

the Massachusetts

nurse



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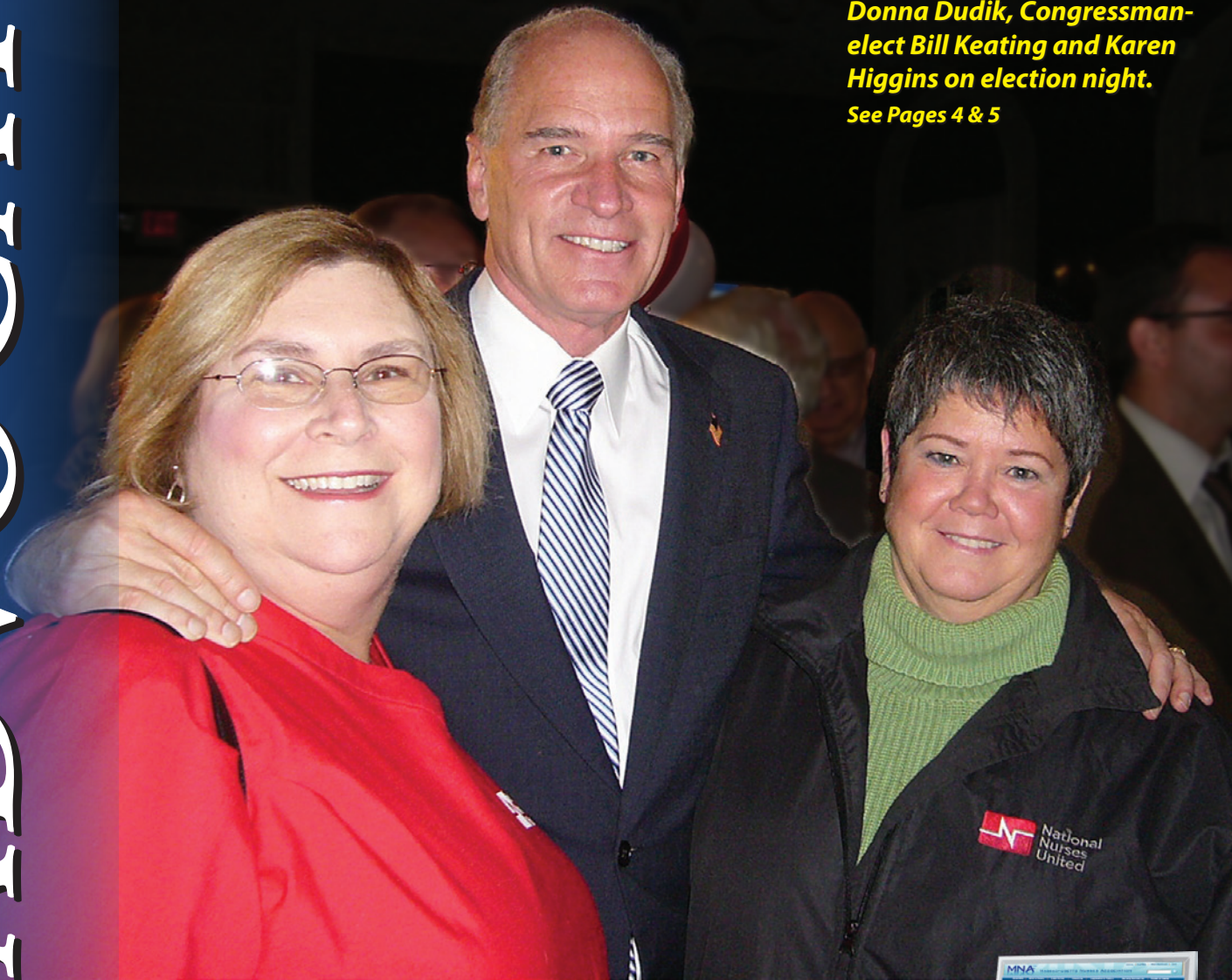


ADVOCATE

MNA/NNU celebrate election wins

Donna Dudik, Congressman-elect Bill Keating and Karen Higgins on election night.

See Pages 4 & 5



November/December 2010



MNASM

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Mass. MDs snub state's health reform

For the first time the Massachusetts Medical Society has asked doctors what they think about health reform in its annual "Physician Workforce Survey" of 1,000 practicing physicians in the state, and the results may strike some as surprising.

A plurality of the physician respondents, 34 percent, picked single-payer health reform as their preferred model of reform, followed by 32 percent who favored a private-public insurance mix with a public option buy-in. Seventeen percent voted for the pre-reform status quo, including the permissibility of insurers offering low-premium, high-deductible health plans.

Remarkably, only 14 percent of Massachusetts doctors would recommend their own state's model as a model for the nation. A small number of respondents, 3 percent, chose an unspecified "other."

In other words, the doctors with the most on-the-ground experience with the Massachusetts plan, after which the Obama administration's new health law is patterned, regard it as one of the least desirable alternatives for financing care.

The findings contrast with an earlier survey of Massachusetts physicians' opinions on health reform funded by the Blue Cross Blue Shield of Massachusetts Foundation and the Robert Wood Johnson Foundation. That survey, published in the *New England Journal of Medicine* in October 2009, found that three-fourths of

doctors in the state support the Massachusetts reform law. However, the survey did not allow respondents to express their preference for alternative models of health reform.

Dr. Rachel Nardin, chair of neurology at Cambridge Hospital and president of the Massachusetts chapter of Physicians for a National Health Program, said, "Massachusetts physicians realize that the state's health reform has failed to make health care affordable and accessible, and will not work for the nation. These findings show the high support for single-payer Medicare for all by physicians on the front lines of reform."

While many in the country look to Massachusetts as a role model for the country, Dr. Patricia Downs Berger, co-chair of Mass-Care, the single-payer advocacy coalition in Massachusetts, and a member of the Massachusetts Medical Society, notes, "Physicians in Massachusetts, particularly after health reform, know from experience that the current health care system is not sustainable and is not addressing the deep inequalities and high costs faced by patients, and they are calling for a more fundamental change."

A survey published in the *Annals of Internal Medicine* in April 2008 showed that 59 percent of U.S. physicians support government action to establish national health insurance, an increase of 10 percentage points over similar findings five years before. ■

Study shows people suffer more severe strokes in hospitals on weekends; staffing key

People admitted to the hospital on a weekend after a stroke are more likely to die compared to people admitted on a weekday, regardless of the severity of the stroke they experience, according to new research published in the November edition of *Neurology*, the medical journal of the American Academy of Neurology.

"We wanted to test whether the severity of strokes on weekends compared to weekdays would account for lower survival rates on the weekends," said Moira K. Kapral, MD, of the University of Toronto in Ontario, Canada. Kapral was with the Institute for Clinical Evaluative Sciences in Ontario when the research was done. "Our results suggest that stroke severity is not necessarily the reason for this discrepancy."

For the study, researchers analyzed five years of data from the Canadian Stroke Network on 20,657 patients with acute stroke from 11 stroke centers in Ontario. Only the first stroke a person experienced was included in the study.

People with moderate to severe stroke were just as likely to be admitted to the hospital

on weekends and weekdays, but those with mild stroke were less likely to be admitted on weekends in the study. Those who were seen on weekends were slightly older, more likely to be taken by ambulance and experienced a shorter time from the onset of stroke symptoms to hospital arrival on average.

The study found that seven days after a stroke, people seen on weekends had an 8.1 percent risk of dying compared to a 7.0 percent risk of dying for those seen on weekdays. The results stayed the same regardless of age, gender, stroke severity, other medical conditions and the use of blood clot-busting medications. "Stroke is not the only condition in which lower survival rates have been linked for people admitted to hospitals on the weekends. The reason for the differences in rates could be due to hospital staffing, limited access to specialists and procedures done outside of regular hours," said Kapral. "More research needs to be done on why the rates are different so that stroke victims can have the best possible chance of surviving." ■

the Massachusetts nurse

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MNA^{BM}
MASSACHUSETTS NURSES ASSOCIATION

The movement has begun

By Julie Pinkham
MNA Executive Director

In 2009, MNA members took the bold step to form the largest national nurses union in the United States—NNU. That effort, done in difficult economic times revealed the guts of who you are—unabashed, fearless, relentless leaders for a better future. It is what I love about this work—standing side-by-side with you as the industry slings its stones, we swing away—picking each other up and moving ahead, knowing we can and will prevail. While battles are won the war rages on—but with your vision we have not balkanized our future, we have embraced the possibilities. Setting aside fear and petty politics and most of all, setting aside hubris—the malignant ego that undercuts all hope of vision and success. I watch as the provincial lines of organizations are set aside and the talent and depth of passion grow exponentially to win on behalf of our practice and our patients. Whether we walk with the nurses in D.C. or Minneapolis; organize nurses in places such as Texas where nurse unions have never been; both lend help and receive help and expertise from others; the possibilities for our future grow.

I am indeed an optimist. Because I believe in you and all that you can do, I look to each threat as rife with possibilities—opportunities for you to seize, as I, along with the staff of MNA and now the staff of the NNU, work to provide you with whatever you need to seize those opportunities. What we must do, is to believe in each other—to trust—to realize that the strategy and tactics of the past, may indeed not be the best strategies and tactics for now or our future—to reassess, and not let familiarity breed indecisiveness, fear and provincialism. What was the best strategy to fight the industry previously needs to be rethought, our tactics reassessed. This deregulated industry is indeed moving

toward corporate networks that will consolidate and centralize their power and likely move across state lines. To effectively fight the industries desire to lower our standards, we must be willing to reassess our strengths and move forward with new strategies and tactics, even when it feels uncomfortable.

I have seen you all do this time and time again, and indeed that time has come again. In these last years I have watched bargaining units grapple with how best to move forward to create power for members. Whether it is a small unit like North Adams having the early vision to take a strike vote and force the issue of a Taft-Hartley pension forward or those other units like Cooley Dickenson and Morton nurses who similarly fought back pension cuts and further moved the Taft-Hartley pension concept forward, and nurses at UMass who have begun the work of uniting their two largest bargaining units to better control their future within a major central mass network, or more recently, with the nurses of Caritas, under the first ever acquisition by a private equity firm and the potential closure of two hospitals, to sit together—at one table—to jointly bargain a better future. The willingness to step outside the comfort zone, see the possibilities and be willing to lead, has put you at the precipice of making history—creating what members have sought for a better future—a Taft-Hartley defined benefit pension fund. This dream would not have come without the culmination of effort of those units I mentioned earlier—the resources and exchange of



Julie Pinkham

strategy with NNU, providing the venue for nurses to meet and strategize with other nurses already jointly bargaining, that experience led to the Caritas nurses taking on their pension battle in joint bargaining.

And if that weren't enough—their efforts didn't simply kick the door open for the currently organized, they laid the ground work to build their collective power by assuring a neutral environment for nurses in Caritas/Steward health care who have been waiting and want to be part of MNA and NNU. We look forward to NNU working with us to see the nurses at Holy Family, St Anne's, the Caritas VNA and others organize in the coming year.

If it's right, we can get there—it has never been in my mind a matter of whether you'll achieve something—just simply a matter of when. Safe staffing will and must be one of those achievements, whether on a national or state level—it cannot be whether we win it—it must be when.

As this movement gains its momentum, it is important to assure that the elected leadership and the governance of your organization allow you to move forward—not backward, or stalling, as the quicksand environment of health care change expands all around us. You will face some of these decisions today and I look forward to continuing to work with the member leaders, your president Donna Kelly-Williams, Vice President Karen Coughlin, the elected Board of Directors as well as the many leaders here today that I have had the direct pleasure of working with and the great staff of the MNA and the NNU. Get ready, keep moving forward, I have no doubt 2011 will be another wild year as we add to growing success. And as always, I thank you all for letting me be part of it all. ■

Presented to the MNA membership at the 2010 business meeting at the annual convention.

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MNA enjoys electoral success

By Andi Mullin

Director, Division of Governmental Affairs

This year's election season was a highly successful one for the Massachusetts Nurses Association. The organization prioritized 17 races for the state Legislature in the September primary and 25 in the November general election. Overall, the MNA compiled a win rate of 77 percent in the 2010 election, and on several key priorities, we ran the table.

The MNA contributed mightily to the campaign to defeat Question 3, a reckless proposal that would have cut the Massachusetts state sales tax by more than half, and MNA member Jacqui Fitts from Taunton was featured in a key, closing television ad against the ballot measure. Ultimately, Question 3 lost by 14 points.

The MNA and the NNU prioritized winning the open 10th Congressional District seat and



campaigning hard for long-time MNA friend and champion Bill Keating, who won with 47 percent of the vote. The MNA's diligent work contacting our more than 3,000 members in that district by mail and phone made a big difference in this close race.

We also prioritized re-electing Congressman Jim McGovern, who won his race by 17 points. McGovern is the kind of ally who does the right thing for us before we even ask, and we are delighted to be able to continue to work with him in Congress. Subsequent to the election, the congressman had unexpected surgery to remove a cancerous thyroid gland. He is expected to make a full recovery, and we send him our very warmest wishes.

In addition, the MNA endorsed the successful re-election campaigns of Congressmen John Olver, Barney Frank, John Tierney and Stephen Lynch.

In the state Legislature, the picture was a little more mixed. We did see 10 pro-MNA House members lose their seats this year, and we will greatly miss those outstanding public servants. However, we gained a seat in the state Senate, elected several new senators to key seats, and also helped to elect House members who will prove to be key MNA allies.

Overall, this election was a huge success for the MNA by any measure, particularly given

the anti-labor fervor that swept over much of the rest of the country. The key was getting members involved in races. It was members of the association, talking to their colleagues on the ground about MNA-endorsed candidates, that really made the difference between winning and losing. Here are just a few critical examples:

State Senate

Katherine Clark (D-Melrose)

This victory represented a key pick up in the state Senate, as Katherine Clark will replace the former Republican Party leader who had not been a supporter of the MNA safe staffing bill or of many other pro-labor issues. Clark, on the other hand, has been a key MNA supporter in the House of Representatives, working hard this past session to help us to pass a bill that increased the penalties faced by those who assault a health care worker providing care. Clark is also a strong supporter of the MNA's safe staffing bill. We are extremely excited about working with her in the Senate.



Clark

Mike Rush (D-West Roxbury)

Mike Rush also comes to the Senate from the House of Representatives, where he compiled a strong track record of supporting MNA legislation, filing critical budget amendments, and being one of the House's strongest pro-labor champions. Rush will be a great addition for us in the Senate.



Rush

Dan Wolf (D-Harwich)

We are also thrilled with the election of Dan Wolf to fill the Senate seat being vacated by Sen. Robert O'Leary. Wolf is the CEO of Cape Air, and has a long history of community involvement and positive relationships with his own employees. He has pledged to support the MNA's safe staffing bill and to work closely with us in the Senate. The MNA's work in this race was critical, as we phoned and talked to our members in the workplace about the importance of electing this candidate. As Wolf said after the election, "Everywhere I went throughout the campaign there were nurses, and the support of those nurses really made a difference." Along with Clark and Rush, we look forward to working with Wolf in the Senate, and we think this



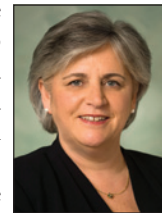
Wolf

new trio of MNA supporters will be our strong allies in the new session.

State House of Representatives

Denise Garlick, RN (D-Needham)

We are delighted with the election of Denise Garlick to fill the seat previously held by longtime MNA friend Lida Harkins. Garlick won a very difficult primary election, and went on to win the general election by a strong 10 points. She is an MNA member and served as MNA president during the critical transition when we broke away from the management-dominated ANA. Garlick does not just understand nursing and the needs of patients, but she understands the MNA and the needs of our members and our organization. We congratulate her on running such an excellent race, and look forward to working with her as a member of the House of Representatives



Garlick

Tackey Chan (D-Quincy)

Massachusetts made history this year by electing the first Asian-Americans to the Legislature, and we are proud to have assisted in the election of Tackey Chan. A former aide to an MNA ally, outgoing state Sen. Michael Morrissey, Chan will be a strong MNA supporter in the House.



Chan

Paul Mark (D-Hancock)

Paul Mark replaces outgoing Rep. Denis Guyer. Mark is an IBEW member and has a long history of union activism. Along with Garlick, he is one of the new union members elected to the Legislature who understands union issues because he has been a union leader. An attorney who got his law degree while working for Verizon, he brings a ferocious work ethic to the House, and we cannot wait to work with him.



Mark

In all of these races as well as others, dozens of RNs and health care professionals spent time directly with these campaigns speaking to their own colleagues and the voters and educating them on how important voting for our allies is to protecting patients. The MNA's electoral success is dependent on the participation of these members. To get involved in the next election, please contact Riley Ohlson, political organizer, at rohlsn@mnarn.org. ■

Major MNA/NNU election wins in Massachusetts and around the U.S.



Congressman-elect Bill Keating joined MNA members at the Region 3 office in October.



MNA members campaigned hard for the successful re-election of Congressman Jim McGovern.

NNU is major player in key national races

National Nurses United was also active and successful this election season, with three key wins that will likely have a very positive influence on the nation's health care system, patient safety and your nursing practice. Those wins include:

In California

Jerry Brown (D) won the governor's race after the NNU actively endorsed his candidacy. The powerful nurses' union also spent tremendous time and energy targeting his challenger, Meg Whitman, a wealthy Republican businessperson who pumped nearly \$150 million of her own money into a campaign that was overpowered by the NNU and its grassroots organizing efforts.

Sen. Barbara Boxer (D) was re-elected for a fourth term after defeating opponent Carly Fiorina in the Nov. 2 election. The NNU endorsed Boxer and actively supported her campaign, and her re-election is particularly important for the NNU and its members as Boxer is the chief sponsor of a proposed federal safe staffing bill.

In Nevada

Democratic incumbent Harry Reid won the Nevada Senate race by defeating Sharron Angle, a candidate that the NNU and other activist groups railed against after she referred to the nation's Social Security system as a "welfare program." ■



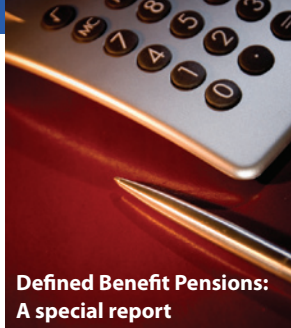
Jerry Brown, California's governor-elect.



Sen. Barbara Boxer at NNU rally this spring.



Sen. Harry Reid



Defined Benefit Pensions:
A special report

MNA establishes multiemployer defined benefit pension plan; nurses everywhere stand to benefit

MNA nurses ratify landmark agreement with former Caritas Network

The MNA and Caritas Christi Health Care, the state's second largest health care network, announced in October the ratification of a landmark master agreement, involving nearly 1,700 registered nurses working at four facilities including Carney Hospital in Dorchester, Good Samaritan Medical Center in Brockton, Norwood Hospital in Norwood and St. Elizabeth's Medical Center in Brighton. The centerpiece of the agreement is the creation of a Taft-Hartley, multiemployer defined benefit pension fund for the nurses, the first of its kind for RNs in Massachusetts, which will provide lifetime retirement security for nurses at a time when other employers are cutting, freezing or attempting to eliminate pension benefits.

The five-year agreement also includes a market-leading expansion of the nurses' paid time off benefits, a generous early retirement package and a commitment by the MNA and Caritas to form a strategic alliance to address issues of quality care, with the proviso that both parties will soon work out a "neutrality" agreement to allow other nurses working at non-union Caritas facilities the opportunity to organize a union with the MNA if they so choose. Because of the paid time off benefit, nurses will be awarded between two and five extra days off per year, depending on their years of service, and will be able to cash out up to 80 hours of paid time off per year. The parties also negotiated hospital-specific contracts for each of the four MNA bargaining units, which address a number of nursing practice concerns that will improve patient care.

"We are pleased that Caritas has made a concerted effort to recognize and reward the nurses at their facilities for the contributions they make now and into the future," said Julie Pinkham, RN, executive director of the MNA. "The creation of a multiemployer defined benefit pension

fund has been a long standing goal of the MNA. I credit the senior leadership of Caritas who have the vision and leadership to address the pension issue for nurses, providing them an opportunity to retire with dignity after a career of caring for their patients, bucking the trend of many employers who are seeking concessions simply because they feel the climate will allow for it."

In addition to the pension benefit, each of the facilities was able to negotiate wage increases, with the provision of ratification bonuses of 2 percent at each hospital and across-the-board pay increases of up to 2 percent for all bargaining units in 2011, an additional 2 percent per year in 2012 and another 2 percent for three of the bargaining units in 2013, with a salary re-opener for all four hospitals in 2014. In addition, the nurses will maintain their stepped salary scales, which award nurses an additional 3.5 to 5 percent raise for each year of clinical experience at their respective facility.

"We at Good Samaritan Medical Center are thrilled with the fact that all the Caritas hospitals were able to secure a master agreement that provides a five-year period of stability for our system, which will allow us to continue to care for our communities and to fulfill our mission of taking care of all patients, from Park Avenue to the park bench," said Karen Gavigan, co-chair of the MNA local bargaining unit.

The pension, dubbed the "The Nurses Pension Fund," will augment the hospital's existing 403(b) defined contribution plan, which Caritas had frozen last year, causing great concern for the nurses. As a Taft-Hartley pension fund, representatives of the MNA and the participating Caritas facilities will jointly administer the new plan. Caritas has agreed

Continued on Page 8

The power of joint bargaining: success at Caritas

By Betsy Prescott, RN

My name is Betsy Prescott and I am the chair of the MNA bargaining unit at St. Elizabeth's, one of six Caritas hospitals that make up the commonwealth's second largest hospital system. Last January we sent management a request to reopen our contract, and negotiations began soon after.

As usually happens at the time of a contract reopener, we sent out surveys, went through each one and believed we understood our members' highest priorities. The committee, with MNA leadership, put our proposals in writing. We were ready.

When we were alone

Previously, each of the MNA's four Caritas bargaining units had always negotiated individually. We all entered into negotiations between the fall of 2009 and the early spring of 2010 with minimal communication occurring between facilities. Meanwhile, changes were

occurring in the Caritas system: SEIU was on the scene working with non-health care professionals and they settled a contract that included "paid time off" language—and they settled the same package for each organized Caritas facility, as in "one contract for all." In the midst of all this, new changes in health care were evident. Economic pressures were forcing out-sourcing and the consolidation of services, and our core contributions for our retirement were eliminated.

The MNA staff recognized these changes and quickly altered our strategy at the table—which meant consolidating and coordinating our bargaining strategy, as in "all units moving on some key issues together" in order to gain the leverage we needed to deal with the new realities.

Stronger together

Shortly thereafter, the four Caritas committees got together and the MNA leadership, with support from the NNU, presented their

plan for moving ahead together. We listened. We asked questions. We listened more. We studied. We prepared. We asked more questions. We theorized. We shared ideas. And yes, we asked more questions. By then it was all very clear: We were better, stronger, together.

Soon after, our union leaders and the MNA leadership began meeting with the employer to discuss a possible strategic alliance. Because our employer wanted labor peace, they agreed to proceed with joint MNA bargaining.

Suddenly, we were in uncharted waters. But we were there together.

As joint bargaining began, the union and management were each focused on their own core issues. Caritas management wanted to see a "paid time off" program (i.e., an earned time program) implemented. MNA leadership had its eyes set on the establishment of a Taft-Hartley multiemployer pension plan. Both parties had a lot on the line.

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As joint negotiations got underway one of the MNA's Caritas facilities ratified a new contract, but it included language that said upon the completion of a tentative agreement of a limited master agreement, what one facility got all facilities would get. They also agreed to reopen their contract and renegotiate.

That left three committees, three MNA associate directors and Executive Director Julie Pinkham at the table to bargain a limited master agreement. We had power in numbers and we stayed focused on the core issues: retirement and paid time off.

The MNA's vision of establishing a Taft-Hartley multiemployer pension plan at Caritas was thrilling. The plan—a type of guaranteed retirement plan developed for union employees that allows many different employers to agree collectively to contribute to their employees' pensions—would be the first in Massachusetts for nurses. Could it become a reality?

Staring at the three-headed dog

While negotiations progressed, the Caritas system was on the cusp of being acquired by a multi-billion dollar private equity firm known as Cerberus—which, ironically, is the name of the three-headed dog that guards the gates of hell in Greek mythology. The process of negotiations for the nurses was now a parallel process with Cerberus. They were taking all the necessary steps to purchase us and to take our system from a non-profit to a for-profit hospital system. Even more worrisome: We would likely be their first venture into the health care sector.

The Caritas leadership, with support from the MNA and NNU, began the process of educating members about what such an acquisition could mean and why it was more important than ever to participate in open meetings as well as to review pertinent mailings, bulletin boards and Web postings. All this work paid off. The groups stayed con-



Celebration: RNs from the former Caritas Christi Health Care network celebrated their bargaining success with the four-hospital system. From left, David Lincoln (Carney), Allison Zimmon (MNA), Elaine Graves (Carney), a Good Samaritan nurse; Lisa Haggie (St. E's), Karen Gavigan (Good Samaritan), Paula Morrison (St. E's), a Good Samaritan nurse, Eileen Flynn (Good Samaritan), Julie Pinkham (MNA), Betsy Prescott (St. Elizabeth's), Margie McLuskey (Good Samaritan), Stephanie Francis (MNA) and Maria Schindler (St. E's).

ected, stayed informed and stayed focused, and at the end of August there was a tentative agreement in place for a limited master agreement.

Working for individual units

The work of negotiating contracts for individual units began soon after, a process that was managed on a unit-by-unit basis in order to best protect/improve what was important to nurses from each hospital. Things with management on this front began well, but then something changed. Endless takeaways were proposed, as were substandard financial proposals, and nearly every MNA proposal put on the table was rejected.

What had changed so drastically in two weeks? Well, we learned that if major obstacles in the acquisition process were not overcome,

two hospitals might close—St. Elizabeth's being one of them. The threat was real and the nurses were scared. We even walked away from one table without a return date.

Eventually all four committees met with management again, and an open dialogue resumed. Each bargaining unit then entered into a marathon bargaining session and tentative agreements were settled. These agreements included a lucrative PTO package and a Taft-Hartley multiemployer pension plan. We had made history!

After much work by Caritas management, Cerberus leadership, the attorney general, community leaders and the church, the sale of Caritas was signed on Oct. 21 and our MNA contract(s) were ratified by members on Oct. 28.

We have sealed the deal. We are 2,000 members strong and united. ■

Coming home from Minnesota: a note from Betsy Prescott

What a journey these last months have been! A change of leadership ... joint-negotiating sessions ... the sale of the Catholic health care system where I have worked for years. This truly *was* a journey—a journey that helped me to grow as a leader.

I had the privilege of sharing the MNA/Caritas story with hundreds of nurses who attended Minnesota's annual convention. I told them about our journey, as did nurses from Chicago, Michigan and Pennsylvania. With the telling of these stories it was clear that we all have fights ahead of us and that we all need to support each other, be it locally, statewide or nationally.

How do I begin to thank my peers at Norwood, Carney and Good Samaritan? We listened to each other and we negotiated together, and I believe we got more for our nurses because of this collaborative work. I thank the St. Elizabeth's committee as well. You are amazing

leaders, and your collective work and support made the process fun and fruitful. To the MNA staff and leadership at the table, thank you for your hard work, advice and guidance. Julie Pinkham, you shared an idea and vision with us—a vision that we were able to make a reality. Thank you for that, and for making available to us the very best of the MNA's resources.

We now look forward to bringing this vision to staff nurses everywhere ... because every nurse deserves a pension, a secure financial future.

I am one person in a bargaining unit of 660 nurses, but I cannot do this alone. We are members of Region 5, but we cannot do this alone. There are several Regions within the state, but they cannot do this alone. We are one state in the new National Nurses United ... and WE CAN do it with each other's help. ■

Good news for you too: A defined pension plan is now within reach

What is a multiemployer defined benefit pension plan?

It is a pension plan that guarantees a specific amount of money (i.e., a defined benefit) for the retiree for the rest of his or her life. The framework of a defined benefit pension plan depends on the involvement of more than one employer (hospital); other unions can negotiate their way into the plan at any point after the original plan is established.

Multiemployer pension funds are one way employers can provide a pension benefit to their unionized employees at retirement. These funds are composed of contributions that the employer(s) makes on behalf of employees. The union representing the workers contractually negotiates contributions to the fund.

What are the characteristics?

- Two or more employers contribute to the fund. Because the MNA has negotiated with the Caritas system, the MNA may now negotiate with other hospitals across the state to participate in the plan. This includes YOUR hospital.
- The fund is collectively bargained with each participating employer.
- A board of trustees manages the fund and its assets jointly with equal numbers of representatives from management and labor.
- Assets are placed in a trust fund, legally distinct from the union and the employers, for the sole and exclusive benefit of the employees and their families.

How is this different from your current retirement plan?

A defined benefit pension plan does what it says: It provides a defined (i.e., guaranteed) benefit in retirement, which is paid out in monthly installments for the entire lifespan of the participant. These benefits are guaranteed under the law. Benefits can only be reduced by a vote of the trustees (half of whom are union members) and that change will only affect future beneficiaries. The employer retains the liability for paying

the pension benefits.

Under your current plan (most likely a 401(k)-esque defined contribution plan) the employer's liability ends after the money is contributed into your retirement account. From there, if the market tumbles and your account is depleted, your money is gone.

How does each type of plan compare in performance?

According to researchers from the Boston College Center for Retirement Research, 401(k)-type retirement savings plans have underperformed defined benefit plans by one percentage point a year. When adjusted for the size of their holdings, defined benefit plans returned 10.7 percent a year on average, compared to 9.7 percent a year on average for the defined contribution plans. This difference translates into a 20 percent cut in the retirement benefit for an employee working 40 years with a defined contribution plan.

What are the benefits of an MNA defined benefit pension plan?

- It provides a guaranteed annual benefit for life.
- It earns more money than other plans for participating nurses.
- It is better for those who must work part-time or step out of the workforce for childcare/family responsibilities.
- It provides a much stronger return for younger nurses, which gives them a strong incentive to keep working at the same hospital or within a network of participating hospitals.
- It improves nurse recruitment and retention.
- It is far more cost effective than other plans.

How do I learn more about my unit's ability to participate?

Speak with your MNA labor AD, call the MNA at 781-821-4625 or send an e-mail message to info@mnarn.org. ■



... landmark agreement (From Page 6)

to establish the fund in 2012 by investing 4 percent of each nurse's annual earnings into the plan, and will raise that contribution to 5 percent per year in 2013. Under the plan, when nurses retire they will be guaranteed a defined benefit, a set monthly payment for the rest of their lives. Nurses have no obligation to contribute to the defined benefit plan, but if they choose, they can participate in a 401(k) plan to bolster further their retirement savings.

"We have made history with this agreement," said Betsy Prescott, RN, chair of the MNA local bargaining unit at St. Elizabeth's. "We have achieved language that supports safer staffing levels on our units, and the creation of a multiemployer pension will not only provide retirement security of our nurses but will also open the door for other nurses throughout the state to eventually become part of this fund. The nurses at St. Elizabeth's are thrilled with this settlement."

For the MNA, which crafted the plan with Segal & Co., one of the nation's leading pension consulting firms, the creation of the new multiemployer plan allows for the MNA and

the Caritas leadership to work on expanding the plan to include other MNA local bargaining units outside of the Caritas system.

"We are not only solidifying the retirements of the nurses at Caritas with this agreement," Pinkham explained, "but laying the ground work for the development of real pension benefit that we hope to make available to thousands of nurses across the state. This pension provides a vehicle, not only for the MNA, but also for all employers to be able to provide an important benefit for their nurses, at a lower cost and with less risk than if they were trying to manage such a plan on their own. Everyone wins here."

"We believe this agreement sets a standard for other employers to follow in providing a secure retirement for nurses who contribute so much to the success of a hospital and the care of patients," said Elaine Graves, chair of the MNA local bargaining unit at Carney Hospital.

Finally, the nurses were able to address a number of other nursing and patient care issues in their respective agreements, which improve the quality and safety of care patients receive. At St. Elizabeth's, the nurses negotiated staffing

language that creates a committee of nurses and management to review and address staffing needs, while limiting the assignments of charge nurses, who are responsible for assuring the appropriate flow of patients through the system. The Carney Hospital nurses were also able to negotiate improvements in their staffing procedures, including protections for inappropriate "floating" of nurses, which is the practice of moving nurses between units to cover for staffing shortages. The Norwood Hospital nurses also formed a staffing committee to help ensure safe patient care, and have created a group to focus on preventing incidents of workplace violence at the hospital, a significant problem in health care today, as nurses are assaulted on the job as much as police officers and prison guards.

"This agreement has given the staff of our hospital great hope for the future, and it provides a means of addressing the issue of workplace violence, which is a growing problem, not only for our members, but for all nurses," said Joan Ballantyne, RN, co-chair of the MNA local bargaining unit at Norwood Hospital. "All of us will benefit from this agreement." ■

Wilmington school RNs celebrate \$1 million worth of grant successes

Children must be healthy to learn, and a child must learn to be healthy. That is a basic tenet of the commonwealth's "Essential School Health Services" program (ESHS), which has been making grant monies available to qualified school nurse/health groups for a decade.

The Wilmington school nurses are one of the dedicated groups who have faithfully gone the extra mile in order to secure ESHS grant money on behalf of their school system. To date, over \$1 million has been pumped into the town for school health programs—and everyone is seeing the benefits of those dollars.

The nurses became involved with the state's ESHS program in the late 1990s, at a time when they were operating on a shoestring budget and with age-old tools. The nurses spearheaded a fearsome grant-writing initiative after learning of the Department of Public Health program, and they were selected as grant recipients in the first year. The initial outlay was \$100,000, with an additional \$100,000 to follow for four more years. Since then, the school nurses have applied for and secured the grant money on subsequent occasions resulting in more than \$1 million coming into Wilmington for school health programs.

In order to be accepted as a grant recipient—as well as to remain qualified—the MNA's Wilmington school RNs had to meet and maintain several key criteria, including:

- Creating an appropriate health program infrastructure
- Collaborating with other health education programs (i.e., tobacco control)
- Linking students with other health professionals (i.e., PCs, DMDs)
- Creating management information systems
- Implementing performance improvement/evaluation tools

Much of the money in those early days of the grant program was spent on overdue "capital investments." According to Maureen Travis,



Wilmington school nurses, top row, from left: Doreen Crowe, Michelle Yeomelakis, Rita King, Sue Rowe and Janice Bacon. Bottom row, from left: Kim Donovan, Jane Ferrara, Terri Furlong, Laura Hilliard, Maureen Travis.

the RN at the West Intermediate School and chairperson of the MNA bargaining unit in Wilmington, nearly every item in their health care arsenal was in need of upgrading. "We purchased everything from refrigerators for temperature-sensitive meds and supplies to utility carts and computer systems," said Travis. Other purchases included vision and hearing equipment, chairs and cots for children, file cabinets, phones and desks. "It has made for a tremendous improvement in how we care for and follow-up with our students and their families," Travis added.

Their investment in high-tech equipment was particularly important because the movement to a paperless system for students' health records was a grant requirement. Now, more than a decade later, Travis said the benefits of that improvement are immeasurable.

"We are continuously updating students' electronic medical records through a program called SNAP, and we're moving toward having their health records completely computer based," said Travis. "Even better we can, and do, regularly pull data from this record system that allows us to analyze how many students visit us, what they are treated for, what meds were administered, how many emergency situations we managed, and even how many students are sent home."

The last point is of particular importance, because the school RNs—who have been supported by the Wilmington school administration in their efforts to secure and use the grant monies—have an impressive record of keeping the vast majority of students in school and learning which is, after all, exactly what they should be doing. ■

Remembering Brockton Hospital's Ann Curley

Ann M. Curley, Bridgewater resident and former Brockton Hospital nurse, died peacefully of lung cancer on Oct. 20, after a lifetime of service to family and community. Beloved wife of 40 years to Professor Thomas M. Curley of Bridgewater State University, she took great pride in her three fine children, Jonathan of Jersey City, N.J., Geoffrey of Brooklyn, N.Y. and Jessica (Curley) Beauchamp of Bridgewater. Also survived by many nieces and nephews, as well as her beloved brothers, Robert Rowan of Cotuit and Peter Rowan of Tampa, Fla. The daughter of the late Frank Rowan of Boston and Mary (O'Toole) Rowan of County Galway, Ireland, Mrs. Curley was born in Brookline on July 13, 1946. Having attended Mount St. Joseph Academy in Brighton, she enrolled at Cambridge Memorial and Melrose-Wakefield Hospitals to become a registered nurse in 1967. Following service at Mass General, she worked at Yonkers General Hospital in New York and Fairfax Hospital in Virginia but spent most of her successful

career at the Brockton Hospital. A masterful emergency room nurse there for 20 years, she strove courageously for quality health care in her daily duties and on the picket line during a four-month strike at Brockton against mandatory overtime and understaffed conditions. Her compassionate curiosity about human diversity made her travel around the world, from China, India and Australia to Europe, Egypt and the Mideast. An elegant hard-working woman who dedicated her life to the care of others and to the support of her husband and children, she was voted the supreme professional honor of Employee of the Year at the Brockton Hospital in 2003. In her professional and private life, she fulfilled the prayer of St. Francis of Assisi: "Lord, make me an instrument of your peace; where there is hatred, let me sow love; where there is injury, pardon; where there is doubt, faith; where there is despair, hope."

—*Enterpriseneews.com*



Nurses at Tufts stage protest to oppose plan to make all nurses float *RNs dress in black scrubs to 'mourn the death of safe patient care'*

In response to a recently announced plan to implement a policy that would allow nearly all nurses at Tufts Medical Center to float to cover for chronic staffing shortages on other units, the MNA local bargaining unit staged a silent protest in early October in the highly trafficked lobby of the medical center. More than 100 nurses dressed in black scrubs and wearing stickers that read, "Reject forced Floating," and "Safe Staffing Now" attended the protest.

The protest occurred just prior to an open forum for hospital staff held by the hospital's chief nursing officer, Nancy Shendell-Falik. As part of the protest, a dozen star-shaped black balloons were delivered to Shendell-Falik at the forum. The card with the balloons read, "Mourning the death of safe patient care at TMC."

Nurses were outraged to learn of the plan, which would essentially allow the hospital to ask any nurse to float to another unit at any time, which not only is in direct violation of the nurses' union contract, but also compromises nurses' ability to provide safe nursing practice. The nurses immediately began to raise concerns about the plan, and a flyer was circulated by the union detailing the nurses' concerns.

The union told management that the appropriate place to raise this issue is at upcoming union contract negotiations, where the parties would have the obligation to negotiate the policy, and nurses would have the right to strike if they did not agree with it. Whatever the hospital's decision on the plan, the MNA will address the issue during negotiations, along with a host of other concerns related to poor staffing conditions and deplorable working conditions at the hospital.

Shendell-Falik's misplaced floating plan is just the latest in a series of decisions the hospital has made that have angered the nursing community, including the decision a year ago to institute a new "model of care" at the hospital, which consisted of increasing nurses' patient assignments on most floors, while failing to provide necessary support

staff. Last February, several hundred nurses picketed outside the facility to protest the staffing cuts.

What was once one of the better-staffed hospitals in the city of Boston, if not the state, is now one of the worst staffed hospitals. In fact, over the 12-month period since the staffing cuts were implemented, nurses at the hospital had filed 328 official reports of unsafe staffing conditions that threatened the nurses' ability to deliver quality patient care. The hospital neglected to post its new staffing plan on the hospital association's "Patients First" Web site, so the public could not compare its staffing plan to other hospitals in the area.

"We are saddened and appalled at the hospital's total lack of regard for nursing practice and the quality of care our patients receive," said Barbara Tiller, RN, chair of the nurses' bargaining unit. "Since management refuses to listen to us, we are taking all necessary steps to make sure our voice is heard. We feel we have exhausted every means of resolving the unacceptable changes the hospital administration has implemented. We are being forced to take these measures, because our patients and our licenses are on the line." ■



Anita Polli, an attorney for Tufts Medical Center, walking past 100 nurses dressed in black scrubs, at the opening of negotiations.

The truth about 'Six Sigma' — it should be called Sick Sigma

By Mary Crotty

Associate Director in Nursing

In the last year, the Massachusetts Hospital Association, and many of the hospitals represented by MNA, have been touting and/or implementing their adoption of the "Six Sigma" or "Toyota Lean" production methods as a means of improving quality, cutting costs and as a new tool for coping with the challenges posed by health care reform.

There is nothing new about these strategies, and there is nothing good that come from them for nurses who are forced to work under the conditions fostered by these techniques. This is just a remake of an old horror movie the MNA and our members were forced to watch during the last round of health care reform, a time when consultants were selling hospital administrators similar efforts—TQM, Patient Focused Care, Re-engineering—to cut costs at the expense of patient safety. The result was hundreds of thousands of patient deaths, the exodus of thousands of nurses from the profession and a decade's worth of research that shows that these strategies were not only wrong-headed, but deadly.

At Tufts Medical Center and Boston Medical Center, administrators have championed Six Sigma and spent hundreds of thousands of dollars on consultants to cut staffing levels and services. For the nurses at Tufts, Six Sigma has transformed that facility from being the best staffed hospital in the city of Boston to the worst, has led to forced floating of all nurses, and a dramatic increase in unsafe staffing reports.

At UMass Memorial, Six Sigma and Toyota Lean have led to the closing of a 28-bed medical surgical floor a month after the hospital declared an internal disaster because there were no beds available to take care of patients. They did this after posting more than \$160 million in profits.

Nurses need to be aware of Six (or what we call Sick) Sigma and what it could mean to your practice and your patients.

What is 'Sick' Sigma?

Six Sigma is the nickname for a business management strategy developed by Motorola in 1981. It is one of several similar quality improvement methods (TQM, Lean, Zero Defects, etc.) intended by manufacturing companies (with debatable or even miserable results) to reduce the number of defects in products.

The term "Six Sigma" is a statistical reference. It refers to the goal of limiting the number of defective products to a rate that is at least six standard deviations from normal, which would translate to 99.99966% of products manufactured free of defects (or 3.4 defects



per million). Motorola set a "Six Sigma" goal for all its manufacturing operations, and this engineering practice has become a buzzword for quality improvement.

Motorola and any number of consultants, universities and online programs have spun fortunes training businesspeople in Six Sigma, developing levels certifications, etc. Interestingly there is no central certification body so this is cowboy country—the Wild West, both in methods and certainly in results.

Here is the type of spin (from Web sites for colleges offering Six Sigma certification) that companies—and now hospital executives—are hearing from their golfing buddy consultants:

Villanova University: A major enterprise reduced labor costs by 5 percent after instituting a time clock system that only allows associates to clock in or out three minutes from their scheduled shift for a total annual benefit of \$21 million. —*BusinessWeek*

Target Corp. claims more than \$100 million in savings over the past six years due to its Six Sigma program. —*BusinessWeek*

Purdue University: "Financial managers, plant managers, floor supervisors, and administrators who are seeking a proven method for drastically improving the organization's financial performance."

The results are another story. A *Fortune* magazine article stated that "of the 58 large companies that have announced Six Sigma programs, 91 percent have trailed the S&P since." Another *BusinessWeek* story says that the introduction of Six Sigma at 3M may have stifled creativity, citing two business school professors who claim that Six Sigma led to "incremental innovation at the expense of... blue-sky work."

Statistician Donald J. Wheeler has dismissed Six Sigma tactics as "goofy" and "arbitrary."

One of our most perceptive sources, Dilbert

(the cartoon) has discredited Six Sigma, also pointing out that Six Sigma companies trail the Standard & Poor 500 index.

In the 2009 business downturn, companies which embraced Six Sigma like General Electric, Caterpillar and Motorola did no better than the companies that ignored it. Reuters has analyzed leading Six Sigma companies to also show that they did not outperform the stock market as a whole. In copiers and printers, Xerox ranks lower in quality than competitors Canon, Toshiba and Hewlett-Packard, yet it proudly trumpets its Six Sigma legacy back to the 1980s.

In fact, in his book *Enough*, John Bogle, a legendary investor and founder of the Vanguard group, partially blames Six Sigma's approach for the disastrous business decisions that led to the current economic crisis.

Tom Peters, the management guru, has also said, "You can measure everything except what's important" and it was what could not be quantified "that got us in this trouble."

Toyota is perhaps one of the best known companies to have implemented the similar "lean" methods only to fall completely on its face. A recent *Wall Street Journal* article blamed lean manufacturing and its focus on lean and mean, reducing waste, eliminating efficiencies, over-streamlining and focus on market growth and performance for contributing to Toyota's downfall.

There is a lesson for hospitals here. It is terribly dangerous—and appalling—for auto companies to be playing with our lives. If our washing machine blows up, or our radio stops playing, we have a financial loss. However health care is different and it is far past time for this country to acknowledge this. Hospitals exist to save lives, and they have a special ethical and moral duty to function with that in mind. ■

UMass Memorial Medical Center nurses ratify new two-year contract

Pact grants Memorial nurses parity in pay and benefits with colleagues at UMass University

The registered nurses from the UMass Memorial, Hahnemann, Home Health and Hospice campus of UMass Memorial Health Care, cast a nearly unanimous vote to ratify a new two-year contract. The pact was reached after the hospital agreed to remove all their demands for concessions by the nurses, including their plan to cut Home Health and Hospice nurses pay by 10 percent. Instead, the pact meets the nurses' call for parity in pay and benefits with their colleagues who work at the UMass University campus.

The agreement will provide a 1 percent pay raise in 2010, 1.5 percent in 2011 and the restructuring of the top steps of the wage scale eliminating tenured steps.

"We are very pleased that the hospital has finally agreed to remove its call for concessions, and instead, has agreed to provide us with a wage on a par with our colleagues in the UMass system," said Lynne Starbard, RN, co-chair of the bargaining unit. "This contract is fair and we hope it will allow us to recruit and retain staff needed to provide quality care."

The nurses continue to be concerned about the closure of a desperately needed medical surgical floor at the hospital, and the impact that closure and other staffing cuts will have on patient care. For its part, the hospital refused to agree to set safe staffing ratios as part of the agreement.

"While management failed to agree to our call for limits on nurses' patient assignments, which we believe is critical to provide quality care, we intend to utilize the existing mechanisms in our union contract to work with management to ensure our patients receive the care they deserve," said Lisa Cargill, RN, one of the vice chairs of the nurses' bargaining unit. "If that doesn't work, we will once again appeal directly to the public as we have over the last several weeks, to seek their support in forcing the hospital to provide quality care."

The MNA represents more than 1,000 nurses at the UMass Memorial, Hahnemann, Home Health and Hospice campus of UMass Memorial Health Care. Negotiations for a new contract began in Oct. 2009, with more than 20 sessions held—eight of them involving a federal mediator. ■



MNA Election Results for 2010

Vice President, Labor* **(one for two years)**

Karen Coughlin

Treasurer, Labor* (one for two years)

Ann Marie McDonagh

Director, Labor* (five for two years) **(one per Region)**

Region 1

Sandra Hottin

Region 2

Ellen Smith

Region 3

Donna Dudik

Region 4

Tiffany Diaz Bercy

Region 5

Barbara Tiller

Director At-Large, Labor* **(three for two years)**

Beth Amsler

Marie Ritacco

Diane Michael

Director At-Large, General* **(four for two years)**

Fabiano Bueno

Katie Murphy

Ginny Ryan

Gary Kellenberger

Nominations Committee (five for two years) (one per region)

Region 1

Region 2

Region 3

Elizabeth Kennedy

Region 4

Region 5

Bylaws Committee (five for two years)

Region 1

Region 2

Region 3

William Fyfe

Region 4

Region 5

Janet Spicer

Congress on Nursing Practice **(four for two years)**

Linda Winslow

Marianne Chisholm

Congress on Health Policy **(four for two years)**

Congress on Health and Safety **(six for two years)**

Rachel Slate

Kathy Sperrazza

Terri Arthur

Elizabeth O'Connor

Mary Anne Dillon

Center for Nursing Ethics & Human Rights (two for two years)

At-Large Position in Regional Council **(two for two years)**

Region 1

Region 2

Tami Hale

Debra Holmes

Region 3

Peggy Kilroy

Stephanie Stevens

Region 4

Mary Wignall

Marie Freeman

Region 5

Jim Moura

Backwards 'card check procedure' for union recognition makes headlines

By Tom Breslin

Associate Director of Labor Education

Does anyone remember the Employee Free Choice Act (EFCA)? This was supposed to be the highlight of the president's pro-labor agenda, and with 60 Democrats in the U.S. Senate after the election, it was supposed to pass easily. As we recall, part of EFCA included a card check procedure for union recognition after a majority of workers signed union authorization cards. I hope no one was holding their breath waiting for this bill to pass.

While registered nurses and health care professionals who need union representation have been waiting for any significant labor law reform in the face of increased employer hostility in recent years, some employers have not waited to take action.

The Regis Corp., which is based in Minneapolis and owns several chains of hair salons like Supercuts, Cost Cutters, Regis and Master Cuts has not waited for the EFCA to be acted

The fact that employers have been looking for ways to prevent workers from exercising their rights under the law should send a strong message to workers and the unions who are looking to represent them.

upon. The CEO, Paul Finkelstein, under the advice and with the assistance of Jackson and Lewis (yes, the same Jackson and Lewis which represents some Massachusetts hospitals), has begun to have employees sign cards as well. These cards are, however, slightly different than the cards to which we are accustomed.

Employees who sign these cards are saying that they are revoking their rights *in the future* to join or form a union through a card check process. Finkelstein explains this by saying that anyone who signs these cards is not waiving their rights to a secret ballot election, just not to achieve union recognition through the use of cards. He calls this a "protection of secret vote agreement."

While that might sound reasonable to some anti-union and anti-EFCA people out there, what Finkelstein is not saying is that his employees will likely never be able to form a union because of the intimidation factor he has created over the authorization card issue.

Finkelstein further defends this practice by suggesting that workers "too often have no idea what they're signing" when they sign a union authorization card, even though the language on the card is clear and easily understandable.



Tom Breslin

those who are not willing to sign their legal rights away.

Charges have already been filed and the NLRB is working on this at their usual pace, but Finkelstein has already indicated that he is willing to take this issue to the U.S. Supreme Court. There must be a lot of money in haircuts or he has a lot of financial support.

Why do I bring this up? After all, the failure of the Congress to act on EFCA has not prevented anyone from organizing; or has it? The fact that employers have been looking for ways to prevent workers from exercising their rights under the law should send a strong message to workers and the unions who are looking to represent them.

Some employers will go to any lengths to fight even the possibility of labor law reform that might finally level the playing field when it comes to workers expressing their choice for union representation. What then, should unions do in response to employers like Finkelstein who are afraid of workers exercising their rights under the law?

First of all, unions should not wait for Congress, or anyone else to act. Even if EFCA does pass in the next legislative session, it will be watered down to the point that the card check component of the proposed law will be gone. What unions should be doing is going out to unorganized workplaces to help workers understand that their lives will be better as a result of joining a union.

The facts are clear. Union members make more money, have better health insurance, and are more likely to have a pension than non-unionized workers. Further, they have the non-economic benefits of a union like prescribed procedures for layoff recall, scheduling issues, etc. Did I forget to mention Just Cause rights, a grievance process and binding arbitration?

Data show that there are millions of American workers who would join a union if they could. In fact, according to the Economic Policy Institute, if all workers who wanted a

Some Regis employees have already been fired, but of course, according to Regis, they have been fired for reasons other than refusing to sign these cards. According to the fired employees, there is an air of intimidation for

union had a union, the unionization rate in the U.S. would be several times the current rate.

The point is, they can. While management opposition is the primary reason for the perceived inability to organize, there are some unions who continue to aggressively organize, even in the face of anti-union consultants and hostile employers. We need look no further than the NNU success stories in Texas, Missouri and other states.

So, what does this mean for the MNA? Well, in addition to organizing new units, we should be making sure that our existing bargaining units are internally organized, politically active and ready to take on the fight to advance the cause of registered nurses and health care professionals so that they can effectively advocate for their patients.

This means anything from improving how we perform the work of the members at the bargaining unit level, to working collaboratively across bargaining units and within hospital corporations to bargaining units assisting each other. Failure to do so may mean that contracts will diminish over time even for the strongest units as standards are driven down by aggressive employers who target weaker units.

Failure of members to act together and assist each other only helps the employer by making it easier for them to engage in conduct like Paul Finkelstein trying either to prevent workers from organizing or picking weaker bargaining units to force concessions and eventually, lower standards for the profession.

Of course that could not happen here. Or could it? ■

An update

The National Labor Relations Board regional office in Minneapolis has issued a complaint against the Regis Corp. and its CEO Paul Finkelstein. In its ruling, the board took issue with a DVD that Regis produced for its employees in which it threatened to "close salons if employees selected a union to represent them" and would "blacklist them in the industry" if they signed authorization cards or supported a union. A hearing before an administrative law judge will be held in the coming year.

"My view is that the law is pretty clear and that Regis violated the National Labor Relations Act," said Marlin Osthus, regional director of the NLRB Minneapolis office. "What's unusual and somewhat egregious is the fact that it has affected so many employees and so many locations across the country." (*Minneapolis Star Tribune*, Nov. 2, 2010).

Recognizing achievement: 2010 Legislative Awards & MNA Awards

SPECIAL RECOGNITION FOR LEGISLATIVE ADVOCACY AWARD

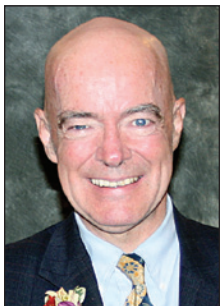


Worcester School Committee member John F. Monfredo served as principal of Belmont Community School in Worcester for 20 years. Since his retirement, he has served for three terms as a member of the Worcester School Committee. Highly decorated throughout his career, Monfredo has been the well-deserving recipient of many awards such as the Youth Leadership Award from the Worcester Area Chamber of Commerce, the Thomas Green Award which is given to exemplary City of Worcester employees,

and was selected to the Worcester Public Schools Hall of Fame. He received nationwide recognition for his “Books and Beyond” program for promoting literacy in his school. He and his wife Anne-Marie created “Worcester: the City That Reads” and together they collected over 60,000 books in the last three years and have given the books out to schools and social agencies for summer reading.

One of Monfredo’s primary objectives has been promoting children’s wellness because he fully understands the connection between wellness and educational outcomes. In doing so, he has been a staunch ally of our Worcester Public School nurses. Monfredo maintains consistent contact with Worcester school nurses so that he remains informed about the issues that are important to them and often contacts them when he finds that issues in the school department require the nurses’ attention. He has welcomed the nurses at school committee meetings thereby making the environment more comfortable and empowering for them. On several occasions, in his quest for student wellness and in his advocacy for school nursing, he has led the charge in fighting for a nurse in every school. This has meant that he has worked to educate other school committee members about the issues as well. His work resulted in the hiring of five additional school nurses in 2009. Monfredo maintains a column in the Worcester publication known as In City Times. He very often devotes his columns to school health and school nursing issues.

SPECIAL RECOGNITION FOR LEGISLATIVE ADVOCACY AWARD



Brian A. O’Connell was raised and educated in Worcester. He graduated from Worcester Academy and the College of the Holy Cross, and then from Harvard Law School. He has served as a member of the Worcester School Committee since 1984. He is the past president and currently a lifetime member of the Massachusetts Association of School Committees, and member of its Committees on Resolutions, on Legislation and on Advocacy. He is a member of the board of trustees of Anna Maria College, secretary of

the Board of Trustees of Worcester Academy and president-elect of the 32,000 member Holy Cross College Alumni Association. He is currently the director of finance and administration and chief of staff for the Westerly, R.I., public schools and is managing partner of Sorrento Associates of Kennebunk, Maine.

O’Connell is a strong advocate for the nurses of the Worcester Public School system. He has attended the Worcester School Nurses Meet and Greet with School Committee members and used the information he learned there to pursue improved nurse staffing in the Worcester schools. In 2009, this resulted in the hiring of five additional school nurses. He maintains ongoing communication and relationships with school nurses so that he can continue to advocate for the school nurses and the children of Worcester.

FRESHMAN LEGISLATOR SPECIAL RECOGNITION FOR LEGISLATIVE ADVOCACY



Rep. James J. Dwyer is serving his first term as state representative for the 30th Middlesex District representing parts of Woburn, Reading and Stoneham. Dwyer and his wife, Mary Ellen, are lifelong Woburn residents, married for 33 years and are the proud parents of two daughters and two grandchildren. Dwyer is an extraordinary family man and public servant.

Dwyer has dedicated his professional life to helping others. Dwyer worked for over three decades as a juvenile probation officer in Middlesex County, most recently serving as assistant chief. Dwyer has served with distinction on the Woburn City Council for the last four years advocating for quality education, and affordable housing.

Since he was elected to the legislature in 2008, Dwyer has been an MNA champion. As a member of the Judiciary Committee, he aggressively fought for the favorable and expedited release of our assault bill legislation. He wrote letters, spoke to his colleagues and went to the chairman of the committee—all before we even asked! This bill was, of course, ultimately signed into law in July of this year. In addition, Jim took a proactive stance on other MNA legislation. He actively lobbied his colleagues who sat on the Public Health Committee regarding our safe staffing bill and always asks if he can do more. Jim has gone above and beyond for the MNA and we are so happy to be honoring him today.

We are looking forward to having a long lasting friendship with Jim Dwyer. We are truly grateful for all his support and honored to present him with the Freshman Legislator of the Year award.

FRESHMAN LEGISLATOR SPECIAL RECOGNITION FOR LEGISLATIVE ADVOCACY



State Rep. Michael D. Brady is a life-long Brockton resident who has served on the Brockton School Committee, Brockton City Council, Neighborhood Crime Watch, and other city business and service committees.

Brady has a long history of supporting and standing up for nurses and health care professionals. In 2001 Brady walked the picket line with the Brockton nurses numerous times during their 103 day strike. As a city councilor he worked to put pressure on hospital management for a fair settlement. Brady’s appreciation of nurses and health care workers developed some time ago after a serious injury he had as a young adult. It was the frontline, hands-on care givers that helped him recover physically, as well as emotionally. When you hear him talk about this experience you can still sense the emotion he has and there’s no doubt he understands the important work our members do taking care of patients.

The MNA endorsed Brady in his run for the House of Representatives in 2008. Brady and the MNA remember that election very well—with the help of MNA members who worked on his campaign, he won his primary election by just 14 votes! As a state representative representing the 9th Plymouth district, Brady serves on the Joint Committee on Economic Development and Emerging Technologies, Joint Committee on Public Health and the Joint Committee on Public Service. On numerous occasions in public hearings Brady has spoken out in favor of the need for safe RN staffing. He has often called the MNA to find out our position on issues that relate to health care to help him make decisions on legislation that would impact those workers who work on the frontlines. He was a particularly strong advocate for the safe staffing bill this session. We are excited to work with him and so pleased to present him with the Freshman Legislator of the Year Award.

ELAINE COONEY LABOR RELATIONS AWARD

Elaine Cooney was a nurse who passionately believed in both the central importance of nurses in the health care industry and the role of collective bargaining in protecting the interests of nurses and patients. When Elaine was hired into a staff position at the MNA, she became one of the first RNs in Massachusetts to negotiate contracts on behalf of RNs. The Massachusetts Nurses Association proudly remembers Elaine Cooney and her dedication to our members and profession by recognizing members who make significant contributions to the professional, economic and general welfare of nursing. This award recognizes a Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.



Gloria Bardsley, OTR/L, is an active member of the MNA Labor Program at both the local and state level. As a 20-year state employee for the Department of Developmental Service (DDS), Bardsley has used her leadership skills to motivate members to participate in a variety of advocacy activities to prevent the wholesale closings of DDS facilities, and to preserve her clients' rights to have a voice in where they call home. Bardsley is articulate and uses her professionalism and ability to inspire others in support of

labor and patient care issues. Her efforts include testifying at the statehouse, lobbying representatives and participating in patient care events on behalf of her members and clients. Bardsley is a member of MNA Unit 7, the State Chapter of Healthcare Professionals, and she represents licensed healthcare professionals working for the commonwealth. Bardsley also serves as the chairperson of her local bargaining unit, and is a member of the Unit 7 Executive Board and is on the MNA Board of Directors. Bardsley recognizes the need for nurses to have a strong voice in Washington.



Vicki Emerson, RN, OCN, has been a member of the Leonard Morse-Metro West Medical Center bargaining unit for more than a decade. Vicki has quickly become one of Leonard Morse's most active leaders, serving members both as co-chair of that unit and as the designee to Regional Council 2. Vicki is a conduit for information between her facility and the region. Vicki is a delegate to, and a vice president of, the Central Mass AFL/CIO Labor Council, and represents the MNA exceptionally well in the broader Central Mass

labor community. Emerson volunteers in a number of community efforts including the Worcester Firefighters blood pressure clinics, food and toy drives, and holiday food basket assembly for those in need. Emerson brings the MNA to nurses in the workplace by coordinating events including MNA Day at Leonard Morse, and by participating in walk-throughs to keep the bargaining unit members informed of statewide efforts. She works tirelessly on the political campaigns of MNA-endorsed candidates and on MNA legislative initiatives. Emerson is a deserving recipient of the MNA Elaine Cooney Labor Relations Award



Tami Jean Hale, RN, BSN, has impacted the labor movement in Central Massachusetts as a relatively new member of the Worcester Public Schools Department of Nursing. Hale has embraced leadership in various capacities. She serves as secretary of her MNA bargaining unit and as an MNA delegate to and a vice president of the Central Mass AFL/CIO Labor Council. Hale also brings a school nurse's voice to the Mass Nurses Political Action Committee (PAC) as an elected member. Hale participates in the

campaigns for MNA-endorsed candidates for elected office, and works

hard to foster relationships with legislative leaders and members of other unions. She participates in many Regional Council 2 community service activities including health clinics, food and toy drives, and assembling holiday baskets for the needy. Tami readily lends her time and talent to promote the ideals and vision of the MNA and nursing. She embraces a belief in unionism and tenaciously stands her ground to promote social justice in nursing, labor and the community.



Stacey McEachern, RN, CEN, is a respected leader and role model. As an emergency department nurse at Quincy Medical Center, McEachern has served as a committee member for a number of years. She is a strong advocate for professional practice, safety, and staffing issues. Furthermore, McEachern is assertive and confident when addressing nursing leadership, physicians, and supervisory staff. She is an active participant in labor/management and contract negotiations.

Her energy and enthusiasm are inspiring, while her kindness and sense of humor cherished. McEachern consistently advocates for quality nursing practice and supports nurses throughout her facility by educating her peers. Through enforcing the contract, and advocating both for nurses' rights and the rights of patients through her collaborative approach, Stacey advances both the image and the practice of nursing.



Ellen T. Smith, RN, has been a passionate labor leader as an advocate for both patients and nurses for many years. She is a dedicated labor champion on a local, statewide and national level. Smith serves as the vice chair of Regional Council 2, and represents Region 2 on the MNA Board of Directors. More locally, Smith helped maintain the integrity of the collective bargaining agreement as the grievance chair, and as a member of the negotiating committee at UMass Medical Center - University Campus. Through her leadership and dedication to the MNA members, Smith impacted many difficult contract negotiations. As a strong proponent for the National Nurses United (NNU), Smith was instrumental in obtaining support for a national voice for nurses, and now represents the MNA nurses at that national level. Smith supports the labor community as a vice president of the AFL/CIO Central Labor Council, and forges strong relationships with other unions.



James L. Tucker, RN, BSN, represents the registered nurses and health care professionals at Morton Hospital. The impetus for Tucker's activism was the dangerous practice of mandatory overtime at that facility. Tucker completed tracks of MNA's Labor School and implemented what he learned to effectively communicate the impact of mandatory overtime on nursing practice and patient care to other bargaining unit members. Through his efforts and persistence, the issue became a high priority at negotia-

tions. Tucker became an effective leader in the effort to obtain strong contract language limiting mandatory overtime. Jim is known for his exceptional work and positive attitude. Tucker is able to effect lasting change, advocate for nurses' and patients' rights, and demand respect for the members of Morton's healthcare team through his role as a well regarded emergency department nurse and an elected member of the negotiating committee.

Joyce Wilkins has served the members of Morton Hospital's bargaining unit in a number of capacities. Her roles range from her involvement as a past grievance representative to her current position as unit chair.



Her strength as a mentor and advocate is inspiring. Recent negotiations proved to be a true test of Wilkins' leadership, and her strength and character taught the unit to "Stand Strong". Because of her leadership, the Morton Hospital nurses negotiated a fair and decent contract that addressed mandatory overtime and saved a defined pension benefit. Throughout the process, Wilkins remained focused and conducted herself professionally, guiding her colleagues as they maneuvered the complications of a contentious battle. Wilkins provided the public with an accurate picture of the unit's struggle and rallied public support, and in so doing, she provided a public voice for the nurses in local media outlets.

KATHRYN MCGINN CUTLER ADVOCATE FOR HEALTH & SAFETY AWARD

Kathryn McGinn Cutler, RN was one of the main MNA union activists who united hundreds of nurses at Brigham and Women's Hospital in the early 1990's to speak about their respiratory and neurological illnesses associated with exposures to hazardous environmental agents at work. Although sick herself, she worked with others to coordinate meetings of other affected nurses, develop health surveys of their co-workers, and reach out to MassCOSH – among others – to identify a host of problems in the hospital that were causing their illnesses. Over time, more than 150 nurses left work due to occupationally related illnesses and most never returned to working in an acute care environment. This work is credited as the foundation of the MNA Division of Health and Safety. Kathryn McGinn Cutler is recognized in this award for her activism, courage and organizational skills. This award recognizes an individual or group that has performed an outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.



Dr. Thomas Fuller has tirelessly identified and addressed issues facing nurses and the healthcare work environment. He brought critical data to the members of the healthcare and occupational health community. This information will be used to assess and prevent nurses' future adverse occupational health and safety effects. Fuller developed a "best practice" guide to minimize the spread of infectious disease agents; his many publications include a chapter in the 2010 edition of *Modern Hospital Safety on Chemotherapeutics*

Drugs and an article on the hazards of shift work in nursing. He is currently researching the prevalence and impact of extended work hours and overtime in nursing. Fuller's past efforts consist of the assessment of exposures and protection of nurses from hazardous ultraviolet germicidal radiation in healthcare. He has advocated for improved protection from x-rays in surgery and cardiology for nurses. He has prepared articles and training seminars on the protection of nurses from infectious disease agents, and he has studied and reported on the effects of prolonged standing on the lower extremities. Fuller has presented his work locally, nationally and internationally and is a recognized expert in his field of industrial hygiene. Having recently been named a contributing editor for the *American Journal of Nursing*, Fuller will continue to inform nurses about risks in the workplace and effective strategies to address these risks. Dr. Fuller has represented MNA members at a number of hospitals throughout the Commonwealth. His work will have lasting effects on nurses and healthcare workers across Massachusetts.

Judith M. Smith-Goguen, RN, BSN, cofounded the violence prevention committee at UMass Medical Center - University campus where she supports and mentors nurses who have been injured by violence. Smith-Goguen fought vigorously for contract changes that demonstrate a zero tolerance policy for workplace violence, and provides support for nurses



affected by workplace violence. Smith-Goguen's campaign to aid nurses at UMass produced the health and safety forms used at that facility, and full compensation for those injured by violence on the job. She was instrumental in assuring that management developed education recognizing the effects of post traumatic stress disorder following an assault, and in assisting nurses to return to a safe workplace. Smith-Goguen has consistently demonstrated a commitment to nurses and establishing a work environment free

of physical and verbal abuse. Her leadership has positively impacted nurses for more than a decade.

MNA HUMAN NEEDS SERVICE AWARD

This award recognizes an individual who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.

Deborah A. Perry, RN, CEN, S.A.N.E., renders aid to people in crisis both locally and globally. Perry delivers compassionate care in a challenging and chaotic environment as an emergency center nurse at Lawrence General Hospital. To meet the demands of her first position, Perry continues to increase and expand her knowledge base with dedicated self-education. Perry meticulously delivers expert and compassionate care to adult and adolescent victims of sexual assault as a Sexual Assault Nurse Examiner (S.A.N.E.) certified by the Massachusetts Department of Public Health. She recently completed certification as a child passenger safety technician. One of her greatest passions is delivering aid to people in crisis across the nation and the globe. Recognized for an extraordinary amount of volunteered hours in the Disaster Medical Assistance Team warehouse, Perry has been involved in federal disaster for almost a decade. She has completed advanced training in emergency medical response hazardous materials and acts of terrorism. Perry has responded to disasters and rendered care to victims of major hurricanes and earthquakes. Most recently, she was deployed to Port-au-Prince, Haiti, where she cared for a number of victims. Individually, Perry completed a Boston to New York bike trip to benefit people with HIV/AIDS and a transcontinental bicycle trip for Multiple Sclerosis. She has participated in the Boston Marathon both as volunteer medical staff and as a participant. Perry truly deserves recognition for her numerous humanitarian efforts.

Brooke A. Braaten has served marginalized populations throughout her career as an occupational therapist. Braaten currently coordinates and implements occupational therapy services in 22 group homes for the Northeast Region of the Massachusetts Department of Developmental Services. She researched the Perceptions of Homeless and Marginalized Community Residents Toward a Weekly Craft Group while earning her master of arts degree. Since 2002, Braaten has worked with patients ranging from school-aged children to geriatric, and a population with mood and personality disorders. Along with several colleagues, Braaten has been involved in the Father Christmas Project which has a mission to provide opportunities to the people of Uganda. The volunteers visited five orphanages where they painted, cleaned, taught and interacted with the children.

Dianne Hinckley, employed by the Department of Developmental Services since 2003, coordinates health services for individuals living in Northeast Residential services afflicted with developmental disabilities. Hinckley coordinates the Father Christmas Project, which provides hope and care to orphaned children in Uganda. As the volunteer group coordinator, Hinckley spearheads months of planning, fundraising and collecting donated items to be delivered to Uganda at the expense of the volunteers. The group visited five orphanages where they painted, cleaned, taught and interacted with the children.



MNA Human Needs Service Award winners: From left, Male Kamyra, Dianne Hinckley, Vanessa Jerry, Stephen Segwany, Linda Morse, Kathryn LaPlante and Keith Rando.

Vanessa S. Jerry, RN, has worked as an employee of the Department of Developmental Services since 2008 with developmentally disabled people, and those with behavioral problems who live in residential group homes. Jerry recognized the pain and suffering worldwide and volunteered for the Father Christmas Project to provide much needed supplies for children in five orphanages in Uganda. The volunteers visited the orphanages where they painted, cleaned, taught and interacted with the children.

Male A. Kamyra ventured beyond his role as an accountant for the Department of Developmental Services and participated in the Father Christmas Project, providing hope and goods to orphaned children of Uganda. After months of planning, fundraising and collecting donated items, the Father Christmas Project volunteers travelled to Uganda to bring clothing medical and school supplies and financial aid to purchase beds, mattresses, food, supplies, and school tuitions to the people of Uganda. The volunteers visited five orphanages where they painted, cleaned, taught and interacted with the children.

Kathryn Q. LaPlante brought hope, gifts, and knowledge to orphans in Uganda through her work with the Father Christmas Project. Working with fellow commonwealth staff members, LaPlante gave of herself beyond her role as the Hogan Regional Center. After months of planning, fundraising and collecting donated items, the Father Christmas Project volunteers travelled to Uganda to bring clothing, medical and school supplies and financial aid to purchase beds, mattresses, food, supplies, and school tuitions to the people of Uganda. The volunteers visited five orphanages where they painted, cleaned, taught and interacted with the children.

Katherine Morse volunteered with Unit 7 members and gave her time and skills to benefit orphans across the globe while working as an intern at the Hogan Regional Center and studying at the University of Connecticut. Morse was a volunteer with the Father Christmas Project where she visited five orphanages, she painted, cleaned, taught, and interacted with the children. Morse has previously volunteered for Habitat for Humanity, where she participated in house builds, fundraisers, and Hire a Habitat programs.

Linda Morse has been employed at Northeast Residential Services since 2007. Described as humble and creative, Morse has worked tirelessly behind the scenes fundraising and spearheading the efforts to achieve nonprofit status for the Father Christmas Project. Project volunteers visited five orphanages where they painted, cleaned, taught and interacted with the children. Together with her daughter Kathryn, Morse will travel to Uganda with the Father Christmas project next month.

Keith J. Rando brings many years of experience working with marginalized populations to his role at the Department of Developmental Disabilities. As a psychological assistant, Rando is responsible for providing psychological services to 70 developmentally disabled individuals

- many of whom have dual diagnoses. Rando has joined many of his colleagues in reaching internationally to aid the needy, and volunteered with the Father Christmas Project. After months of planning, fundraising and collecting donated items, the Father Christmas Project volunteers travelled to Uganda and visited five orphanages where they painted, cleaned, taught and interacted with the children.

Stephen Segwany is a residential services director for the Department of Developmental Services responsible for 10 state-operated residential programs providing support to individuals with disabilities. He has joined his colleagues in an effort to impact the lives of orphans living in Uganda who are in need of financial and material donations. As a part of the Father Christmas Project, Segwany contributed to the project mission to provide opportunities, open doors, give hope, educate, and share gifts for the benefit of needy children across the globe. After months of planning, fundraising and collecting donated items, the Father Christmas Project volunteers travelled to Uganda and visited five orphanages where they painted, cleaned, taught and interacted with the children.

MNA IMAGE OF THE PROFESSIONAL NURSE AWARD

This award recognizes a member who has demonstrated outstanding leadership in enhancing the image of the professional nurse in the community.



Bharathi Janaswamy, RN, BS, is a dedicated professional who is valued by her colleagues and patients. Janaswamy works as a medical-surgical nurse and case manager at Cooley Dickinson Hospital where she was identified for excellence in her practice. She has developed an expertise in wound care, and shares her knowledge and expertise with colleagues, nursing students, nurse practitioners, and physicians. Janaswamy consistently functions as a role model and as a source for innovation and progressive ideas.

She continues to design, write and implement a series of protocols for approaches to wounds. Janaswamy exhibits genuine concern for her patients and a thirst for knowledge, consistently striving to enhance her nursing practice and patient care.

DORIS GAGNE ADDICTIONS NURSING AWARD

Established in 2008, this award recognizes a nurse or other healthcare provider who demonstrates outstanding leadership in the field of addictions. While working in a long term care facility, Doris Gagne realized that she had a problem with alcohol. After attending her first Alcoholics' Anonymous (AA) meeting she remained clean and sober for the rest of her life. As she continued with her recovery from alcoholism, she "worked the program" and through AA, began to help others around her. Gagne soon realized that her nursing skills and ability to help others in recovery combined to define into her life's calling. Gagne served the nursing profession as a member of the Board of Registration in Nursing Substance Abuse Rehabilitation Evaluation Panel. Through the remainder of her life Gagne continued to help and counsel people through their addictions both in and out of profession. Gagne realized her weaknesses and made them her strengths; with this power she was able to help those around her.

Susan C. Giambanco, RN, advocates for her patients' rights at the Caritas Norcap Lodge on a daily basis. Having worked with Doris Gagne for more than 20 years, Giambanco epitomizes the essence of this award. As a strong advocate, she demonstrates leadership in the recognition and support of nurses with addictions problems. She shares her knowledge of the Substance Abuse Rehabilitation Program (SARP) with nurses, works with and provides education and support



to patients and families. Sue is keenly aware that the disease of addiction affects the person - body, mind, and soul - and views the patient as a complete person. Sue is highly esteemed by her coworkers and seen as a resource for staff. She brings a unique perspective when discussing patient care and shares her belief that all patients receive the same quality care. Misconceptions about addiction are ubiquitous in today's society; Giambanco seeks to broadly educate about addiction and the barriers to treatment, both personal and cultural. Sue is a true professional and role model.



Kathlyn Logan has worked as a nurse for more than 30 years. As an MNA bargaining unit representative for over 10 years, Kathie exhibits a strong commitment to the field of addictions. She has caringly represented nurses at their most vulnerable moments while addressing their substance use disorders and their impacts on their nursing practices. Her professional dedication and commitment to her fellow nurses has gained Logan the respect of her nurse colleagues and the MNA peer assistants. Logan has compassionately

advocated for her nurse colleagues on numerous occasions. She is a recognized leader in her efforts to support fellow nurses toward beginning their road to recovery. She has negotiated with hospital administration to delay a nurse's termination so that the nurse can seek the necessary treatment prior to losing his or her pension and medical coverage. She has, on more than one occasion, gone well beyond the call of duty to support her fellow nurse colleague by individually gathering donated "sick-time hours" from nurses to assist a nurse in need of recovery to maintain medical insurance while in treatment. Recently, Logan initiated a request for the SARP coordinator to provide an educational program for managers which teaches support for nurses in recovery. Her courage, compassion and activism for members in recovery make Logan a strong resource to the nurses in her bargaining unit at UMass Worcester and throughout the MNA.



Francyne Puopolo, CARN, is been committed to meeting the healthcare needs of one our most vulnerable and stigmatized populations- those with addictive disorders. Puopolo is a dedicated, organized, creative and excellent collaborator who works with other disciplines to plan and manage the care of patients. She is an excellent clinician who makes a human connection with a wide variety of patients. Her direct but empathetic style provides the foundation for strong treatment alliances. She is a resource to other

staff members, and has earned the trust and respect of her patients and colleagues. Puopolo takes an active role in Cambridge Health Alliance's academic mission, having taught countless trainees, including nursing students, psychiatry residents, and social work interns. Additionally, she has collaborated to coordinate a research study on the issue of suboxone diversion. Puopolo was a faculty presenter at Harvard Medical School's annual Training the Addictions Conference last year. Puopolo is active in community organizations including Somerville Care about Prevention and Everett's Substance Abuse Coalition. She is a role model, mentor, and trailblazer in the field of addictions.

MNA ADVOCATE FOR NURSING AWARD

This award recognizes the contributions of an individual, who is not a nurse, to nurses and the nursing profession.

Bristol County District Attorney C. Samuel Sutter has given nurses new hope. When District Attorney Sutter became aware of a long-standing court case that spanned several exhausting and frustrating years, he listened with great concern. The court case involved the appro-

priate placement of an assaultive patient within the Department of Mental Health (DMH). He displayed empathy for the assaulted nurse who was further assaulted by the continued legal maneuverings of the defendant's attorney. Sutter's team was able to negotiate a successful resolution and the patient was appropriately placed in a setting outside the DMH. Additionally, Sutter has agreed to meet with Taunton State Hospital's administration to formulate a plan of cooperation between hospital staff, DMH and the district attorney's office which will reduce the timeline for resolution of high profile assault cases. Sutter is applauded for his willingness to intervene and we look forward to his continued advocacy on behalf of nurses. His work will ultimately lead to a major reduction in patient and staff assaults.



MNA EXCELLENCE IN NURSING PRACTICE AWARD

This award recognizes a member who demonstrates an outstanding performance in nursing practice. This award publically acknowledges the essential contributions that nurses across all practice settings make to the health care of our society.



Jose Felix Lopez-Carrasco, RN, has been an integral part of the Lawrence General Hospital's emergency center staff for nearly two decades. He exhibits the highest performance level and nursing practice standards as he cares for patients in the third busiest emergency department in the state, while consistently maintaining an atmosphere of calm and control in a pressured and chaotic environment. He searches for more progressive patient treatment ideas. Lopez-Carrasco encourages patients and families to engage in their own healthcare and to make informed decisions regarding their healthcare options. Concerned about the future of healthcare, Lopez-Carrasco contributes to the future of nursing as a critical care preceptor, providing guidance and instruction to students and his colleagues new to the emergency center. His commitment to nursing is evidenced by his belief in teaching students. Jose is truly a team player who is held in the highest esteem by all of his colleagues and well respected by his peers.



Karen M. Tremblay, RN, BSN, NCSN, epitomizes what it means to be a nurse in her role as a school health nurse in the Taunton Public Schools since 2000. Tremblay is committed to improving the health of the school population at the East Taunton Elementary School by establishing a "Fun and Fit Program" geared to teaching children healthy lifestyle choices. Students are encouraged to participate in a before-school exercise program coordinated by Karen. She influences the work of the school's wellness committee and nutrition subcommittee through her expertise in school health and wellness. As a preceptor for new staff members and local nursing students, Tremblay impacts the future of nursing by imparting her knowledge and experience to those eager to learn her craft. Tremblay has served as secretary, chair and co chair for the Taunton School Nurses' bargaining unit, frequently called upon to articulate the needs of the school children to the superintendent and school committee. Tremblay demonstrates poise in her interactions with parents, students, colleagues, and school administration.

Abigail Wertz, RN, has extensive experience in the realm of patient advocacy in support of human rights, battered women, and special edu-

cation pre-school groups. As an emergency center nurse at Lawrence General Hospital, Wertz is highly regarded by her colleagues as the consummate professional. She has taken the lead to orient new nurses on her shift and serves as a preceptor for newly graduated RNs. Wertz seeks new and more effective methods to improve and enhance emergency nursing at Lawrence General. Her exceptional bilingual skills are invaluable and facilitate communication with the large Hispanic patient base in her facility. Her selfless attitude provides a positive example for all members of the emergency center staff as Wertz shows willingness to assist patients and staff alike.



JUDITH SHINDUL ROTHSCHILD LEADERSHIP AWARD

A past president of the MNA, Judith Shindul Rothschild was instrumental in the creation of today's MNA. Rothschild is an advocate for nurses and the labor movement. She is recognized nationally as a voice for nurses working at the bedside. Her research interests include staffing and quality of care, and licensure and discipline of registered nurses. This award recognizes an MNA member who speaks with a strong voice for the nursing community at the State and/or National level.

Barbara Tiller, RN, BSN, is not stifled by the boundaries of her institution, but moves beyond her work environment at Tufts Medical Center to the local, state, and national arenas to bring awareness of the healthcare issues to the public, and effect change. She is fighting an exhausting battle for safe staffing, has campaigned on Beacon Hill for

legislation related to preventing violence against healthcare professionals in the workplace, and was integral to the process leading to the successful formation of National Nurses United (NNU). As chair of her unit, Tiller rallied hundreds from the nursing community to participate in an informational picket held at Tufts and Boston Medical Center, educating the public about the unsafe practices implemented at these institutions under new patient care delivery models. She consistently lobbies for the members of her unit, and brings concerns to management, demanding change. Tiller creates ways to connect with nurses and support them; she maintains open communication with members in ways like the "Friday morning coffee and donuts" she established. Tiller's leadership has empowered the membership at Tufts by creating a respected union, and fighting collaboratively for a higher standard in patient care. Tiller frequently visits the State House, and has educated local and state politicians on current issues in healthcare. She sat on the State House floor as a special guest to state Rep. Richard Ross as the assembly voted to pass legislation protecting healthcare workers against violence in the workplace, providing a safer environment for all nurses in Massachusetts. In this time when healthcare changes quickly, and the ability of nurse to provide good safe care to patients within economically constrained environment is challenged, Tiller continues to be a spokesperson for the nursing profession as an articulate, determined and unwavering advocate for safe staffing legislation and good patient care. ■



Region 5 News

MNA Region 5 cookbook in the works



MNA Region 5 is in the beginning stages of planning a member-generated cookbook.

Proceeds from sales will benefit The Greater Boston Food Bank. Our goal is to have printed cookbooks ready for purchase next fall, at the 2011 MNA Convention. These fundraising cookbooks will be great additions

to your own cooking library and great items for holiday gift giving.

Now is the time of year that we are reaching for our favorite recipes and turning on our ovens and crockpots more. As you prepare family meals, sweet treats and dishes for the holidays, please keep in mind that we would love to have your best recipes—those that everyone always wants to copy.

All submissions must be sent electronically (via e-mail to region5@mnarn.org). Here's what we need:

- Your name
- Your bargaining unit
- Recipe title
- Category (select one from below):
 - Appetizers & Beverages
 - Vegetables & Side Dishes
 - Breads & Rolls

- Cookies & Candy
- Soups & Salads
- Main Dishes
- Desserts
- This & That

- List of ingredients needed (in order of use)
- Written directions in paragraph form, not in steps

Each Region 5 member may submit a maximum of five recipes. We would like to get as many contributors as we can to have a good mix of recipes. Stay tuned for more details about what the bargaining unit with the most submissions will win. In the meantime, get your recipe(s) to us to be in our one-of-a-kind cookbook that will benefit a good cause. ■

Region 5 annual meeting on Jan. 26

The Region 5 annual meeting will be held Jan. 26, 2011, at X+O Restaurant, 217 Washington St., Stoughton, (this is a location change from MNA headquarters).

Please join us and let your voices be heard. We want your input. All Region 5 members are welcome.

Agenda:

- Region 5 officer reports
- Region 5 bargaining unit updates
- Region 5 2011 community outreach
- Greater Boston Food Bank presentation
- MNA 2011 Convention — Region 5 hosting

Please RSVP by Jan. 21 so we may plan accordingly for a light meal: 781-821-8255 or region5@mnarn.org ■

Full member (75 percent) reduced dues

Subject to verification, members who qualify for one of the following categories may elect to pay 75 percent of the annual dues:

1. Health professional labor program member—any health care professional, other than a registered nurse, who is represented for purposes of collective bargaining by MNA;
2. Limited hours labor program member—any labor program member who is represented for purposes of collective bargaining by MNA and who has 988 or fewer hours paid in the preceding calendar year.

It is the responsibility of any registered nurse and/or other health care professional to verify to the satisfaction of MNA on an annual basis his/her eligibility for 75 percent dues category within any of the foregoing categories by April 1 of each year. Upon receipt of such verification of eligibility in the prior calendar year, the member shall receive the reduced dues rate effective the following July 1 through June 30. ■



Application for Minimum Hours Reduced Dues Category

Please print clearly and submit to the Membership Division of MNA by April 1.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone: Daytime _____ Evening _____

This is to certify that I _____, RN

was paid for a total of _____ hours in the year January 1, 2010 through December 31, 2010*

at the following MNA facility(s) of employment for the year of application:

1. _____

2. _____

3. _____

List each MNA facility separately

I certify under penalty of perjury that the information herein is true and complete to the best of my knowledge.

Signed _____

Date _____

**MNA reserves the right to verify this information to determine eligibility*

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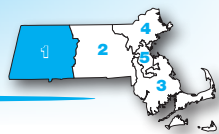


MNA is proud to provide **FREE** continuing nursing education programs to foster professional growth for its members. Offering the programs locally to its members improves access and convenience. We hope you appreciate this service and find these courses are helpful.

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REGION 1



Morning Session

Rescuing the Airways: Management of Acute Respiratory Failure

Description: Utilizing an interactive case study approach, this program will describe the etiologies and pathophysiologic process of acute respiratory failure. Program will include arterial blood gases, suctioning, chest tube management, tracheostomies and non-invasive positive pressure ventilation.

Presenter: Carol Daddio Pierce, MS, CCRN, ACNP, RN

Date: March 16, 2011 **Snow Date:** March 23, 2011

Time: 8:00 a.m. - 8:30 a.m. Registration/Continental Breakfast

Program: 8:30 a.m. - 12:00 p.m. Lunch provided 12:00 p.m. - 1:00 p.m.

Afternoon Session

Mr. Smith is Having Chest Pain: Now What?

Description: A case study approach to the assessment, nursing considerations and pharmacological management of myocardial infarction and heart failure for the novice to intermediate nurse.

Presenter: Catherine Saniuk, MS, CCRN, RN

Date: March 16, 2011 **Snow Date:** March 23, 2011

Time: 1:00 p.m. - 4:00 p.m.

Location: Cranwell Resort, 55 Lee Road, Lenox, Massachusetts 01240, 413-637-1364, www.cranwell.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$195. *Requires a \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Solving the Puzzle: Differentiating Depression, Dementia and Delirium

Description: This program will enable the nurse to positively impact care through an understanding of depression, dementia and delirium, including common etiologies, treatments and intervention strategies for each.

Presenter: Susan Brill, APRN-BC

Date: April 7, 2011

Time: 5:00 p.m. - 6:00 p.m. Registration/Dinner

Program: 6:00 p.m. - 8:00 p.m.

Location: The Hotel Northampton, 36 King Street, Northampton, Massachusetts 01060, 413-584-3100, www.hotelnorthampton.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Contemporary Nursing Interventions for the Older Adult

Description: This program will provide participants with an opportunity to explore geriatric nursing challenges in acute care, primary care, and extended care (home care and long-term care) settings.

Presenter: Kathy Fabiszewski, PhD, A/GNP-BC

Date: April 20, 2011

Time: 5:00 p.m. - 5:30 p.m. Registration/Dinner

Program: 5:30 p.m. - 8:30 p.m.

Location: Log Cabin, 500 Easthampton Road, Holyoke, Massachusetts 01040; 413-535-5077; www.logcabin-delaney.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

To register: complete the Regional Registration Form located on page 26 and submit to the MNA Region 1 Office. For questions, please contact Region 1 at 413-584-4607 or email region1@mna.org

REGION 2



Accepting, Rejecting and Delegating a Work Assignment

Description: This program provides a framework for decision-making based on the Nurse Practice Act and other regulatory agencies, to safeguard nursing practice and patient care.

Presenter: Dorothy Upson McCabe, MS, MEd, RN

Date: March 9, 2011 (**Note: Wednesday**)

Time: Business Meeting: 5:00 p.m. - 5:30 p.m.

Dinner: 5:30 p.m. - 6:00 p.m.

Program: 6:00 p.m. - 7:30 p.m.

Location: Hilton Garden Inn, 35 Major Taylor Boulevard, Worcester, Massachusetts 01608, 508-753-5700, www.hiltongardeninn.hilton.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Nursing Management of the Patient with Concurrent Psychiatric and Medical-Surgical Problems

Description: This program reviews common disorders seen in psychiatric patients and their treatment modalities. It will also enable the nurse to impact care for these patients when hospitalized for non-psychiatric illnesses.

Presenter: Lee Murray, RN, MS, CS, CADAC

Date: April 26, 2011

Time: Business Meeting: 5:00 p.m. - 5:30 p.m.

Dinner: 5:30 p.m. - 6:00 p.m.

Program: 6:00 p.m. - 7:30 p.m.

Location: Sheraton Four Points Leominster, 99 Erdman Way, Leominster, Massachusetts 01453, 978-534-9000, www.starwoodhotels.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Moderate Sedation

Description: This program will enhance the nurse's professional practice and the quality of care while caring for patients requiring intravenous moderate sedation. Major areas of discussion will include nursing implications of monitoring the patient receiving moderate sedation, pharmacological agents and interventions and post sedation monitoring and assessment in the acute care setting.

Presenter: Pat Rosier, MS, RN, ACNS-BC

Date: June 8, 2011 (**Note: Wednesday**)

Time: Business Meeting: 5:00 p.m. - 5:30 p.m.

Dinner: 5:30 p.m. - 6:00 p.m.

Program: 6:00 p.m. - 8:00 p.m.

Location: American Legion Dudley-Gendron Post, 158 Boston Road, Sutton, MA 01590, 508-865-2995, www.legion.org

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

To register: complete the Regional Registration Form located on page 26 and submit to the MNA Region 2 Office. For questions, please contact Region 2 at 508-756-5800, ext. 100 or email region2@mna.org

REGION 3



A Social Networking Media: Implications for the Nurse

Description: This program will discuss the implications for the nurse related to the use of social networking sites such as Facebook, Twitter and Blogs. Presenter will use current cases in which use of social media resulted in HIPAA violations, employee discipline and background searches of prospective employees.

Presenter: James A.W. Shaw, Esq.

Date: March 15, 2011 **Snow Date:** March 29, 2011

Time: Registration/ Dinner 5:30 p.m. – 6:00 p.m.

Program: 6:00 p.m.– 8:30 p.m.

Location: Trowbridge Tavern and Canal Club (located behind the hotel), 100 Trowbridge Road, Bourne, MA 02532, 508-743-9000, www.trowbridgettavern.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Current Trends in Bariatric Surgery

Description: This program will discuss the current options for bariatric surgery. Patient considerations and pre-operative preparation will be explored. Program will conclude with a discussion of the nursing care implications for the different types of bariatric surgery.

Presenter: Dr. Rayford Kruger, MD, FACS

Date: April 7, 2011

Time: Registration/Dinner 5:30 p.m. – 6:00 p.m.

Program: 6:00 p.m. – 8:30 p.m.

Location: Trowbridge Tavern and Canal Club (located behind the hotel), 100 Trowbridge Road, Bourne, MA 02532, 508-743-9000, www.trowbridgettavern.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Current Trends in Orthopedics

Description: This program will present a discussion of orthopedic pathology, interventions and nursing considerations for osteoarthritis, joint replacement and at-risk populations.

Presenter: Nancy Hiltz, RN, MS, ONC

Date: May 5, 2011

Time: Registration/Dinner 5:30 p.m. - 6:00 p.m.

Program: 6:00 p.m – 8:30 p.m

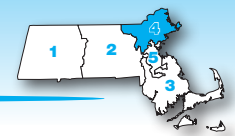
Location: Trowbridge Tavern and Canal Club (located behind the hotel), 100 Trowbridge Road, Bourne, MA 02532, 508-743-9000, www.trowbridgettavern.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

To register: complete the Regional Registration Form located on page 26 and submit to the MNA Region 3 Office. For questions, please contact Region 3 at 508-888-5774 or email region3@mnam.org

REGION 4



Workplace Violence

Description: This program will provide nurses with an understanding of the extent and severity of workplace violence in the healthcare setting, the effects this violence has on nurses and other victims and a plan to protect themselves.

Presenter: Christine Pontus, MS, RN, COHN-S/CCM; Cheryl Watson; Det. Sgt. Marion Keating; Essex County District Attorney Jonathan Blodgett

Date: April 14, 2011

Time: 5:00 p.m.- 5:45p.m. Registration/Dinner

Program: 5:45 p.m. – 9:00 p.m.

Location: Danversport Yacht Club, 161 Elliot Street, Danvers, MA 01923, 978-774-8622, www.danversport.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Wound Care: Dressing for Success

Description: This program will provide a comprehensive overview of the factors effecting wound care and the strategies for managing complex wounds. A thorough review of the wound product categories will enable the attendee to select the most optimal wound product based on clinical findings.

Presenter: Carol Mallia, MSN, RN

Date: May 19, 2011

Time: 5:00 p.m.- 5:30 p.m. Registration/Dinner

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

Location: Tewksbury Country Club, 1880 Main Street, Tewksbury, MA 01876, 978-640-0033, www.tewksburycc.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Difficult Conversation in End of Life Care

Description: Good communication is key to helping patients and families navigate care at the end of life yet it is something that most healthcare providers are not taught during their training. This program will provide an outline and model for end of life communication and provide scenarios for its application.

Presenter: JoAnne T. Nowak, M.D.

Date: June 14, 2011

Time: 5:00 p.m.- 5:45 p.m. Registration/Dinner

Program: 5:45 p.m – 9:00 p.m.

Location: Diburro's Function Facilities, 887 Boston Road, Ward Hill, MA 01835, 978-372-0441, www.diburros.com

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

To register: complete the Regional Registration Form located on page 26 and submit to the MNA Region 4 Office. For questions, please contact Region 4 at 781-584-8012 or email region4@mnam.org



Accepting, Rejecting and Delegating a Work Assignment

Description: This program will provide a framework for decision-making based on the Nurse Practice Act and other regulatory agencies, to safeguard nursing practice and patient care.

Presenter: Dorothy Upson McCabe, MS, MEd, RN

Date: March 30, 2011

Time: 5:30 p.m.- 6:00 p.m. Registration/Dinner

Program: 6:00 p.m. - 8:00 p.m.

Location: MNA Headquarters, 340 Turnpike Street, Canton, MA 02021

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Diabetes Pharmacology-Insulin and Insulin Pumps

Description: This program will review the commonly-used insulins and the new anti-diabetic injectable medications, Byetta and Smylin. Insulin regimens from conventional to intensive management will be discussed including regimens that have patient determining pre-meal doses depending upon what they choose to eat. It will also include an update on insulin delivery systems (pens and pumps) and other devices to help patients self administer insulin.

Presenter: Ann Miller, ANP, MS, CDE

Date: April 7, 2011

Time: 5:30 p.m.- 6:00 p.m. Registration/Dinner

Program: 6:00 p.m. - 9:00 p.m.

Location: X&O Restaurant, 217 Washington Street, Stoughton, MA 02072, 781-344-1800, www.xoonline.net

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Chemotherapy: What Nurses Need to Know

Description: This program will provide the nurses with an updated knowledge base regarding chemotherapy for cancer patients and related nursing management, thus enhancing nursing care of oncology patients receiving this treatment modality.

Presenter: Marylou Gregory-Lee, MSN, APN-BC, OCN,

Date: June 9, 2011

Time: 5:30 p.m.- 6:00 p.m. Registration/Dinner

Program: 6:00 p.m. - 9:00 p.m.

Location: MNA Headquarters, 340 Turnpike Street, Canton, MA 02021

Fee (by check only): Member/Associate Member Free*; Non-Members \$95. *Requires \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

Addictions: A Comprehensive Approach for Nurses

Description: This program will provide nurses with a comprehensive overview of Addictive Disorders. Presentations encompass current research on the etiology, pharmacological treatments and lifestyle changes required to affect recovery. Evidence-based interventions will be described.

Presenter: Donna White, PhD, RN, CS, CADAC; Deidre Houtmeyers, MS, RN, CAS, LADC-1; Colleen LaBelle, MSN, RN, CARN; and Michael Botticelli, MEd

Date: March 2, 2011; **Snow Date:** March 9, 2011

Time: 8:00 p.m. - 8:30 a.m. Registration

8:30 a.m. - 4:00 p.m. Program (light lunch provided)

Fee: Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

MNA Contact: Phyllis Kleingardner, 781-830-5794

Basic Dysrhythmia Interpretation

Description: This three-part course is designed for registered nurses working with cardiac monitoring. Implications and clinical management of cardiac dysrhythmias will be discussed. Course will include a text book and require study between the sessions.

Presenters: Mary Sue Howlett, MS, FNP-BC, CEN

Carol Mallia, MSN, RN

Date: March 7, 2011 (Part One); March 14, 2011 (Part Two); March 21, 2011 (Part Three)

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

5:30 p.m. - 9:00 p.m. Program (light dinner provided)

Fee: Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

MNA Contact: Theresa Yannetty, 781-830-5727

Oncology for Nurses

Description: This program will provide a comprehensive overview of cancer nursing, including treatments, oncological emergencies, pain management and palliative care. ***This is not an advanced class in cancer nursing. Limited to 36 participants.***

Presenter: Marylou Gregory-Lee, MSN, ANP-BC, OCN

Dates: March 16, 2011; **Snow Date:** March 23, 2011

Time: 8:00 a.m. - 8:30 a.m. Registration

8:30 a.m. - 4:00 p.m. Program (light lunch provided)

Fee: Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

MNA Contact: Theresa Yannetty, 781-830-5727

Diabetes: What Nurses Need to Know

Description: This program will discuss the pathophysiology and classification of Diabetes-Types 1 and 2. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. Nursing management of the newly diagnosed patient and diabetic patients in the pre/post operative, ambulatory, and homecare settings will be addressed.

Presenter: Ann Miller, ANP, MS, CDE

Date: March 24, 2011

Time: 8:00 a.m. - 8:30 a.m. Registration

8:30 a.m. - 4:00 p.m. Program (light lunch provided)

Fee: Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

MNA Contact: Liz Chmielinski, 781-830-5719

To register: complete the Regional Registration Form located on page 26 and submit to the MNA Region 5 Office. For questions, please contact Region 5 at 781-821-8255 or email region5@mnarn.org

Advanced Cardiac Life Support-(ACLS) Certification & Recertification

Description: This AHA course will provide information on the clinical management of medical emergencies through a case study approach. This is a two day certification and a one day re-certification course. *This challenging course is best suited for nurses working in acute or critical care areas. Attendees must be proficient in dysrhythmia interpretation.*

Presenters: Carol Mallia, MSN, RN; Mary Sue Howlett, MS, FNP-BC, CEN and other instructors for the clinical sessions

Dates: April 5 and 12, 2011 (Certification)

April 12, 2010 only (Recertification)

Time: 8:30 a.m. - 9:00 a.m. Registration

9:00 a.m. - 5:00 p.m. Program (light lunch provided)

Fee: Certification: MNA Members/Associate Members Free*; Others \$250

• Recertification: MNA Members/Associate Members Free*; Others \$195.

*Requires \$75 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided for first-time certification only. Contact hours are not provided for recertification.

MNA Contact: Liz Chmielinski, 781-830-5719

Domestic Violence: Its Multiple Dimensions-A Comprehensive Program for Nurses

Description: Participants attending this program will learn how to recognize risk factors for domestic violence as they relate to diverse populations/cultures (e.g gender specific; pregnancy; teens; disabled; elderly; military personnel; minority groups) and how nurses can facilitate a victim's ability to develop a plan for his/her safety. Nursing interventions will be addressed through case studies and role play. Nurses' understanding of the impact of domestic violence on the individual, children and families and society will be enhanced.

Presenters: TBA

Date: April 8, 2011

Time: 8:00 a.m. - 8:30 a.m. Registration

8:30 a.m. - 4:00 p.m. Program (light lunch provided)

Fee: Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

MNA Contact: Liz Chmielinski, 781-830-5719

Critical and Emerging Infectious Diseases

Description: This program will provide nurses with information regarding current critical and emerging infectious diseases. The epidemiology, signs/symptoms, treatment and prevention of specific diseases will be addressed. The afternoon session will include protecting nurses and others from disease exposure through the use of environmental and work/practice controls.

Presenter: Maureen Spencer, MEd, RN, CIC; Alfred DeMaria Jr., MD;

Others Speakers TBA

Date: May 6, 2011

Time: 8:00 a.m. - 8:30 a.m. Registration

8:30 a.m. - 4:00 p.m. Program (light lunch provided)

Fee: Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

MNA Contact: Phyllis Kleingardner, 781-830-5794

TWO PART EVENT: LEGAL ASPECTS OF NURSING

Your Best Defense: Lowering Your Legal Risks with Documentation and More

Description: This program addresses the common reasons for suits against nurses. The nurse's responsibilities in relation to standards of care, documentation and communication will be discussed in the context of malpractice, its prevention and occurrence. Case studies will be utilized.

Presenters: Barbara Levin, BSN, RN, ONC, LNCC; Tammy Murphy, ASN, RN, LNC, CAP III

Medical Mistakes and Mishaps

Description: This program will address legal aspects of professional nursing practice, including malpractice, preventive measures, path of a lawsuit and RN Board of Registration's approach to violation of Massachusetts Nurse Practice Act.

Presenters: Barbara Levin, BSN, RN, ONC, LNCC; Tammy Murphy, ASN, RN, LNC, CAP III

Date: May 20, 2011

Time: 8:30 a.m. - 9:00 a.m. Registration

9:00 a.m. - 12:00 p.m. Morning Session

12:00 p.m. - 1:00 p.m. Lunch provided

1:00 p.m. - 4:00 p.m. Afternoon session

Fee: Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

MNA Contact: Liz Chmielinski, 781-830-5719

Interpreting Laboratory Values

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

Presenter: Mary Sue Howlett, MS, FNP-BC, CEN

Date: June 21, 2011

Time: 5:00 p.m. - 5:30 p.m. Registration (light supper provided)

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

Fee: Member/Associate Member Free*; Others \$95. *Requires a \$25 placeholder fee which will be returned upon attendance at program.

Contact Hours: Will be provided.

MNA Contact: Theresa Yannetty, 781-830-5727

Location: MNA Headquarters, 340 Turnpike St., Canton, MA 02021

REGIONAL REGISTRATION

Registration Directions: Registration will be processed on a space available basis. All programs are free to members, however, there is a place holder fee of \$25 for all evening programs and \$50 for all full day programs. This fee will be returned upon attendance at the program. Program fees for non-members are \$95 for evening programs and \$195 for all full day programs. If registrants do not attend the program or call to cancel, the fee will NOT be refunded. Please submit a separate check for each program and mail to the appropriate region office. If registering for programs in more than one region, please duplicate the registration form or download from www.massnurses.org and submit registration forms to the appropriate region offices with the specified fee.

Payment: Payment may be made by mailing a **separate check for each course** to the appropriate regional headquarters.

Program Cancellation: MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. In case of inclement weather, please call the MNA Region Office registration contact telephone number to determine whether a program will run as originally scheduled. Registration fee will be reimbursed for all cancelled programs.

Contact Hours: Contact hours will be awarded by the Massachusetts Nurses Association for all programs.

To successfully complete a program and receive contact hours or a certificate of attendance, you must: (1) sign in; (2) be present for

the entire time period of the program; and (3) complete and submit the program evaluation.

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

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Please avoid wearing scented personal products when attending MNA continuing education programs.

Disability Help: Please contact the MNA Regional Council Office with any questions about special needs accessibility.

Please print. Mail this completed form along with a separate check for each course to appropriate region. Please make copies of this form for courses at multiple regions or download this brochure at www.massnurses.org.

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment _____

_____ RN _____ LPN _____ APN _____ Other (specify) _____

Region 1 Make check payable to: MNA Region 1 Office and mail to MNA Region 1 Office, 241 King Street, Suite 226, Northampton, MA 01060.

- Rescuing the Airways/Chest Pain** Member/Associate Member Free*; Non-Members \$195. *Requires a \$50 placeholder fee.
- Solving the Puzzle** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.
- Contemporary Nursing Interventions for the Older Adult** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.

Region 2 Make check payable to: MNA Region 2 and mail to MNA Region 2 Office, 365 Shrewsbury Street, Worcester, MA 01604.

- Accepting, Rejecting and Delegating a Work Assignment** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.
- Nursing Management of Psych Patients** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.
- Moderate Sedation** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.

Region 3 Make check payable to MNA Region 3 and mail to MNA Regional Council 3, PO Box 1363, Sandwich, MA 02563.

- Social Networking Media: Implications for the Nurse** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.
- Current Trends in Bariatric Surgery** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.
- Current Trends in Orthopedics** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.

Region 4 Make check payable to: MNA Regional Council 4 and mail to MNA Regional Council 4, 50 Salem St., Building A, Lynnfield, MA 01940.

- Workplace Violence** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.
- Wound Care: Dressing for Success** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.
- Difficult Conversation in End of Life Care** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.

Region 5 Make check payable to: MNA Region 5 Office and mail to MNA Region 5, 340 Turnpike Street, Canton, MA 02021.

- Accepting, Rejecting and Delegating a Work Assignment** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.
- Diabetes Pharmacology-Insulin and Insulin Pumps** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.
- Chemotherapy: What Nurses Need to Know** Member/Associate Member Free*; Non-Members \$95. *Requires a \$25 placeholder fee.

MNA HEADQUARTERS REGISTRATION

Registration Directions: Registration will be processed on a space available basis. All programs are free to members; however, there is a placeholder fee of \$25 for all evening programs and \$50 for all full day programs (except for ACLS). This fee will be returned upon attendance at the program. Program fees for non-members are \$95 for evening programs and \$195 for all full day programs (except for ACLS). If registrants do not attend the program or call to cancel, the fee will NOT be refunded.

For courses offered at MNA headquarters, registration is available online. Visit our Web site at www.massnurses.org and choose the course for which you would like to register from our Events Calendar.

Payment: Payment may be made with a Master Card, Visa, AMEX or Discover by calling the MNA contact person listed or by mailing a **separate check for each program** to the MNA, 340 Turnpike St., Canton, MA 02021.

Program Cancellation: MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. In case of inclement weather, please call the MNA at 781.821.4625 or 800.882.2056 to determine whether a program will run as originally scheduled. Registration fee will be reimbursed for all cancelled programs.

Contact Hours: Contact hours will be awarded by the Massachusetts Nurses Association for all programs except for ACLS certification. Contact hours for ACLS certification are awarded by the Rhode Island State Nurses Association.

To successfully complete a program and receive contact hours or a certificate of attendance, you must: (1) sign in; (2) be present for the entire time period of the program; and (3) complete and submit the program evaluation.

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

The Rhode Island State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Please avoid wearing scented personal products when attending MNA continuing education programs.

Disability Help: Please contact the MNA Division of Nursing with any questions about special needs accessibility.

Directions to MNA Headquarters

From Logan International Airport: Take the Ted Williams Tunnel. Follow signs to I-93 S/Southeast Expressway. Stay on I-93 S for approximately 15 miles. Take Exit 2A/Route 138 S/Stoughton. Follow directions from Route 138 below.

From Boston: Take I-93 S/Southeast Expressway. Stay on I-93 S to Exit 2A/Route 138 S/Stoughton. Follow directions from Route 138 below.

From Cape Cod/South Shore: Take Route 3 N. Merge onto US-1 S/I-93 S via exit number 20 on the left toward I-95/ Dedham. Take Exit 2A/ RT-138 S/Stoughton. Follow directions from Route 138 below.

From the North: Take I-95 S/ RT-128 S to I-93 N/ US-1 N. You will see a sign reading "I-93 N to Braintree/Cape Cod." Continue onto I-93 N/ US-1 N for 1.2 miles. Take Exit 2A/Route 138 S/Stoughton. Follow directions from Route 138 below.

From the West: Take Mass. Pike East to I-95 S/Route 128 S. Take I-95 S/Route 128 S to I-93 N/US-1 N. You will see a sign reading "I-93 N to Braintree/Cape Cod." Continue onto I-93 N/ US-1 N for 1.2 miles. Take Exit 2A/Route 138 S/Stoughton. Follow directions from Route 138 below.

From Route 138 (Turnpike Street): Drive approximately 2 miles (you will pass through two traffic lights). Take a left at the billboard which reads 320-348 Turnpike Street. Follow the road, which curves to the right. You will see the brick Massachusetts Nurses Association building. The MNA is on the second floor.

Due to heavy traffic volume on major roadways, please allow extra travel time.

Please print. You may make copies of this form or download this brochure at www.massnurses.org.

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment _____

_____ RN _____ LPN _____ APN _____ Other (specify) _____

Please mail this completed form with check made payable to MNA at: Massachusetts Nurses Association • 340 Turnpike St. • Canton, MA 02021

Payment may also be made by: VISA MasterCard American Express Discover

Account #: _____ Expiration Date: _____

For Credit Card registrations you may fax this form to: 781-821-4445; please call to verify receipt, 781-821-4625.

For office use only: Chg code: _____ Amt: _____ Date: _____ Ck#: _____ Ck.Date: _____ Init: _____

- Addictions: A Comprehensive Approach for Nurses** Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee.
- Basic Dysrhythmia Interpretation** Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee.
- Oncology for Nurses** Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee.
- Diabetes: What Nurses Need to Know** Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee.
- ACLS Certification and Recertification** Certification: MNA Members/Associate Members Free*; Others \$250 *Requires a \$75 placeholder fee.
Recertification: MNA Members/Associate Members Free*; Others \$195 *Requires a \$75 placeholder fee.
- Domestic Violence: Comprehensive Program** Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee.
- Critical and Emerging Infectious Diseases** Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee.
- Two-Part Event: Legal Aspects of Nursing** Member/Associate Member Free*; Others \$195. *Requires a \$50 placeholder fee.
- Interpreting Laboratory Values** Member/Associate Member Free*; Others \$95. *Requires a \$25 placeholder fee.

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

**Special program offers the 4-week track in two full days in Region 3, 10 a.m. – 4 p.m.*

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						

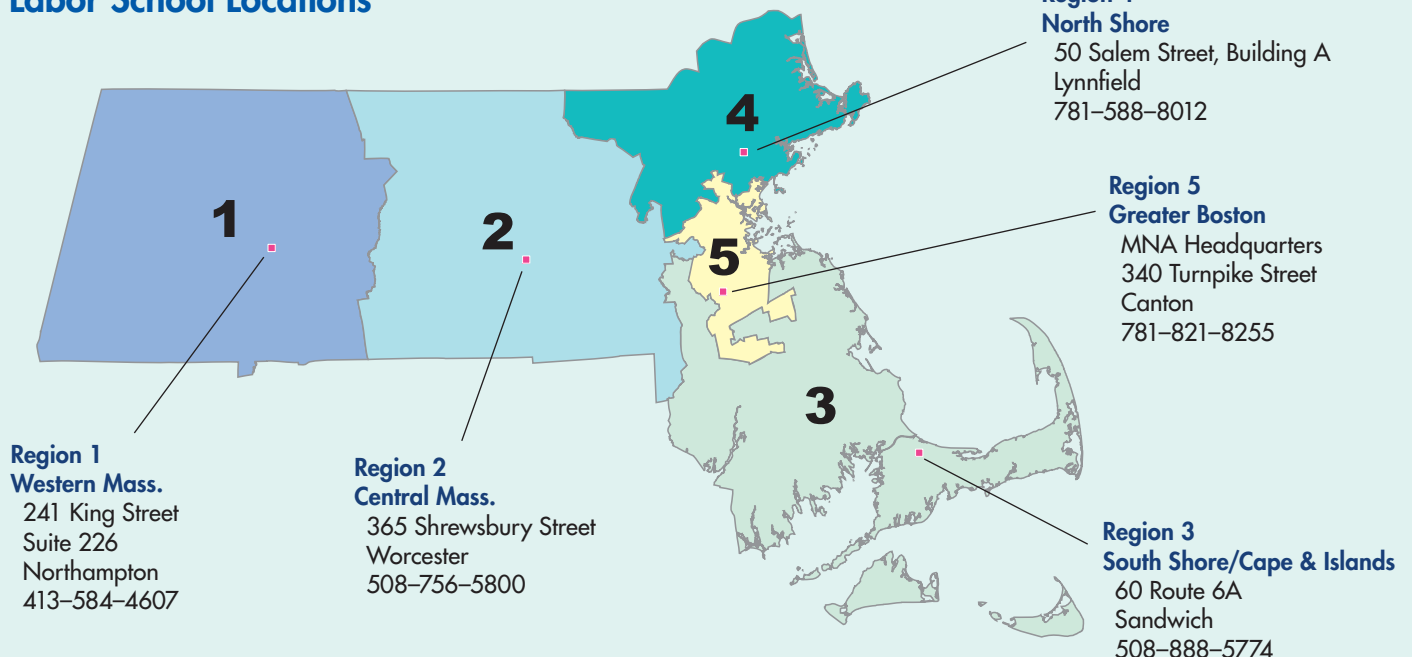


Track 6: Labor Law and Special Topics

	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**

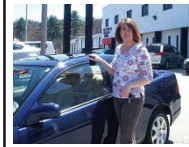
Labor School Locations



MNA Board of Directors Meeting highlights Sept. 16, 2010

- The BOD approved a position paper submitted by the MNA Congress on Nursing Practice, "Conscious Sedation: Keeping Your Patient Safe While Protecting Your License in the Practice and Care of Patients Receiving Mild to Moderate Sedation." It was published in the *Massachusetts Nurse*.
- The BOD reviewed and approved the revised policies, "MNA Statement on Abortion," "Statement Concerning the Rights of Professional Nurses/Health Care Professionals in Relation to Ethical or Religious Beliefs," and "Local Unit Funding."
- The BOD endorsed the following candidates for U.S. Congress: Stephen Lynch, John Tierney, Barney Frank and John Olver. The BOD discussed strategies for the governor's race.
- The BOD reviewed and approved the "Union Election Handbook." It will be going to print and ready for distribution soon—be on the lookout.
- Shirley Thompson, director of operations, announced to the BOD that the video conferencing hardware has been installed at the MNA in Canton. It will be installed in each of the regions over the next few weeks.
- The BOD did not meet in October due to convention.

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MNASM Peer Assistance Program

Help for Nurses with Substance Abuse Problems

Are you a nurse who is self-prescribing medications for pain, stress or anxiety ?

Are you a nurse who is using alcohol or other drugs to cope with everyday stress ?

Would you appreciate the aid of a nurse who understands recovery and wants to help ?

For more information: contact the MNA Peer Assistance Program at 781-821-4625 ext 755 or 800-882-2056 ext 755 (MA only).

All information is confidential

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



Support Groups in Massachusetts

Greater Boston Metropolitan Area:

Healthcare Professionals Support Group
BourneWood Hospital
55 Intervale Road

Brookline, MA
Contact/Facilitator: Dr. Andy Moynihan
(508) 944-5483
Meets: Wednesday- 7:30 PM–8:30 PM

McLean Hospital
DeMarmeffe Building room 116
Meets: Thursday- 5:30 PM–6:30 PM
Contact/Facilitator: LeRoy Kelly
(508) 881-7889

Peer Group Therapy
1354 Hancock Street, Suite 209
Quincy, MA
Contact/Facilitator: Christian Sullivan
(617) 471-7579 (H)
Meets: Wednesday- 5:15 PM–6:30 PM

Health Care Professionals Support Group
Caritas Norwood Hospital
800 Washington Street
Norwood, MA
Contact/Facilitator: Jackie Sitte
(781) 341-2100
Meets: Thursday- 7:00 PM–8:30 PM

Recovery Lifestyles
First Congregational Church
Room #1
121 East Foster Street
Melrose, MA
Contact/Facilitator: Janice O'Neil, CDAC
(781) 979-0262
Meets: Tuesday- 6:30 PM–7:30 PM

Central Massachusetts:

Professional Nurses Group
AdCare (Basement Conference Room)
107 Lincoln Street
Worcester, MA

Contact/Facilitator: Carole Brown
(978) 568-1995
Meets: Monday- 6:00 PM–7:00 PM

Health Care Support Group
UMass School of Medicine
Room 123
Worcester, MA
Meets: Saturday- 1:00 PM–2:00 PM
Contact/Facilitator: Emory (Pharmacist)
(508) 429-9433

Nurses in Recovery
338 Highland Street
Worcester, MA
Meets: Wednesday- 7:00 PM–8:00 PM
Contact/Facilitator: Christopher Cimmino
(508) 826-8534

Northern Massachusetts:

Nurses Recovery Group
Center for Addiction Behaviors
Beverly Hospital
55 Herrick Street
Beverly, MA
Contact/Facilitator: Jacqueline Lyons
(978) 697-2733
Meets: Monday- 6:00 PM–7:00 PM

Baldpate Hospital
OT Building
83 Baldpate Road
Georgetown, MA
Contact/Facilitator: Dana Fogarty
(978) 352-2131ext 57
Meets: Tuesday- 5:00 PM–6:00 PM

Southern Massachusetts:

Substance Abuse Support Group
For Nurses and other Health Professionals
497 Belleville Avenue
New Bedford, MA
Contact/Facilitator: Michelle Rubinstein
C: (508) 965-2479, W: (781) 821-3180

Meets: Tuesday- 7:00 PM–8:15 PM
and 8:15 PM–9:30 PM

PRN Group
Pembroke Hospital
199 Oak Street, Staff Dining Room
Pembroke, MA
Contact/Facilitator: Sharon Day
(508) 667-2486
Meets: Tuesday- 6:30 PM–8:00 PM

Brockton Professionals Support Group
Caritas Good Samaritan Medical Center
5th Floor Conference Room
235 North Pearl Street
Brockton, MA
781 624-4265 or 508 238-8024
Meets: Thursday- 6:30 PM–7:30 PM
Contact/Facilitator: Steve Nikolsky
(508) 236-8024, (781) 340-4265

CDAC Meeting
(for all healthcare professional)
Falmouth Hospital
P.O. Box 905
Falmouth, MA
Meets: Tuesday- 7:00 PM–8:00 PM
Contact/Facilitator: Dr. Rick Abisla
(508) 457-1500

Western Massachusetts:

Nurses Helping Nursing
Bay State Medical Center
Visiting Nurses Assoc. Bldg
50 Maple St. Conference Room 130
Springfield, MA
Contact/Facilitator: Muriel Keneeskern
(413) 783-6416
Meets: Thursday- 7:15 PM–8:15 PM

Early Recovery/Educational Group
Meets: Thursday- 6:00 PM–7:00 PM
(same room)
Facilitator: Sandy

Health Professional Recovery Group
CDAC Meeting (for all healthcare professional)
Berkshire Medical Center
Pittsfield, MA
1st Floor Conference Room
Meets: Tuesday- 7:00 PM–8:00 PM
Contact/Facilitator: Marie Geary
(413) 443-3369, RN and Dr. Robert Wespiser

Professional Support Group
Franklin Medical Center
164 High St, Conference Room C
Greenfield, MA
Contact/Facilitator: Dr. Wayne Garvyck
(413) 774-5554
Meets: Wednesday- 7:00 PM–8:00 PM

Outside of Massachusetts:

Caduceus Group of Bedford
40 Route 101
Carlyle Place
Bedford, NH
Contact/Facilitator: Christopher Carter
(603) 494-6262
Meets: Tuesday- 6:00 PM–7:30 PM

Nurses Recovery Group
Dartmouth-Hitchcock Manchester
100 Hitchcock Way
Manchester, NH
Contact/Facilitator: Sandra Pascucci
(603) 391-1776 Janet (978) 975-5711
Meets: Tuesday- 7:00 PM–8:30 PM



Sorrento Italy

May 14 – 22, 2011 \$1949*

Join us on a tour of one of southern Italy's premier vacation resorts. This all-inclusive 9 day/7 night trip includes air, transfers, hotel, and all meals as well as guided tours. The tour will feature Sorrento, Naples, Pompeii, the Isle of Capri, Caserta & Montecassio and the Amalfi Drive. Offered as an all-inclusive trip, this package is a great value. Don't miss the opportunity to visit this spectacularly beautiful part of Italy and some very interesting sites.



Paris & the French Countryside

October 8 – 16, 2011, \$1879*

This trip is back by popular demand. As a wonderful 7-night tour of France that takes in all the highlights of Paris, Normandy, Brittany, the Wine Country, and the Chateau Country. We will enjoy a free day in Paris and conclude the day with a cruise on the River Seine after dinner. This trip includes round trip air from Boston, transfers to and from the hotel. Also includes breakfast and dinner daily as well as full sightseeing tours.

Prices listed above include air, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast, reserve early. For more information on these great vacation and to be placed in a database to receive yearly flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing address.

* Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are **NOT** included in the listed prices. Credit card purchase price is \$50 higher than listed price.