus around the peninsula of Sorrento and enjoyed some beautiful sights of the hillside and coastline. We all shared our adventures and tales over dinner that evening

On our fourth day we were off to the Isle



of Capri, barely two miles wide and four miles long, carved from rugged limestone. The weather cooperated beautifully. We took a ferry to the island, where half of the group opted for an optional boat tour around the island to view the grottos and the rocks of Faraglioni. The natural beauties of this island are best seen by water. The color of the water is an indescribable blue. After the boat tour we boarded small shuttle busses to get to the town of Capri and joined the others for a delicious lunch. The group divided again and most took the optional tour to Anna Capri at the peak of the hill top. A chair lift ride to the top of the mountain provided an additional thrill to those looking for that adventure. Others stayed and explored the chic shops and restaurants of Capri. The main square, Piazza Umberto, had a pretty white church and several open-air cafes to relax in and enjoy the view. We all gathered at the port and took the ferry back to Sorrento.

The weather was perfect for our next day's excursion along one of the most scenic roads in the world—the Amalfi Drive. Our first photo stop was above Positano, one of Italy's most famous and elegant resorts. We then continued our drive through the ancient marine republic of Amalfi. Our guides took us on a brief walking tour of Amalfi and the beautiful Cathedral of St. Andrew. We then had free time to explore the town and shop. After Amalfi, we enjoyed a delicious lunch at a cliff-side restaurant in Scala before heading to the beautiful mountain-side town of Ravello. We returned to Sorrento for dinner and some late-night shopping.

On day six we visited the "lost city" of Pompeii and its excavations where we marveled at the incredible sights and history which our guides brought to life. We had a great lunch (did you ever hear anyone who visited Italy who did not marvel at every meal?) and then enjoyed a panoramic tour of the city where we went up to the heights of Naples for a photo stop to view the city and bay of Naples with Mount Vesuvius in the back ground. We had a little

free time for exploring and shopping in Naples before heading back to Sorrento.

On our last day of touring we headed to Monte Cassino and Caserta. We toured the famous hilltop Abbey of Monte Cassino, which was destroyed during one of the most brutal battles of World War II. It was re-built in the 1950s and the panoramic views from this mountain top are breathtaking. Lunch was at an elegant restaurant in Caserta. After lunch, we toured the Royal Palace, built by Charles IV to rival the Palace of Versailles, and the magnificent grounds and gardens. The artwork and architecture were incredible. We had a little time to relax and explore the gardens. Many of us took a horse-drawn carriage ride around the park. Both groups dined together that evening at a Sorrento restaurant with live Neapolitan music, giving us a chance to catch up and enjoy each other's company.

On departure day the alarm went off early and we headed to Naples Airport for an early flight to Rome and then to Boston. As I watched the group disperse from Logan, I was pleased to see how we had blended well and appeared to have made many new friends. Over the course of the week it was wonderful to see a group relax and enjoy themselves so much knowing that all the small details were carefully planned so they could truly enjoy what Italy had to offer.

If you missed this trip, but would like to be part of future MNA/Durgan Travel tours, contact Carol Mallia at [cmallia@mnarn.org](mailto:cmallia@mnarn.org) with your mailing address to receive information on upcoming trips. Plans are underway for 2012 tours to Lake Como/ Switzerland in the spring and Prague/Vienna/Budapest in the fall. We will be mailing our 2012 travel brochure by September. Our tours have become quite popular and fill quickly so it is advisable to complete the registration as soon as you receive them and return them with a deposit to secure your space. Anyone interested in our tours is welcome to join the group. Travelers do not need to be MNA members, nor nurses. Arrivederci! ■

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