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ARTICLE SUBMISSION DEADLINES

Winter	November 15
Spring	February 15
Summer	May 15
Fall	August 15

Calendar of Events

August

1 WSNF Board of Trustees

17 Occupational and Environmental Health and Safety Committee

September

4 Office Closed - Labor Day

9 Washington Leadership Council

13-14 Governor's Health and Safety Conference - Seattle

16 CEARP Committee

23 Cabinet on Economic and General Welfare - Chelan

24 Cabinet on Economic and General Welfare - Chelan

24 Statewide Local Unit Council - Chelan

25-26 WSNA Leadership Conference - Chelan

28-29 Governor's Industrial Safety and Health Conference - Spokane

October

3 Washington Center for Nursing Forum – Yakima

7 Professional Nursing and Health Care Council

12-13 CNEWS - Seattle

16-18 WA Public Health Association Annual Conference on Health - Yakima

February 2007

5 Nurse Legislative Day

May

2-4 Biennial WSNA Convention

May 2008

6 WSNA Centennial Anniversary Celebration!

INFORMATION & RESOURCES AVAILABLE ONLINE AT WWW.WSNA.ORG

You Were Represented

The WSNA staff and elected and appointed leaders represent your interests in a wide variety of meetings, coalitions, conferences and work groups throughout the year, anticipating and responding to the issues the membership has identified as priorities. In addition to many meetings with legislators, policy makers, other health care and nursing organizations and unions, the following represents a partial listing of the many places and meetings where you were represented during the months of March 06 through July 06.

- Meetings with the Governor's Office Appointments staff
- Meetings with DOH staff regrading DOH implementation of new legislation
- WTECB Health Care Personnel Shortage Task Force
- Public Health Funding Roundtable
- Seattle-King County Public Health Reserve Corps Planning Committee
- Working for Health Coalition (access to care issues for children)
- Meetings of the Mental Health Parity Coalition
- Meetings of the Medication Safety Initiative
- Washington State Hospital Association Infection Safety Advisory Committee
- Washington State Labor Council "Fair Share" work group on access
- WA Health Foundation meetings re: Healthiest State of the Nation campaign
- Steering Committee of the Foundation for Health Care Quality on Prevention of Medical Errors
- Implementation Work group for 100 Thousand Lives Campaign
- Washington Nursing Leadership Coalition (WNLC) meeting
- Washington Center for Nursing (WCN) Board Meetings
- Meetings of the Washington State Nursing Care Quality Assurance Commission, its Practice and Education subcommittees and the Committee on Continued Competence
- Meeting if the Council of Nurse Educators of Washington State regarding development if a master plan for nursing education in WA
- Johnson and Johnson "Promise of Nursing" Steering Committee and the Johnson and Johnson "Promise of Nursing Gala" event successfully raising $500,000 for nursing scholarships, faculty fellowships and special projects to address the nursing shortage in WA State
- Mary Mahoney Professional Nurses Association annual scholarship luncheon
- Northwest Nursing Student Career Day
- Washington Toxics Free Legacy Coalition Steering Committee and the John H. Merck Foundation
- Beldon Foundation discussions regarding environmental health strategies in Washington State
- Health Care Without Harm Nurses Work Group
- CHE-NW on environmental health issues
- WA Department of Labor and Industries Task Force to Examine Lifting in Health Care
- UAN Executive Council Meetings
- UAN Labor Cabinet Chairs meetings
- UAN National Labor Assembly meeting in Miami
- AFL-CIO, WSLC national rally for worker rights
- ANA House of Delegates meetings in Washington DC
- WSNA-PAC interview and endorsement meetings with candidates for state elective office
- Meeting with Senator Maria Cantwell regarding issues of nursing concerns
- University of Washington School of Nursing Annual Nurses Recognition banquet
- Nurses Appreciation Night with the Seattle Storm WN

In Focus

By WSNA President Kim Armstrong, BSN, RN

June of 2006 again brought Nursing Leaders together from around the USA at the American Nurses Association House of Delegates.

This is the highest decision making body of the ANA. Washington State Nurses Association, as a member of ANA, sent 19 delegates to the national meeting. I would like to publicly thank all of the delegates for their hours of hard work on the behalf of nursing. Joining me as delegates were Marty Avey, Sally Baque, Julia Barcott, Debi Bessmer, Joanna Boatman, Tim Davis, Jean Erickson, Sally Herman, Judy Huntington, Susan E Jacobson, Susan M Jacobson, Larry Jones, Mike Krashin, Debi Neiman, Jean Pfeifer, Muriel Softli, Judy Turner and Julia Weinberg.

You may ask: Why would nurses take their time to represent you at the ANA House of Delegates? To me the answer is simple: ANA is the voice of **ALL** Nurses in the United States. The issues ANA addresses are global issues that every nurse must face: The Nursing Shortage, Workplace Rights, Health and Safety, Patient Safety & Advocacy and Appropriate Staffing. Whether you are a staff nurse, an educator, an advanced practice nurse, a public health nurse, a manager or in one of the hundreds of other roles nurses fill in their professional practice, these are issues you can appreciate every day. The American Nurses Association affords nurses from around the country a forum to discuss the nation's critical health care issues and the issues of nurses in the workplace.

ANA is our eyes at the National level for the Protection of Nurses' Scope of Practice. It seems everyone would like to tell Nurses how they should practice the art of nursing. Recently, the American Medical Association passed a resolution to scrutinize all 'limited licensees' and their scope of practice. ANA has responded to this by convening other health providers and forming a coalition. This coalition is named the Patient's Rights Coalition or 'CPR' and is meeting to strategize responses to the AMA. You can check out the website at www.Patient'sRightsCoalition.org

At the ANA House of Delegates, a motion was approved by the delegates to continue to oppose the AMA's and other physician groups' ongoing attempt to exert influence and control over the practice of nursing. Nursing is the only discipline that should define the Scope of Practice for Nurses.

ANA uses many pathways to address nursing issues. On June 15, 2006, ANA along with New York State Nurses Association and Washington State Nurses Association filed a lawsuit in US District Court against the Department of Health and Human Services (HHS) for failure to implement federal law that requires minimum standards for staffing to participate in Medicare, thereby endangering patients. This is a staffing issue as well as a patient safety issue. This is yet another way ANA and WSNA impacts and protects nurses and our patients.

ANA is the only professional organization representing the interests of the nation's 2.9 million registered nurses. It is our voice at the national level and through the 54 constituent member nurses associations, including the Washington State Nurses Association. ANA advances the nursing profession by ensuring access to quality nursing services, fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public. I invite you to become more involved and more informed by logging on to: **www.nursingworld.org** and **www.wsna.org** Both of these web sites have important and timely information for RNs about our practice, health and safety and workplace issues and also include links to other health care sites for more information.

The issues that ANA addresses are global issues that every nurse must face.

Nurses can no longer practice in isolation. Get informed, become more involved! There are many levels of involvement. Decide what level works for you and do it. We need all nurses to speak out for themselves, their patients and their profession at the bedside, at regulatory agencies, and at the legislative and congressional levels. WN

Letters to the Editor

Messages from Mississippi RNs who Received Support from WSNA contributions sent to Crosby Memorial Hospital in Picayune, MS

Editors note: WSNA adopted Mississippi as our state to assist in the aftermath of the Katrina/Rita hurricanes last year. In May, the WSNA Board voted to send $1,000 to help nurses in Mississippi and collected an additional $1,000 from the Board and Staff to add to this. The Washington State Nurses Foundation also sent $500 each to the foundations of the Alabama, Mississippi and Louisiana Nurses Associations to assist in helping affected nurses and their families. At the recent ANA HOD, WSNA members gave Mississippi Katrina Fund Beanie Baby Bears with a WSNA membership pin attached to all the Mississippi delegates as a token of our continuing support.

May 4, 2006 - Dear [WSNA] – I just wanted to share with you how we are distributing the funds. The checks have been cut and will be distributed tomorrow along with payroll. We choose 4 nurses and gifted them $500 each.

One nurse works nights on OB. She just recently passed her RN Boards, but has worked at Crosby for many years as an LPN. She was not able to salvage much from her home and has grandchildren to help support as well. She continues to struggle with her insurance company and is living in a FEMA trailer set up near the "ruins" of her home.

Another RN also works on OB. She is currently on a 30 day leave due to a flare-up of Lupus and Fibromyalgia (from stress no doubt). She is also the primary caregiver for her mother who is undergoing a lengthy series of chemotherapy. She too is still waiting for any substantial pay-out of insurance money.

Another RN works in the ER. About 3 weeks after the hurricane she lost her husband – he had a lengthy cardiac history. Trees fell on her double wide; she stayed on a couch at her son's house for the many weeks it took to get her FEMA trailer. Just two weeks ago she was able to start debris removal and demolition at her home to get the site ready for a permanent residence.

Another RN works in surgery. She too had trees on her home and is having difficulty getting insurance money and proceeding with clean up and rebuild. She does have a FEMA trailer but it's mighty crowded for a family of five. One of her daughters still has nightmares on occasion.

Again, on behalf of these nurses specifically and all nurses in general, we thank all of you very much for remembering us. God bless you.

Shirley Bertolasi, RN
COO/CNO Crosby Memorial Hospital
Picayune, MS

May 15, 2006 - Can't Say Enough! Thank You! Just a few words to let you know how deeply I was affected by your gift. I guess - just knowing there were people outside of my state who really took the time to care - that is greatly magnified by the knowledge that you are my fellow nurses. I received your letter and gift in the middle of my 12-hour shift - like a ray of sunshine - I truly appreciate your thought and efforts.

Annette P. James, RN
Picayune, MS

May 16, 2006 - Just a little note of heartfelt thanks for your graciousness --It means so much. Thanks so very much! My family and I greatly appreciate your generosity in our time of need. God Bless!

Sonya Peterson, RN
Picayune, MS

June 25, 2006 - The Mississippi Nurses Association thanks WSNA for your ongoing compassion and support. The gift of the [Mississippi Beanie Baby] Bears and the WSNA pins will always be a reminder of your willingness to reach out to us in our time of need.

Delegates of the Mississippi Nurses Association.

WN

Correction:

In an article in the Spring 2005 issue of the Washington Nurse [Issue 35 Number 2], the origin of a pilot curriculum targeting safe patient handling was misidentified. The pilot curriculum was developed by ANA and the VA Patient Safety Center through a grant from NIOSH, and was endorsed by AONE, AACN, NLN, and ICN. The author apologizes for the error.

Report: 2006 ANA House of Delegates

WSNA's Delegates to the 2006 ANA House of Delegates (HOD) somehow managed to survive the "monsoons and flooding on the east coast (more than 11 inches of rain in DC in three days!) and had a great time representing WSNA members in Washington DC, June 22-26, 2006. Our delegation included a wonderful mix of new and experienced delegates - You all would have been very proud - they spoke up eloquently at the hearings and forums and in the House of Delegates. They attended the caucuses and other working sessions until all hours of the day and night and engaged in lively discussions of the issues, carefully interviewed candidates for ANA office and even made time for a little fun as well!

Representing WSNA this year were: Kim Armstrong, WSNA President (Olalla); Marty Avey (Spokane); Sally Baque, Olalla), Julia Barcott (Yakima), Debi Bessmer (Spokane), Joanna Boatman (Kalama); Sally Herman (Mt. Vernon), Judy Huntington (Kent) Susan E. Jacobson (Yakima); Susan M. Jacobson (Tacoma); Larry Jones (Tacoma); Mike Krashin (Lakewood), Deby Neiman (Longview); Jean Pfeifer (Kirkland); Muriel Softli (Seattle); Judy Turner (Fox Island); and Julia Weinberg (Bow).

For the second year, the HOD included its annual "Nightingale Tribute." As part of the ceremony, the state association presidents read aloud the names of their deceased colleagues who have passed since the last HOD. President Armstrong read the names of six WSNA nurses into the record: Joanna (Jo) Backus, RN; Norma Jean Bushman, RN, MN; Dolores "Deo" Little, MN, RN; Joan Elizabeth Norton, RN, Barbara Pederson, BSN, RN; and Eileen Ridgway, Ph.D.

ANA also unveiled a new symbol for nursing and the association – the ANA Flag. The flag, in the ANA colors, displays the logo lantern surrounded by 54 stars representing the CMAs. The flag reflects "pride in ANA, and its legacy and contributions to the nursing profession," ANA President Blakeney said. Each CMA President was presented an ANA flag for display in their association offices and each delegate received a small table-top replica to take home. (See page 39.)

ANA also celebrated the ten-year anniversary of ANA's Website, NursingWorld and the announced that ANA had recently purchased OJIN: The Online Journal of Issues in Nursing, to be part of its family of official ANA publications. Judy Huntington, WSNA Executive Director, was recognized by the HOD for her work in the start-up and development of both NursingWorld and OJIN.

Below is a brief summary of the HOD actions (a full report with the amended reference reports will be available soon on **www.nursingworld.org** and the next issue of The American Nurse.

ANA Bylaws Amendments:

Regarding the six proposed amendments to the ANA Bylaws: All of the proposed amendments were either defeated or postponed indefinitely, much to the great relief of many of us. So, the ANA Bylaws that were passed in 2005 are still in effect without any additional changes.

Delegates also took action to amend and approve several Reference Reports, including:

- "Acknowledging and Honoring Nurses Who Responded to Katrina and Other Disasters and Emergencies" which promotes strengthening response efforts with nurse input;
- "Pandemic and Seasonal Influenza" that promotes and strengthens strategies to address potential outbreaks;
- Revision of the HOD Policy "Representation of CMAs in the ANA HOD" which adds reference to the IMD (Individual Member Division)
- "Improving Pain Management" designed to address the vast problem of uncontrolled pain by promoting effective pain management strategies
- "Nursing Practice, Chemical Exposure and Right-to Know" which WSNA co-sponsored, dealing with expanding the work ANA is doing with nurses and other groups regarding environmental health and chemical exposures
- "Workplace Abuse and Harassment of Nurses" which identifies a set of principles related to nursing practice and promotion of healthy work environments for all nurses in all settings.
- "Affirmation of the Practice of Professional Nursing which calls on ANA to continue to affirm the authority of all RNs and advanced practice registered nurses to practice fully, and to continue to oppose physician groups' ongoing attempt to exert influence and control over nursing practice.

Delegates referred three Reference Reports back to the ANA Board of Directors for additional work:

- "Assessment of ANA Dues from CMAs for CMA/ANA Members" dealing with a proposed revision of the ANA HOD Dues Policy that would standardize ANA Dues categories and the process for payment of dues to ANA. This will go to the ANA Board and then to the ANA Business Arrangements Task Force for further development.
- "Safe Connections for Patients" which deals with prevention of the proliferation of errors caused by system errors in tubing designs. It was the intent that this be referred to the ANA Congress on Practice and Economics

for further follow-up and implementation

- "Pay for Performance" was retitled "Tying Payment Systems to Quality Care Measures" to more accurately reflect to intent of the resolution. It was also referred back to the ANA Board for additional work with the intent that it be addressed as a high priority since Medicare, Medicaid and other insurance payment systems linked to quality outcomes are rapidly being developed.

Following the Hurricane Katrina resolution WSNA President, Kim Armstrong, rose to a "point of personal privilege" and informed the HOD about WSNA "adopting" Mississippi and Crosby Memorial Hospital as our adopted "sister" organizations to help during their time of crisis. WSNA and the WSNF together have sent more than $3,500 to MS, LA and Alabama to help with relief efforts for affected nurses and their families (see letters to the Editor). We then presented each of the Mississippi Delegates and their Executive Director with an "I Love Mississippi" Katrina Beanie Baby to which we had attached our blue WSNA membership pins. They were so moved and appreciative and hugged us and thanked us for our continued acts of caring!

In other actions, ANA Delegates approved a resolution calling on ANA to continue to affirm the authority of all RNs, including advanced practice registered nurses to practice fully, and to continue to oppose the AMA's and other physician groups' ongoing attempt to exert influence and control over nursing practice.

Delegates also approved motions from the floor for ANA to reaffirm the rights of RNs to be represented for collective bargaining (a motion that was offered in light of the pending NLRB decisions and employers' increasing attempts to raise the Kentucky River decision) and another to ask ANA to work to eliminate messages in commercials aimed at children and youth that promote violence as a means to solve problems (a la Burger King)

Our WSNA delegates also had fun at the ANA-PAC Comedy Club event (ask Jan Bussert about her experience with hypnosis!) and at the ANF Motown Party where our WSNA Karaoke singers were well-received. Susan E. Jacobson (Susie and the Life-Savers) and Julia Barcott (The Merlots) provided lead-singer roles (and dressed fabulously for the part!). WSNA staff members: Judy Huntington, Debi Bessmer, Deby Neiman and Jan Bussert provided back-up and support!

Becky Patton Elected as ANA President

ANA Elections resulted in a new ANA Board of Directors and 35 new members of the Congress on Nursing Practice and Economics and a new ANA Nominating Committee. Rebecca M. (Becky) Patton, MSN, RN, CNOR, former ANA Treasurer and member of the Ohio Nurses Association, was elected as the 34th President of the American Nurses Association. Some of you remember Becky from her staff nurse days and that her mother, Mary Ellen Patton, is an ANA Hall of Fame recipient for her work in collective bargaining.

Top: WSNA Executive Director Judy Huntington (left) with Harriet Coeling, Editor of ANA's Online Journal of Issues in Nursing

Below: ANA President Becky Patton (left) with WSNA President Kim Armstrong

Newly elected members serving two-year terms as officers of the ANA Board of Directors with Becky are:

First Vice President, Debbie Hatmaker, PhD, RN, of Bishop, GA, chief programs officer, Georgia Nurses Association,

Second Vice-President, Kathy Player, EdD, RN, of Phoenix, AZ, dean, Ken Blanchard College of Business, Grand Canyon University

Secretary, Susan Foley Pierce, PhD, RN, of Oak Island, NC, professor of nursing, school of nursing, University of North Carolina

Treasurer, Anne McNamara, PhD, RN, of Phoenix, AZ, nursing faculty chair, Rio Salado College.

The director-at-large board members elected are:

Elizabeth Dietz, EdD, RN, CS-NP, of Sunnyvale, CA, professor/nurse practitioner, school of nursing, San Jose State University;

Linda Gobis, JD, RN, FNP, of Butte des Morts, WI;

Mary Maryland, PhD, APRN,BC, ANP, of Oak Park, IL, nurse practitioner, Jackson Park Hospital and Medical Center; and

Margarete Lieb Zalon, PhD, RN, APRN,BC, of Waymart, PA, professor, department of nursing, University of Scranton.

The director-at-large staff nurse members elected are:

Barbara Crane, RN, CCRN, of Smithtown, NY, critical-care nurse, St. Catherine of Siena Medical Center; and

Kate Steenberg, RN, BSN, CCRN, of Clinton, MT, flight nurse, St. Patrick Hospital.

Remaining on the ANA Board until 2008 are:

Ernest Grant, MSN, RN, of Chapel Hill, NC, nursing education clinician, University of North Carolina Health Care-North Carolina

Linda Warino, BSN, RN, CPAN, of Canfield, Ohio, executive director, Dist. 3, Ohio Nurses Association and staff nurse, Forum Health

Ann Converso, RN, of Lawtons, NY, staff nurse, Veterans Administration of Western New York Health Care System;

Patricia Koenig, BSN, RN, of Ramsey, MN, RN/staff nurse, Allina Corp./Mercy Hospital.

Elected to the Nominating Committee are:

Muriel Shore, EdD, RN, of Fairfield, NJ, Felician College;

Betty Smith-Campbell, PhD, RN, of Andover, KS, associate professor, school of nursing, Wichita State University (who will serve as chair); Cathalene Teahan, RN, BC, MSN, CNS, of Snellville, GA, a public policy consultant.

Thirty-five nurses also were also elected to the Congress of Nursing Practice and Economics; details regarding these election results will be available shortly. WN

Nursing Practice Update

By Joan Garner, Director of Nursing Practice & Education

Attention All RNs and ARNPs with Prescriptive Authority: Important Notice of Law Change

The 2006 Washington State Legislature took an important step in assuring patient safety by enacting a law, 2SHB 2292, which amends the pharmacy act by requiring all prescriptions to be either hand printed, typewritten, or electronically generated. From now on, any prescription issued in cursive writing will be considered illegible under the law and no longer meet the definition of a legible prescription.

The new law, which took effect as of June 7, 2006, makes changes to RCW 69.41.010(11) & 69.41.120. The Washington Department of Health has issued a special notice to all practitioners with prescriptive authority notifying them of this change.

Applicable Laws:
RCW 69.41.010 Definitions

(13) "Legible prescription" means a prescription or medication order issued by a practitioner that is capable of being read and understood by the pharmacist filling the prescription or the nurse or other practitioner implementing the medication order. A **prescription must be hand printed, typewritten, or electronically generated.**

RCW 69.41.120 Prescriptions to contain instructions as to whether or not a therapeutically equivalent generic drug may be substituted—Out of state prescriptions—Form—Contents—Procedure

Every drug prescription shall contain an instruction on whether or not a therapeutically equivalent generic drug may be substituted in its place, unless substitution is permitted under a prior-consent authorization...

If a written prescription is involved, **the prescription must be legible... Prescriptions written in cursive are to be treated as any other illegible prescription.**

If you have questions about the law change you may contact Chuck Cumiskey at the Washington State Nursing Care Quality Assurance Commission at 360-236-4725.

Breaking the Silence of Postpartum Depression: Statewide Campaign Urges Women to Speak Up When They're Down

"There is perhaps a no more passionate women's health advocate than a woman who has experienced postpartum depression," says Joan Sharp, Director of the Washington Council for Prevention of Child Abuse & Neglect (WCPCAN), the agency leading the state's new "Speak Up When You're Down" postpartum depression (PPD) public awareness campaign.

Postpartum depression is the number one complication of childbirth, affecting 10% -20% of new mothers. In Washington State, between 10,000 - 16,000 women suffer from some form of postpartum mood disorder each year.

"PPD is a common but largely unacknowledged condition. That makes it tough for women to know that they need help and how to get the help that will see them through," says Carol A. Allen, Community Health Educator for Kids Get Care - Public Health Seattle & King County. "When they've come out on the other side, many take up the cause of changing that," she adds.

"Thankfully, most women who have PPD do not experience the extreme condition Thomas' wife faced," notes Sharp. "But no matter how serious a form it takes, the challenges for women and their families are significant.

The campaign's key messages, are that "PPD is real and help is available, but it starts with being able to talk about it." Campaign materials focus on providing basic information about the signs and symptoms of postpartum mood disorders, and offer both a toll-free phone number and website for more information.

The "Speak Up When You're Down" phone line is provided by Postpartum Support International of Washington and is staffed by women who have experienced PPD. All phone line volunteers are specially trained to accurately assess the situation and guide the caller towards the most appropriate resources. The support line includes oversight by mental health professionals with expertise in postpartum mood disorders. The help line, 1-888-404-7763, is operating now. Speakers are available to carry the "Speak Up When You're Down" message to organizations. More information about the PPD campaign is available at www.speakup.wa.gov.

Attention ARNPs - Countdown Begins - Get Your NPI

There is less than one year left; don't risk disruption to your cash flow - get your NPI now! National Provider Identifiers (NPIs) will be required on electronic claims sent on and after May 23, 2007. Every health care provider should obtain an NPI!

Getting your NPI is the first step in the process of meeting the compliance date. Once you have your NPI, you may need to modify your existing business processes to accommodate use of the NPI. You will also need to share your NPI with other health care providers with whom you do business.

Learn more about NPI and how to apply by visiting www.cms.hhs.gov/NationalProvIdentStand/ on the CMS website. This page also contains a section for Medicare Fee-For-Service (FFS) providers with helpful information on the Medicare NPI implementation. A Countdown Clock is now available on this page to remind health care providers of the number of days left before the compliance date; bookmark this page as new information and resources will continue to be posted. WN

To see the press release, visit http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1870

Safe Staffing

ANA, WSNA and NYSNA Jointly File Lawsuit Against U.S. Department of Health & Human Services for Failure to Enforce Nurse Staffing Requirements in Hospitals

Majority of Medicare Hospitals Not Required to Meet Staffing Standards Set by Federal Law

The American Nurses Association (ANA), the New York State Nurses Association (NYSNA) and the Washington State Nurses Association (WSNA) filed a lawsuit in U.S. District Court against the Department of Health and Human Services (HHS) on June 15, 2006 to remedy violations of law that require minimum standards for participation in the federal Medicare program. Specifically, the groups claim that HHS allows hospitals that fail to meet federal nurse staffing requirements to participate in Medicare, thereby endangering patients

The groups also seek to prevent HHS from allowing the private, nonprofit Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which accredits 82% of all hospitals, to use its own, minimal standards for nurse staffing in its accreditation of hospitals. According to the lawsuit, HHS has "unlawfully delegated its authority to JCAHO" by allowing it to use standards that are not equivalent to standards set by HHS for participation in the Medicare program. The lawsuit seeks a court order to require that HHS assures that JCAHO uses standards that are "at least equivalent" to HHS standards.

HHS and JCAHO guidelines both include requirements for nurse supervisory personnel. But HHS requirements also call for:

- Nurse staffing levels that ensure the "immediate availability" of a registered nurse (RN) for the bedside care of any patient;
- Staffing schedules that are reviewed and revised to meet patient care needs and make adjustments for nursing staff absenteeism.

According to the lawsuit, JCAHO's standards are "devoid" of any requirements for the immediate availability of nurses to provide bedside care to patients and also do not address with sufficient specificity the requirements of staffing plans.

Hospitals may participate in the Medicare program either through JCAHO accreditation or through accreditation by a state agency approved by HHS. A 2004 U.S. Government Accounting Office (GAO) report concluded that JCAHO had "unacceptable performance" in identifying hospitals that did not comply with Medicare requirements. Prior to 2006, JCAHO accreditation surveys were scheduled. The GAO acknowledged that by conducting unannounced surveys beginning this year, the group would likely improve its performance.

"Our goal is not to indict individual CEOs of hospitals, but instead to ensure that hospitals participating in Medicare do not endanger the health and well-being of patients," said Barbara A. Blakeney, MS, RN, President of the American Nurses Association." This lawsuit will make HHS accountable for ensuring that JCAHO meets the standards set out in federal law."

The lawsuit asks the Court to order the following actions to prompt adherence to HHS regulations while ensuring continuing access to health care services:

- Require HHS to comply with the registered nurse staffing regulation;
- Require HHS to designate provisional approval of hospitals that rely on JCAHO accreditation for participation in the Medicare program.

The lawsuit also alleges that hospitals in NY and WA have failed to hire and assign enough nurses to meet HHS standards for participation in Medicare and this failure has resulted in nurses working in situations that "jeopardize the health and safety" of nurses and patients.

"Sufficient nurse staffing is inherently linked to the health and safety of patients and nurses. It is critical that hospitals maintain a work environment that provides the necessary numbers of RNs to deliver safe, quality care to all patients," said Kim Armstrong, BSN, RN, President of the Washington State Nurses Association.

"The number of Medicare patients is increasing at the same time nurse staffing shortages are growing. This is a dangerous combination. It is critical that hospitals adhere to the highest possible nurse staffing standards for the sake of nurses and patients," said Verlia Brown, MA, RN,C President of the New York State Nurses Association. WN

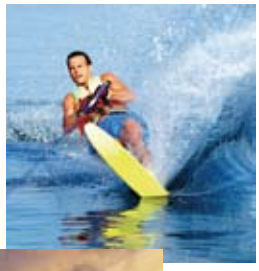
Tri-Cities, Washington

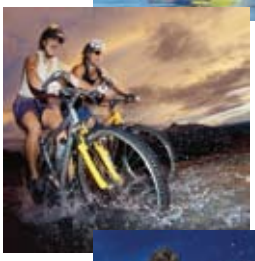
$67 million expansion!

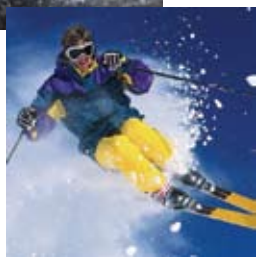
What a great time to join the Kadlec Medical Center team as we begin our new multi-story patient tower expansion. New operating rooms, a wing of private patient rooms, an outpatient observation unit and the flexibility to grow over the long term are a few of the key features of the new construction.

Our Community:

Located in South Eastern Washington State, nestled among three beautiful North West rivers, the Tri-Cities enjoys *over 300 days of sunshine*, water sports, *excellent* education and sports programs, rich scientific, technological, and agricultural industries, and world-class wineries. Our semi-desert area has low humidity and mild seasonal weather. We have very little snow in the winter. Almost year-round outdoor recreation such as golf, fishing, boating, and cycling is very popular here. In addition, we are only hours away from mountains, skiing, Seattle and the Puget Sound, Spokane, or Portland and the Pacific Ocean. The Tri-Cities growing population of about 212,000 offers a multitude of services, yet very little traffic, so the commutes to work are short and hassle free. One of the special features of our community is its character of being very family-oriented and welcoming along with having a very high level of education.







Our Medical Center:

Kadlec Medical Center is an expanding 172-bed a nationally recognized, private, non-profit regional medical center of choice for customer service excellence and one of the nation's newest *Planetree* Hospitals (www.planetree.org). We provide healthcare to our region by combining cutting edge technology and equipment, with patient-focused care. Our Trauma Level III hospital offers patient-focused healthcare to our region using state-of-the-art technology and equipment. Our service is based on respect, integrity, and cooperation between our staff, physicians, patients, patient families, and our community. Providing a caring, comfortable and professional environment for our patients is important to us.

Our very progressive programs include: 24-hour Rapid Response, Stroke, & Trauma Teams; 24-hour Intensivist & Hospitalist Coverage (in-house); Open Heart Surgery; All-digitalized (PACS) Diagnostic Imaging; Level II Neonatal Intensive Care; House wide Computerized Charting (since 1999); Certified Chest Pain Clinic; Medication Scanning; Nationally-Certified Bloodless Medicine & Surgery program; Wound Care/Coumadin Clinic; Birth Center with Neonatal Equipment & Jacuzzi in LDRP suites; MRI and Open-MRI; Diabetes Education; and a Nationally Accredited Inpatient and Outpatient Rehabilitation Program.

Employee Benefits:

BSN & Certification Premiums; Minimum $800 every 2 years for continuing education; $3,000/year tuition support; Employer DOUBLED/100% vested (after 2 years employment) 403-B retirement Plan; 100% free preventative medical care and annual eye exams for everyone covered under your medical insurance; Generous paid vacation/sick time; Strong shift differentials; Medical, dental, dental with orthodontia, vision, life, and long term disability insurance coverage; College options for your children's education; On site daycare; Clinical Educators in EVERY patient care department; Free employee parking & shuttle service; Generous relocation assistance package; and much, much more!

A career and lifestyle that is hard to beat!

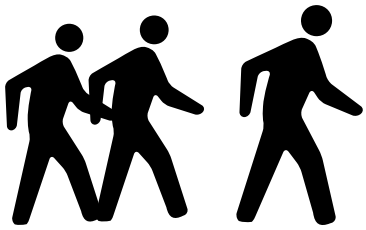
All our best!

Opportunities:

- **Staff RN positions**
- **Patient Relations RN**
- **OR Clinical Educator**
- **Clinical Nurse Specialist-Neuro**

For a virtual tour and to learn more about what Kadlec Medical Center and our community have to offer, please visit our website: **www.kadlecmed.org** or contact Nurse Recruiting Toll-Free: **(800) 765-1140** or E-mail**: jobs@kadlecmed.org**

2006 Local Unit LEADERSHIP Conference



WSNA WASHINGTON STATE NURSES ASSOCIATION

Saturday

September 23, 2006

E&GW Cabinet Meeting
2:00 pm – 6:00 pm

Sunday

September 24, 2006

E&GW Cabinet Meeting
9:00 am – 12 noon

Early Registration for E&GW Cabinet and Staff
12 noon – 1:00 pm

Fall Local Unit Council Meeting
All are welcome to attend
1:00 pm – 5:00 pm

Regional Local Unit Council Networking Reception
5:00 pm - 6:00 pm

Dinner on your own

Monday

September 25, 2006

Registration
7:00 am – 8:15 am

Breakfast with Vendors
7:00 am – 8:15 am

Welcome
8:15 am – 8:45 am
Tim Davis
Chair, WSNA Cabinet on Economic & General Welfare

Keynote: "Working Hours of Staff Nurses and Patient Safety"
8:45 am – 10:15 am (1.7 contact hours)
Ann Rogers, PhD, RN, FAAN
Professor at the University of Pennsylvania School of Nursing

Dr. Rogers will discuss the impact of long work hours on patient, nurse and public safety. Fatigue and ways to ameliorate fatigue will be reviewed. Strategies to increase patient, nurse and public safety will be offered.

Break with the Vendors
10:15 am – 10:45 am

Concurrent Sessions:
10:45 am – 12:00 pm (1.7 contact hours)

A. "Health and Safety - The Issue of the Decade"
Maggie Flanagan, BSN, RN

B. "Be a Media Star!"
Anne Piazza
Ben Tilden

Lunch with Vendors
12:00 pm - 1:00 pm

Concurrent Sessions
1:00 pm – 2:10 pm (1.3 contact hours)

A. "Using the Grievance Procedure to Address Health and Safety Issues"
WSNA Staff

B. "The New Safe Patient Handling Law - Make it Work in Your Workplace"
Anne Tan Piazza
Susan Wilburn, BSN, MPH, RN
Karen Bowman, MN, RN, COHN-S

Concurrent Sessions
2:15 pm to 3:15 pm (1.1 contact hours)

A. "Help! I'm a New Local Unit Officer - What Now?"
WSNA Nurse Reps

B. "WSNA - Your Union and More"
Kim Armstrong, BSN, RN
Tim Davis, BSN, RN
Judy Huntington, MN, RN

Break with Vendors
3:15 pm – 3:45 pm

Concurrent Sessions
4:00 pm to 5:30 pm (1.7 contact hours)

A. "Be a Media Star!"
Anne Tan Piazza
Ben Tilden

B. "Pollution in People - A Study of Toxic Chemicals in Washington"
Karen Bowman, MN, RN, COHN-S

E&GW Annual Awards Banquet
7:00 pm - 9:00 pm

Tuesday

September 26, 2006

Breakfast
7:00 am to 8:00 am

"Nurturing for the Soul"
8:00 am to 9:30 am (1.7 contact hours)
Mary Walker, PhD, RN, FAAN
Vice-President, WSNA

Dr. Walker will provide a supportive interlude that allows all participants to decompress. At the end of the session, participants should have a clear sense that their differences are not as big as what they have in common.

"The American Nurses Association: A Powerful Voice for Nursing"
9:40 am - 10:40 am (1.1 contact hours)
Barbara Blakeney, MS, RN
Past President, ANA

Check-out Break
10:40 am – 11:00 am

"My Journey as a Union Activist"
11:00 am – 12 noon (1.1 contact hours)
Andrea Staples
National Director of Organizing, UAN

Wrap Up
12 noon – 12:15 pm
Judy Huntington, MN, RN
Executive Director, WSNA

This educational activity is provided by the Continuing Education Provider Program of the Washington State Nurses Association (OH-231), an approved provider of continuing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. OBN-001-91. Provider status is valid through August 31, 2009.

Please note: To receive contact hours for WSNA continuing education, the participants must be physically present for 100% of the content being presented. This includes any discussion, questions and answers that may result from the presentation.

LOCATION

Campbell's Conference Center is located in the city of Chelan, near the center of Washington State. It is 180 miles east of Seattle and 160 miles west of Spokane. Major airline service is available from Wenatchee, 36 miles south of Chelan.

Contact Campbell's at 800-553-8225 or 509-682-2561; reference Registration Group Code: WSNA.

From Spokane / Eastern WA

To Chelan via Hwy 2

- Take Hwy 2 West to Orondo
- From Orondo, take Hwy 97 North for 22 miles
- Turn Left onto Hwy 150, follow for 3.9 miles
- Continue forward as Hwy 150 becomes Woodin Ave.
- Campbell's Resort is on the right (lake side)

From Seattle / Western WA

To Chelan via I-90 / Snoqualmie & Blewett Passes:

- Take I-90 East to Exit #84 (Wenatchee) at Cle Elum
- Take Hwy 97 over Blewett Pass Highway
- Ends at Hwy 2 & 97 intersection; turn Right to Wenatchee
- Drive appoximately 14 miles (just before entering Wenatchee) and take the Chelan exit onto Hwy 97 Alternate
- Continue North on Hwy 97 Alternate to Chelan
- Turn Left at Peterson's Condominiums onto Woodin Avenue
- Cross bridge; Campbell's Resort is on the left (lake side)

To Chelan via Hwy 2 / Stevens Pass:

- Take Hwy 2 East over Stevens Pass
- Just before Wenatchee, take the Chelan exit onto Hwy 97 Alternate
- Continue North on Hwy 97 Alternate to Chelan
- Turn Left at Peterson's Condominiums onto Woodin Avenue
- Cross bridge; Campbell's Resort is on the left (lake side)

✂ Detach here

2006 LEADERSHIP CONFERENCE REGISTRATION

First Name _____

Last Name _____

Informal First Name _____

Credentials _____

Address _____

City _____ State ____ Zip _____

Local Unit _____

E-Mail _____

Local Unit Officer Title _____

# of Leadership Conferences previously attended _____

# of Years as WSNA Member _____

Concurrent Sessions

Circle one for each time below:

10:45 am - 12:00 noon

Health & Safety	**Be a Media Star**

1:00 pm - 2:10 pm

Grievances & Safety	**New Patient Handling Law**

2:25 pm - 3:15 pm

Help, I'm a New Officer!	**WSNA: Your Union**

4:00 pm - 5:30 pm

Be a Media Star	**Pollution in People**

Your T-Shirt

Circle one: Women's Men's

Circle one: M L XL 1X 2X 3X 4X

Fees

Attendance Fee: $250

Additional guests at the Awards Banquet:

☐ Yes, I will have _____ guests at $25 each

Total Amount Due to WSNA:

$ _____

Payment

☐ **Check / Money Order** payable to WSNA

☐ **Visa / Mastercard**

Card Number

_____-_____ - _____ - _____

Exp Date _____ / _____

_____

Print Cardholder's Name

_____

Cardholder's Signature

☐ **Local Unit**

My registration fee is to be paid by

_____

Local Unit

_____

Signature of Local Unit Chair/Co-Chair

Return this form to WSNA by mail to 575 Andover Park West, Suite 101, Seattle, WA 98188 **or by FAX** to (206) 575-1908.

For **questions or special needs**, contact Deb Weston by phone at (206) 575-7979, Ext 3003 or by email at dweston@wsna.org.

Get Ready for the 2007 WSNA Convention!

Washington State Nurses Association
CONVENTION

Seeking Nominations for WSNA Elected Offices

WSNA is seeking nominations for elected offices. Elections will occur by mail ballot following the WSNA Convention to be held May 3-4, 2007 at the Tacoma Sheraton.

Each candidate for WSNA office must complete a Consent to Serve form and a written statement on his or her stand on WSNA programs. All WSNA members are eligible for office, however, candidates for the Cabinet on Economic and General Welfare (CEGW) and the Economic and General Welfare Nominating/Search Committee, shall be represented for collective bargaining by WSNA, and meet the definition of staff nurse. Candidates for delegates to the 2008 and 2009 ANA United American Nurses (UAN) National Labor Assembly must be members of a bargaining unit represented by WSNA throughout the term of office as a UAN delegate. Deadline for receipt of nominations at WSNA Headquarters is November 3, 2006.

For more information, or to request a Consent to Serve form, contact Barbara Bergeron at WSNA, telephone 206-575-7979, ext. 3024, or e-mail bbergeron@wsna.org The following offices are open to candidates and unless otherwise indicated, all offices are two year terms.

Board of Directors
11 members
(1) President
(1) Vice President
(1) Secretary/Treasurer
(3) Directors At-Large
(2) Directors At-Large Staff Nurse
(NOTE: The chairs of the Cabinet on Economic and General Welfare, Legislative and Health Policy Council, and Professional Nursing and Health Care Council are elected separately and serve as full members of the WSNA Board of Directors by virtue of their offices.)

WSNA Nominations Committee
3 members - candidate receiving highest number of votes is the Chair

Cabinet on Economic and General Welfare
10 members
(1) Chair
(9) Members

Cabinet on Economic and General Welfare Nominating Committee
3 members - candidate receiving highest number of votes is Chair

Legislative and Health Policy Council
4 to be elected
(1) Chair
(3) Members

Professional Nursing and Health Care Council
7 to be elected
(1) Chair
(6) Members

Delegates to ANA/UAN

Delegates to 2008-2009 ANA House of Delegates meetings

Delegates to 2008-2009 ANA UAN National Labor Assembly meetings

Call for Proposed Amendments to WSNA Bylaws

Deadline for receipt of proposed amendments to the WSNA Bylaws at WSNA Headquarters is November 3, 2006. Following receipt of proposed amendments, the WSNA Bylaws Resolutions Committee will meet to review proposed amendments. The committee's recommendations will be submitted to the WSNA Board of Directors for approval. The Board-approved changes will be printed in the Winter 2006 issue of The Washington Nurse, and be submitted to the 2007 WSNA General Assembly for consideration at the WSNA Convention to be held May 3-4, 2007 at the Tacoma Sheraton. The proposed bylaws amendments will be presented and debated at the General Assembly meeting and sent to the membership for adoption by mailed ballot.

Call for Proposed Non-Emergency Resolutions

Deadline for receipt of proposed non-emergency resolutions at WSNA Headquarters is November 3, 2006. The WSNA Bylaws Resolutions Committee will meet following the deadline to consider any proposed non-emergency resolutions that may go before the WSNA General Assembly, May 3-4, 2007. Any individual member or constituent group of WSNA

may submit proposed resolutions. The resolutions form must be completed, including the cost impact. To receive a copy of the procedural guidelines and/or resolutions form, call WSNA at 206-575-7979.

2007 WSNA Awards: Call for Nominees

The WSNA Awards Committee and the Professional Nursing and Health Care Council are seeking outstanding WSNA members as nominees for the 2007 WSNA recognition awards. Nominations must be received at WSNA no later than January 17, 2007. The awardees will be notified in March 2007. The awards, given every two years, will be presented at a special awards reception at the 2007 WSNA Convention to be held May 3-4, 2007 at the Tacoma Sheraton.

All nominations must be accompanied with a narrative from the nominator, listing the nominee's credentials and achievements, and a copy of the nominee's Curriculum Vitae/Resume must accompany the narrative. Nominating forms for some of the awards are available by calling Barbara Bergeron at WSNA at ext. 3024. The criteria for the awards are as follows:

(WSNA AWARDS)

WSNA Honorary Recognition Award

Honorary Recognition may be conferred at any convention on persons who have rendered distinguished service or valuable assistance to the nursing profession, the name or names having been recommended by the Board of Directors. Honorary Recognition shall not be conferred on more than two persons at any convention.

Nurse Candidate

Criteria:

1. An actively contributing member of the WSNA by

   a) having held elected state, district or local unit office.

   b) served as appointed chairholder at the state, district, or local unit level.

2. Made significant contributions to:

   a) the state or district association, or local unit.

   b) the professional practice of nursing.

3. Has been a consumer advocate and/or interpreted the role of nursing to consumers.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted.

Lay Candidate

Criteria:

Has demonstrated interest in professional nursing by

a) contributing in a concrete way to its growth and development.

b) promoting better understanding of professional nursing in the community.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted.

Marguerite Cobb Public Health / Community Health Nurse Award

This award recognizes the outstanding professional contributions of one public health or community health nurse and calls this achievement to the attention of members of the profession as well as the general public.

Criteria:

1. The nominee must be a current WSNA member or have been a WSNA member during the years of service for which this award is given.
2. The nominee must have made a significant contribution to the field of public or community health nursing.
3. The nominee must have expertise in professional and technical performance.
4. The nominee must have shown leadership in the field of public or community health nursing.
5. The nominee must have participated in the Washington State Nurses Association.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted.

Joanna Boatman Staff Nurse Leadership Award

The Joanna Boatman Staff Nurse Leadership Award was established in 1995 in recognition of Joanna Boatman's significant contributions to the advancement of staff nurses and her achievements in the economic and general welfare area of nursing in the state of Washington.

Criteria:

1. The nominee must have a Washington State RN License.
2. The nominee must be a WSNA Member, for at least one year.
3. The nominee must currently be employed as a staff nurse.
4. The nominee must have made a significant contribution to the advancement of staff nurses or in the Economic and General Welfare area of nursing. Contributions may be at the local or state level.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted, and a copy of the nominee's Curriculum Vitae/Resume must accompany the narrative.

ANA Honorary Membership Pin

The American Nurses Association Honorary Membership Pin is presented to a Washington State Nurses Association member or members in recognition of outstanding leadership, as well as participation in and contributions to the purposes of WSNA and ANA.

Criteria:

The nominee(s) must

1. Hold current WSNA membership.
2. Have held elective state, national or district office.
3. Have served as an appointed chairperson of a state, district or national committee.
4. Have demonstrated outstanding leadership that contributed to the purposes of the WSNA, District, or ANA.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted.

(PROFESSIONAL NURSING AND HEALTH CARE COUNCIL AWARDS)

Best Practice Award

This award is presented to an individual, to recognize best practice in the daily care of patients/clients.

1. The nominee must be a current WSNA member.
2. The nominee must have identified a problem or issue and utilized strategies to solve the problem.
3. The nominee must have utilized resources (i.e. people, literature, equipment) to solve the problem.

Nurse Leadership and Management Award

This award is presented to an individual to recognize excellence in nursing leadership and management.

1. The nominee must be a current WSNA member.
2. The nominee must facilitate excellence in clinical practice, and promote the professional development of nurses.
3. The nominee must demonstrate progressive leadership and management practice.
4. The nominee must foster a care environment that promotes creativity and enhances quality of care for clients and/or communities.

Nurse Educator of the Year

This award is presented to an individual to recognize excellence

in nursing education.

1. The nominee must be a current WSNA member.
2. The nominee must demonstrate excellence in nursing education.
3. The nominee must promote the professional education of nursing students and/or nurses.
4. The nominee must foster an educational environment that promotes learning.

Ethics and Human Rights Award

This award is presented to an individual to recognize excellence in ethics and human rights.

1. The nominee must be a current WSNA member.
2. The nominee must have demonstrated exceptional activities supporting major ethical and human rights issues in Washington State.
3. The nominee must have worked within the community to influence the community and must also have support from the people in the community.

Research Award

The purpose of this award is to recognize excellence in nursing research that addresses practice issues. Individuals and/or groups are eligible for the award. The awardee(s) may be asked to present the research in a poster or presentation at the WSNA Summit, and/or to write a brief summary of the work for The Washington Nurse.

1. The nominee must be a current WSNA member. If the nominee is a group or team, at least one member of the group must be a WSNA member.
2. The research conducted by the nominee must have taken place in a practice setting and must have direct practice implications.
3. The nominee must have demonstrated sound research procedures including the protection of human subjects. WN

E&GW Update

Victory for Nurses in Rest Break Arbitration Decision – Sacred Heart Nurses Win Right to Rest Breaks!

The Washington State Nurses Association (WSNA), representing nearly 1300 registered nurses at Sacred Heart Medical Center (SHMC), won a landmark arbitration decision against SHMC for not providing 15 minute rest breaks for the nurses. The collective bargaining agreement clearly provides for 15 minutes of rest every four hours. However due to the recent restructure and inadequate staffing at SHMC, the nurses have not been getting their rest breaks.

Like many nurses around the country, most Sacred Heart nurses had just given up on being able to actually get their 15 minute rest breaks. Nurses were being told that they were not entitled to 15 minute breaks even though it is clearly defined in the contract, and that going to the bathroom or getting a drink of water constituted an "intermittent break." Finally, a few brave nurses stood up and said: "No More!" Nurses filed a grievance demanding that they get:

1. their 15 minute block breaks
2. compensation for all the breaks they had not gotten

The grievance went to arbitration, and many courageous nurses came forward to testify. It was a grilling and lengthy hearing. Nurses were subjected to intense and often contentious cross examination. But WSNA and the nurses prevailed in a huge victory!

The Arbitrator ruled in favor of the Sacred Heart Nurses (see full text of decision on the WSNA website, www.wsna.org - local units - Sacred Heart Local Unit) and the decision orders SHMC to:

1. comply with the collective bargaining agreement and provide the required 15 minute breaks for the nurses.
2. compensate each RN for missed breaks since August 3, 2004

According to the arbitrator's decision, the WSNA collective bargaining contract "provides that 15–minute breaks shall be provided during each four-hour work period. The arbitrator is at a loss to see how that language could be any clearer. The word shall is mandatory; it allows for no managerial discretion whatsoever."

This arbitration win is part of a ongoing planned strategy by WSNA to deal with the serious staffing and patient safety issues being encountered in hospitals all across the state. And receiving appropriate and timely rest breaks is a staffing issue – make no mistake!

Mobilization Fund - United American Nurses

WSNA is one of the founding members of the United American Nurses (UAN), now the largest national union of RNs in the Country. WSNA and the other state nurses associations that do Collective Bargaining supported the creation of the UAN in 2000 because we believed that a strong national union for nurses was desperately needed. UAN is our national union and is the only union for nurses that is affiliated with both the AFL-CIO and ANA. Together with ANA, the UAN provides a powerful voice for staff nurses at the national level.

While the UAN has grown and accomplished amazing things in its short five years of existence, there is still much work to be done, especially in organizing nurses across the nation. UAN Delegates at the March 2006 National Labor Assembly in Miami, Florida, recognized the need for more resources if UAN is to grow. The delegates voted overwhelmingly to increase the UAN dues by $30.00 per year ($2.50 per month) for nurses represented for collective bargaining by a UAN affiliate such as WSNA. The purpose of the increase is to create a special Mobilization Fund of $8 million for the UAN to expand UAN mobilization and organizing programs. The funds will be used to hire 12 national organizers and making funds available to help state affiliates with their organizing initiatives.

New members means new power for nurses–all nurses. UAN must grow if it is to realize the potential power it has. $2.50 a month is a small price to pay if we want our national union to be a powerful voice for our nurses nationally.

The Layoff That Almost Wasn't

By Judy Blair and Grace Weidenaar

On January 5th of 2006, eight RN Case Managers, each assigned to work on different floors at Virginia Mason and one Case Manager who was assigned to work utilization review throughout the house at VM, were summoned to a meeting with new Administrator Dana Nelson-Peterson and Care Resource Manager Cindy Davis.

At that meeting the Case Managers were told that only two Case Managers would be retained and the others could choose to apply for jobs from available listed RN openings, find jobs outside of Virginia Mason, or resign by March 1st.

With the exception of one Case Manager who had been hired 10 months before and whose experience was in emergency room nursing, all of the Case Managers were years away from hands on nursing. All of the Case Managers at that meeting agreed that a return to staff nursing would not be realistic or safe and voiced that belief. There was no comment from either supervisor at that time.

When the nurses said, "This is a layoff" they were told that Virginia Mason has a No Layoff Policy. Layoffs are covered in the nursing contract and assistance for the nurse(s) being laid off is available. When VM refused to acknowledge that a layoff was in progress, the contract was being violated. When pressed for a copy of this policy many times, VM finally said that it is not a policy but an executive decision.

The Case Managers sought assistance from WSNA and immediately WSNA began to investigate the situation.

Throughout subsequent meetings with management the Case Managers were urged to continue to apply for VM open positions, including positions not covered by the WSNA contract, and some of the nurses did so. Management also told them that their duties would be given to other staff. There were almost daily visits by a manager asking repeatedly if positions in or out of VM had been applied for and to repeat that the Case Management duties needed to be relinquished. In addition to their regular duties, the Case Managers had been assisting Charge Nurses with discharge medication calendars and, on some floors, with placing patients in beds. Case Managers duties included chart review on all VM and PAC Med patients for proper status, DRG assurance, discharge planning with hospitalists and social workers and insuring that pathways (bundles) were being followed as well as facilitating that patient care was done in a timely and safe manner based on medical necessity and interfacing with insurance case managers.

VM management had done all of the notification verbally. A Case Manager asked that a letter clarifying the issues be given to the Case Managers and Dana Nelson-Peterson and Cindy Davis did so. The letter stated that, effective March 1 our assignments would be changed to providing direct patient care on whichever unit we had been as Case Managers and that we would have the same FTE and shift. This again, is a violation of the contract. They also wrote that additional training would be provided as needed and as determined by the unit manager.

WSNA filed a grievance and met with VM management. Shortly thereafter the Education Department assessed the Case Managers for direct patient care skills. To no ones' surprise, all but one of the Case Managers would need an RN refresher course. Management then agreed to acknowledge that this was indeed a layoff and began to put the layoff procedure found in the WSNA contract into place.

WSNA and the laid off RN Case Managers have continued to grieve the terms of layoff and severance. The matter will go to arbitration.

The bottom line of The Layoff That Almost Wasn't is: without WSNA the nurses would have been forced to resign or be fired without any recourse.

If nurses believe that "the union doesn't do anything" or "I am confident of my skills and know my manager would never fail to recognize them" or any other rationalization some of us use to avoid belonging to WSNA, PLEASE READ THIS: the power of the union depends on nurses joining and being active in it. There really is strength in numbers and management perceives weakness when only few nurses belong to WSNA. As we see nursing positions being changed to exempt status, nurses being made "supervisors" in name only and nursing duties being given to staff who are not nurses, we must recognize the very real threat to the patients in our care and our responsibility to them to have nursing care given by nurses.

Don't depend on your fellow nurses to join and "carry" you when you really need help from WSNA. Join NOW and be proud of a union for nurses and administered by nurses. Don't be potential road kill.

Editor's note: Of the ten RN Case Managers, 6 of them were 58 or older when the hospital announced the reassignment. The grievance was advanced to arbitration in April, 2006 and is awaiting selection of an arbitrator and arbitration dates.

Nurses Prevail: The Ongoing Saga at Virginia Mason Medical Center

VM Charged with Unfair Labor Practice by the NLRB – VM Claims all Nurses are "Supervisors" and then, after Labor Supported Rally, VM Finally Relents - for Now!

In early January, the United States District Court ruled in favor of the WSNA in upholding an arbitrator's decision against Virginia Mason Medical Center (VMMC) and stopped the hospital from forcing RNs to receive flu shots. The decision by the United States District Court denied VMMC's motion challenging the arbitrator's decision, which would have allowed the hospital to make flu shots a condition of employment and fire RNs who did not comply. WSNA represents more than 600 registered nurses at VMMC.

VMMC retaliated by appealing the decision and unilaterally implementing a policy to require nurses who refused flu shots to wear face masks during their shift, even though according to the Center for Disease Control and Prevention (CDC), "no studies have definitively shown that mask use by either infectious patients or health-care personnel prevents influenza transmission." The Institute of Medicine on April 27, 2006 agreed that "There's little evidence masks truly block the influenza virus, and if they can, how much protection they offer."

While WSNA absolutely supports the flu vaccination and in fact strongly encourages nurses to get them, it does oppose any health care facility threatening to fire or retaliate against nurses if they

E&GW Update

do not submit to the mandatory vaccination or force them to wear masks, especially in the absence of a declared public health emergency and a recommendation for mandatory vaccination or mask wearing by the CDC.

As a result of VMMC's action, WSNA filed an Unfair Labor Practice with the National Labor Relations Board (NLRB) against the hospital on behalf of the RNs who were forced to wear face masks.

The NLRB agreed with the WSNA and issued a complaint and notice of hearing to the VMMC for engaging in unfair labor practices against the registered nurses. The complaint issued by the NLRB charged that VMMC:

- failed and refused to disclose critical information that the WSNA is legally entitled to and requested in order to represent the nurses.
- provided "false and misleading information about its intention to implement such policy" to the WSNA in the Union's request to bargain over an influenza immunization policy.
- refused to bargain with the WSNA before unilaterally implementing the policy forcing nurses to wear face masks.

The case went to court before a regional NLRB judge in mid-June. During those hearings, VMMC suddenly upped the stakes with the outrageous claim that all 600 of it's RNs are "supervisors" and thus not eligible to be part of a union! Nurses at VMMC were aghast to learn that their VP for Nursing had testified that at VM supposedly all nurses can hire, fire, discipline and independently write policies!

The action by VMMC prompted WSNA and the Washington State Labor Council to organize a city-wide rally outside of VMMC on July 10th WSNA nurses from all across the state were joined by UFCW and 1199 nurses and other union workers representing the broad labor community, in a rally to draw attention to what may become one of the most serious attacks against workers' rights in decades - the anticipation of the expected rulings by the National labor Relations Board (NLRB) that could limit the workers rights - as well as to protest against VMMC management.

The NLRB in Washington DC has under consideration three pending cases often referred to as the "Kentucky River" decisions. The decisions if decided in favor of management, will likely significantly broaden the definition of "supervisor" and strip many workers of their existing contract protections and deny their rights to organize. Those at risk of losing the federal protection for union representation are skilled and experienced workers who, as part of their job, give instructions to lesser skilled and experienced workers – which would include almost all registered nurses and many LPNs.

The rally at VMMC drew an estimated crowd of more than 300 and the turnout of WSNA nurses from local units all across the state was inspirational to the VM nurses and to all of the other nurses who attended. There were nurses from Skagit Valley, Island, Childrens, Evergreen, Northwest, University, St Clair, St Joes Bellingham, St Joes Tacoma, Multicare, Kadlac, the Tri-cities, Good Samaritan, Harborview, Swedish, Providence

Far Left:
Virginia Mason Local Unit Officer Jeaux Rinehart, RN, addresses the crowd of over 300 nurses and supporters

Left:
Tim Davis, BSN, RN, Chair of the WSNA Cabinet on Economic & General Welfare

Right:
Jim O'Halleran, RN, Virginia Mason Local Unit Officer

Photos by Ben Tilden

Everett, Vancouver, Yakima, Spokane and more.

The participation of the other unions was also impressive, as were the speeches from three of our key State Legislators (Dawn Morrell, Tami Green and Steve Conway), Rick Bender and Robbie Stern of the Washington State Labor Council, and Stewart Acuff, National Organizing Director for the AFL-CIO. And our speakers were motivating and dynamic - including WSNA Cabinet Chair Tim Davis and Jeaux Rinehart , RN at Virginia Mason who was the MC of the event . There was music and singing and bright blue and white balloons along with our WSNA and other union banners. We heard later that nurses could hear us clear around the block!

The VMMC rally was among the first of a series of rallies taking place across the country in July to increase awareness about the "Kentucky River Supervisor" issue and to implore the Bush Administration and the NLRB in Washington DC to hold oral arguments in the Kentucky River and similar cases pending before the NLRB (something the NLRB has not done for more than 5 years!). Letters and petitions to the NLRB calling for oral arguments in this matter were sent by several of the WA Congressional Representatives and a similar petition was circulated among the crowd at the rally for signing.

And the importance of this rally cannot be understated since this is no longer just about VM Medical Center and masks - it's about protecting your rights and workers' rights all across the country - tens of millions of workers will be affected by the eventual NLRB decision on the Kentucky River issue -- It's about whether professionals like RNs and other workers who direct the work of others will be reclassified as "supervisors" under the NLRA, thereby effectively denying them the right to belong to a union and engage in collective bargaining and receive protections of a negotiated contract. The people from the WA State Labor Council and National AFL/CIO were very impressed and were quite amazed to see "nurses taking the lead on this important national issue."

On July 11th, the day after the rally, the NLRB hearings on the VM "Mask" issue resumed and the NLRB General Counsel, made a motion to purge the official record of any of the evidence presented by VMMC on the supervisor issue. The judge asked WSNA if we agreed, and the response was "yes." VMMC attorneys were asked the same question, and their response was "we would rather say 'no objection' than say 'we agree' – It appears that VMMC attorneys were careful not to put in the record that they agreed that VMMC RNs are not supervisors and are protecting their right to bring up this issue again. However the result is, at least for now, that the issue of VM nurses being reclassified as "supervisors" is off the table and the trial on the "mask" issue will resume in August. So stay tuned and watch the WSNA website and Fall issue of the WA Nurse for the next installment – You never know what VM will do next! WN

Safe Patient Handling/Lifting Bill Now Law

Through the hard work of all the nurses in Washington State, WSNA (along with the other unions and the Hospital Association) were successful in lobbying for the passage by the State Legislature the most comprehensive patient handling/lifting law in the country.

WSNA will be working with the stakeholders in the coming months on the implementation of this new law in order to ensure that all both nurses and patients enjoy the full benefit of the provisions of the bill. Here is a brief summary of what the law means for you.

Who is included in this law?

- All 97 of the hospitals in Washington State, including public district hospitals, private nor-for-profit and for-profit hospitals, and three state hospitals for the mentally ill.

What does the law require hospitals to do?

- By February 1, 2007 – all hospitals must establish a Safe Patient Handling Committee with at least half of the Committees members being frontline non-managerial employees who provide direct care to patients. The purpose of the Committee is to design and recommend the process for the implementing a Safe Patient Handling Program.
- By December 1, 2007 – all hospitals must establish a Safe Patient Handling Program. The program must include:
  - Implementing a safe patient handling policy for all hospital units and shifts;
  - Conducting a patient handling hazard assessment, which should consider patient-handling tasks, types of nursing units, patient populations, and patient care areas;
  - Develop a process to identify the appropriate use of the safe patient handling policy based on the patient's physical and medical condition and the availability of lifting equipment or lift teams;
  - Conduct an annual performance evaluation to determine the effectiveness in reducing musculoskeletal disorder claims and related lost work days, and to make recommendations for improvement;
  - Consider the feasibility of incorporating patient handling equipment or the physical space needed to incorporate it when developing architectural plans.
- By January 30, 2010 – all hospitals must complete, at a minimum, the acquisition of their choice of (1) one lift per acute care unit on the same floor unless the Committee determines that a lift is unnecessary, (2) one lift for every 10 acute care available inpatient beds, or (3) equipment for use by lift teams.

What type of training must the hospitals provide?

- Hospitals are required to train staff on policies, equipment, and devices at least annually.

How is "safe patient handling" defined?

- It means the use of engineering controls, lifting and transfer aids, or assistive devices, by lift teams or other staff, instead of manual lifting to perform the acts of lifting, transferring, and repositioning of patients.

What happens if nurses don't follow the procedure for safe patient handling?

- Hospitals shall develop procedures for hospital employees to refuse to perform or be involved in patient handling that the employee believes in good faith will expose a patient or the employee to an unacceptable risk of injury. Any employee who in good faith follows the procedure shall not be subject to disciplinary action by the hospital for refusing to perform or be involved in the patient handling or movement.

What incentives are provided to hospitals to acquire the necessary equipment?

- The law provides for a tax credit of up to one thousand dollars for each acute care available inpatient bed towards the cost of purchasing mechanical lifting devises and other equipment that are primary used to minimize patient handling by health care providers.

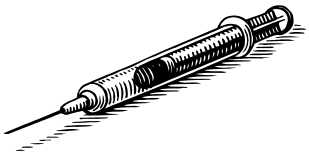
Who will enforce this law?

- The Department of Health will have oversight of the non-State hospitals implementation of the law while Department of Social and Health Services will oversee the State owned facilities.
- The Department of Revenue will handle the tax credit for the acquisition of equipment.

The Department of Labor & Industries will develop rules to provide a reduced workers' compensation premium for hospitals that implement a safe patient handling program.

Immunizations: One Way You Can Protect Your Patients - Make sure you get all of your immunizations!

Most health care professionals understand the importance of immunizations for children. Vaccines have drastically decreased the number of cases and the severity of diseases in children.



Nurses spend a lot of time with patients who are sick and at increased risk for severe disease complications. If your immunizations are not up-to-date, you are not protected and you can spread disease to your patients and family. Protect yourself, your patients, and your family by getting your immunizations.

The Advisory Committee on Immunization Practices (ACIP) strongly recommends that all health care workers be immunized against:

- Influenza – you need to get a flu shot every year.
- Hepatitis B
- Measles, Mumps, and Rubella
- Tetanus, diphtheria, and pertussis*
- Varicella (chickenpox)

You should also consider getting these immunizations:

- Hepatitis A
- Meningococcal vaccination

* There is a new vaccine available that protects against tetanus, diphtheria, and pertussis. The Tdap vaccine should replace one tetanus and diphtheria (Td) booster shot. For more information go to: www.cdc.gov/nip/vaccine/tdap/tdap_adult_recs.pdf

Most of these immunizations have been recommended by the CDC for almost ten years, but many health care professionals still are not always getting immunized . In fact, nationally, only 36% of health care professionals get their flu shots!

For more information on immunizations for health care professionals, visit www.cdc.gov/nip or call 1-800-CDC-INFO. For information about specific vaccines or diseases, visit www.cdc.gov/nip/menus/vaccines.htm.

Pollution in People - A Chemical Profile of Persistent Bioaccumulating Toxins (PBTs)

By Karen Bowman, WSNA Occupational & Environmental Heath Specialist

On May 23, 2006 the Toxic Free Legacy Coalition of Washington released a scientific study of 10 Washingtonians who agreed to biologic testing to determine the presence of persistent, bioaccumulating toxic chemicals in their bodies. The participants are from all walks of life and live all over Washington State. I was one of participants. The group was tested for six groups of chemicals: phthalates; PBDEs; heavy metals – arsenic, mercury and lead; perfluorinated chemicals found in Teflon and Scotch guard; pesticides; and lastly DDT and PCBs (chemical which have been banned for decades).

Affectionately calling each other "The Toxic Ten," we met on the 23rd to discuss our findings with each other and the media, and to share our feelings of fear, shock, anger and disbelief at the results. Each of us had 26 to 39 toxic chemicals in our bodies. The pollution comes from household dust; consumer products such as; furniture, electronics, personal care products; food; and finally, contaminated air, soil and water as a result of industrial pollution. The toxins found in our bodies are of great concern because many have been linked to cancer, learning/cognitive deficits, reproductive problems and other serious diseases and conditions.

How Toxic Am I? My Concerns and Assumptions

I have the highest phthalate levels (seven different esters) of the participants. Phthalates are endocrine disruptors linked to male reproductive problems, and can cause asthma and decreased lung capacity. I have severe asthma. Exposure is from personal care products, hospital medical devices and plastics, a new car, and occupational exposure to adhesives, sealants, paints and undercoatings.

I am one of three participants that have mercury levels above the EPA safe limit. Again, a combination of personal and professional exposures put me at risk. I have recently started eating fish, and unfortunately I eat the fish most contaminated with mercury; tuna, swordfish, marlin and some types of salmon. Occupational exposures are related to broken medical devices, used/recycled and salvaged gauges, fluorescent lamps, thermostats and working in areas such as old boiler rooms. I'm the only one with lead levels, most definitely from occupational exposures to batteries, sanding lead paint and demolition. And of course, I've got arsenic too! All three heavy metals are associated with learning deficits.

A disturbing result was that I have levels of DDT and PCBs, chemicals that have been banned for over 30 years. I also have PBDEs and perfluorinated Compounds. Who knows what the exposure source is for those PBTs. Thank my heavenly stars, I have no pesticides.

So, what does this all mean to me? Well, first, I know how to protect myself from occupational exposures, yet I have toxic levels of PBTs. This tells me these chemicals are insidious, in our environment and persistent. Second, why are these toxic chemicals in my lipstick, bath balm, shampoo and toothpaste? How do I escape? What can I do?

Taking Action

Call your legislators and urge them to support legislation that:

- Requires companies to provide date on the human and environmental health effects of chemicals during production, use, and waste disposal.
- Immediately phases out toxic chemicals that cause cancer, reproductive harm and learning deficits.
- Switch to safer alternative and provide incentives to companies who remove PBTs from their work processes.

Our most vulnerable groups are children and workers. Our country's most precious resources are being robbed of their learning ability and health. Human and environmental health is a right we all have and must protect. One person can make a difference and nurses are in a prime position to support chemical policy reform. Get involved. We need your help.

For more information on how to get involved, contact Karen Bowman at (206) 368-9377 or Karen@karenbowman.com.

To look at the complete Pollution in People Study and learn about "The Toxic Ten" participants go to: www.pollutioninpeople.org. or contact the Toxic-Free Legacy Coalition at info@toxicfreelegacy.org or (206) 632-1545 ext. 123.

References

Schreder, E. (2006). Pollution in people: a toxic-free legacy report. Toxic-Free Legacy. Seattle, Washington.

Mirror, Mirror On The Wall, What's In My Personal Care Products

When most Americans shop for their personal care products they just assume that the government would not allow potentially toxic products to be part of our face creams, make-up, or even baby oil, right? Often nurses are asked by pregnant women whether they should continue to dye, straighten, or perm their hair. Whether their patients are pregnant or not, what do most nurses even know about the health risks posed by personal care products – the chemicals that we regularly spray and slather on our hair and body. The story about many personal care products is just "not so pretty."

The very same chemicals that are found in many personal of care products are also used in heavy manufacturing industries to grease gears, stabilize pesticides and soften plastics. While we might assume that exposures in the manufacturing industry could pose a health risk, we probably don't assume that our daily toiletries create the same health risks. One third of personal care products contain one or more ingredients classified as possible human carcinogens and 1% of the products contain a known human carcinogen (based on the International Association for Cancer Research [IARC] determination of carcinogenicity).

- According to industry estimates, on any given day a consumer may use as many as 25 different cosmetic products containing more than 200 different chemical compounds.
- 89% of 10,500 ingredients used in personal care products have not been screened for safety by the FDA or any other publicly accountable institution.
- 99% of all products have one or more ingredients that have never been publicly assessed for safety, raising questions and concerns for consumers who need to know their products are safe.
- One of every ten ingredients approved for use by the Cosmetics Industry Review shows some evidence of reproductive toxicity in laboratory studies. (Linked to birth defects, damaged sperm, and/or infertility.)

  Skin Deep Report
  http//ww.ewg.org/reports/skindeep2

The chemicals in any one consumer product alone are unlikely to cause harm but, unfortunately, we are repeatedly exposed to potentially harmful chemicals from many different sources in our air, water, food, and other products. Body burden studies have shown that many of these chemicals are now residing in our bodies, our breastmilk, and even in fetal cord blood. Some chemicals found in a variety of cosmetics - including phthalates, acrylamide, formaldehyde and ethylene oxide - are listed by the Environmental

Protection Agency (EPA) as reproductive toxins.

The safety review for cosmetics is provided by the Cosmetic Ingredient Review Panel of the Cosmetic, Toiletry, and Fragrance Association - the trade association representing the manufacturing companies of cosmetics. Unlike the government's rigorous review of drugs as they are brought to market, there is no governmental or independent scientific oversight of the ingredients in cosmetics as they are brought to market.

Major loopholes in federal law prevent the U.S. Food and Drug Administration (FDA) or any other government agency from approving the safety of cosmetics and body care products before they can be sold. There is no federal regulatory agency that requires testing or monitoring of health effects associated with cosmetic-related exposures. The labeling is completely inadequate for informing us about potential health risks that might be posed by the ingredients. The Food, Drug, and Cosmetic Act has over 340 pages pertaining to food and drugs and 1 ½ pages pertaining to cosmetic safety. As per the statute, the Food and Drug Administration "cannot require companies to do safety testing of their cosmetic products before marketing." (FDA: http://www.cfsan.fda.gov/~dms/cos-206.html) Further, the "FDA does not have the authority to require manufacturers to register their cosmetic establishments, file data on ingredients, or report cosmetic-related injuries." (http://www.cfsan.fda.gov/~dms/cos-206.html)

The skin is an extremely important barrier to exposures from potentially harmful chemicals, yet as much as 60 percent of the ingredients in products applied to the skin can be absorbed into the body. In fact, 57 percent of all products contain "penetration enhancers,chemicals that can drive other ingredients faster and deeper into the skin where they can ultimately be absorbed systemically. (Skin Deep, Accessed July 10, 2006: http://www.ewg.org/reports/skindeep2/info_why.php)

Top ingredients of concern in Skin Deep:

Known and probable carcinogens

- Acrylamide
- Coal tar
- Ethylacrylate
- Formaldehyde
- HC Blue 2
- Lead acetate
- Phenacetin
- Phenolphthalein
- Phenylphenol
- Potassium dichromate
- Progesterone
- Selenium sulfide

Known and probable reproductive and developmental toxins

- Lithium carbonate
- Dibutyl phthalate
- Toluene
- Lead acetate
- Potassium dichromate
- Butoxyethanol
- Dimethicone triethanolamine
- Diethanolamine
- Cetyl phosphate
- Diglycol-cyclohexanedimethanol

Skin Deep Report
http://www.ewg.org/reports/skindeep2/findings/index.php?content=findings_ingreds_of_concern#begin

In 1933, Kallett and Schlink wrote the national bestselling book: 100,000,000 Guinea Pigs Dangers in Everyday Foods, Drugs, and Cosmetics and charged that foods, drugs and cosmetics contained dangerous chemical additives or residues that were being "tested" on the entire population of the U.S., which at the time was 100,000,000 people. On the heels of this publication, a new consumer movement emerged in the U.S. In 1936, a band of professors, labor leaders, journalists, and engineers, along with Kallett and Schlink, founded Consumers Union, the publisher of Consumer Reports (which originally had a circulation of 4,000 and now is one of the largest magazines in the country with a readership of 5 million). Another century-old publication, Facts and Frauds in Woman's Hygiene, described some of the risks associated with personal care products and demanded both pre-market testing, as well as informative labeling. While much progress has occurred in the realm of food and drug regulations, not much has happened with cosmetics.

Flash forward a century: A new consumer movement, the Campaign for Safe Cosmetics, has emerged and it is specifically addressing concerns about the health risk associated with cosmetics. (See: www.safecosmetics.org) Its goal is to: Protect the health of consumers and workers by calling on the body care products industry to phase out the use of chemicals linked to cancer, birth defects and other health harms and replace them with safer alternatives. This certainly sounds like a campaign that nurses might want to support. Via letters to 250 of the top cosmetic companies, the Campaign has asked cosmetics companies to sign the Compact for Safe Cosmetics, a pledge to phase out hazardous chemicals and replace them with safer alternatives within three years. To date 385 forward thinking cosmetic companies, from Burt's Bees to the Body Shop have signed the pledge. None of the cosmetic industry giants have signed the Compact yet, though due to pressure from the Campaign, L'Oreal, Revlon, Estee Lauder and others have agreed to globally reformulate their products to meet the European Union's higher safety standard. To read the full Compact and for a full list of Compact signers, visit www.safecosmetics.org.

The European Union (EU) amended its Cosmetics Directive which now requires cosmetics companies to remove reproductive toxins, mutagens and carcinogens from personal care products.

Health & Safety

The European Union now bans more than 1,100 chemicals from personal care products because they may cause cancer, birth defects, or reproductive problems. In stark contrast, just nine chemicals are banned from cosmetics in the United States.

In 2004, the Campaign for Safe Cosmetics founding partner, the Environmental Working Group launched a searchable database called "Skin Deep" to help educate consumers. This is the only aggregated source of information on cosmetic safety available to the public. It inventories more than 14,000 products and has had over 10 million hits to website so far. In addition to the Skin Deep website, the National Library of Medicine has some information on personal care products on its Household Products site: http://householdproducts.nlm.nih.gov/products.htm.

The goal of the Campaign is an excellent example of the precautionary principle in action. The cosmetics industry can serves as example of an industry adopting precautionary policies and moving us toward a new clean, green, safe, sustainable and successful model of doing business.

What you can do:

LEARN MORE, TAKE ACTION:

Visit www.SafeCosmetics.org

Find out if your favorite products contain hazardous chemicals and find safer alternatives. Give the Cosmetics Companies a Makeover. Sign a petition to the cosmetics industry, it's an easy way to let the big companies know you want safe products.

TELL YOUR COSMETICS COMPANIES YOU WANT SAFE PRODUCTS.

Contact the companies that have not signed the Compact for Safe Cosmetics, a pledge to phase out toxic chemicals. Call them, write them, email them to let them know you want safe products now! Look on product packaging for a customer service hotline or website.

SPREAD THE WORD.

Tell your friends, family, and patients about how they can learn more about safer products and smarter laws to protect our health from toxic chemicals. WN

Authors:

Barbara Sattler, RN, DrPH, FAAN, Director of the Environmental Health Education Center at the University of Maryland where she directs the graduate program in Environmental Health Nursing. www.enviRN.umaryland.edu.

Lisa Archer, BA, Friends of the Earth – Safer Cosmetics Campaign. www.safdecosmetics.org

In Memoriam

Professor Dolores "Deo" Little, MN, RN, FAAN, 1923-2006

Dolores "Deo" Little, MN, RN, FAAN - Beloved teacher, mentor, and friend. Born March 14, 1923 in Snoqualmie, WA, passed away peacefully April 23, after a brief illness. Preceded in death by her mother and father, Bertha and Archie Little and close friend, Marguerite Cobb, MN, RN. She is also survived by several cousins and many close friends.

Deo started her career at Stanford University Hospital as a staff nurse, then head nurse and supervisor at Firland TB Sanitorium, and surgical supervisor at Harborview Medical Center where she expanded her role to become a part-time instructor at the University of Washington School of Nursing in 1951. In 1968, Deo became a professor in the Department of Community Health Care Systems, and the leadership class she taught to undergraduate students was a required course. A popular and dynamic teacher, Deo mentored hundreds of students over the course of her career.

She not only practiced quality nursing, but spoke poignantly on all facets of nursing. A sought-after spokesperson, promoting quality nursing practice throughout the U. S. and abroad, Deo presented over 300 papers, talks at conferences, workshops, symposia, conventions, international meetings, TV and radio shows, as well as newspaper interviews. Her unique ability to use humor in presenting critical concepts on nursing was always very popular. She authored over 60 publications and participated in over 20 research projects throughout her career. Her award winning film "Mrs. Reynolds needs a Nurse" has been viewed by over two million students and health care providers worldwide.

Deo's tireless commitment to defining and enhancing the role of nursing was reflected in her pioneering efforts to delineate the scope of practice for the clinical specialist, primary care nurse practitioner, nurse manager, leader and political activist. Her studies, papers, and presentations on the nurse specialist, nurse practitioner and nursing process have and will continue to have a lasting legacy on the practice of nursing.

Deo served on the ANA Board of Directors and the WSNA Board of in numerous positions including: WSNA president, first vice-president, second vice-president and ANA/WSNA convention delegate. During her tenure as WSNA president, Deo paved the way for recognition and acceptance of collective bargaining and the need for parity and strong protections for staff nurses. Deo was fearless in promoting collective bargaining in all settings. She led the way in defining nursing practice so that it could be understood and utilized in labor negotiations during the collective bargaining process, and inspired many nurses to speak up in their work situations and advocate for themselves.

Also during Deo's presidency, the Nurse Practice Act was

1979 Photo by Marjorie DesRosier, PhD, RN

expanded to incorporate language for the advanced practitioner level, even though the medical and hospital associations opposed it.

Deo, was always a nurse ahead of her times, and a tireless, articulate, and passionate proponent of nursing. She was a nurse's nurse and could relate to nurses on all levels using day-to-day experiences as living examples to reinforce the theoretical content of her presentations on nursing and health care.

As Honorary President of the Washington Coalition for Health Security, Deo provided leadership in promoting health care reform which would expand access to affordable, quality health care and allow for the choice of providers to include nurse practitioners.

She served on the Board of Directors of the Puget Sound Health Systems Agency and chaired the Health Promotion and Primary Care and Prevention Committee. She became the first Chair of PUNCH, the Political Action Arm of WSNA, which today is the WSNA-PAC.

Her Professional Achievements and Peer Recognition are numerous and include: Elizabeth Sterling Soule Scholarship Award; King County Nurses Association, Nurse of the Year Award 1963; Chris Memorial Award, "Mrs. Reynolds Needs a Nurse" Film Excellence; ANA Membership Award from WSNA; Honorary Membership Award from ANA; Distinguished Alumni Award, School of Nursing, University of Washington; President's Award, King County Nurses Association, 1990; University of Washington Health Sciences Service Award, 1992; Lifetime Achievement from the Washington State Nursing Foundation, 1995; and in 1998 the Washington State Nurses Association Hall of Fame Award.

Deo touched many lives and will be remembered for her tremendous energy, intelligence and wit. Her passion for nursing made her an icon in nursing and healthcare in Washington state and nationally. She will be greatly missed by her friends, students and associates

A Celebration of her life and the Nightingale Tribute was held on Saturday, May 6th at the Acacia Park and Funeral Home in Seattle. The Washington State Nurses Foundation established the Dolores "Deo" Little Scholarship Fund in her honor to benefit nursing students seeking a baccalaureate in nursing. For those of you who would like to honor Deo's memory in this way, donations may be made to the "WSNF Dolores Little Scholarship Fund" and mailed to:

Washington State Nurses Foundation
575 Andover Park West, Suite 101
Seattle, WA 98188

For more about Deo and her many contributions and the many tributes made to her by nurses from around the country go to: http://www.wsna.org/library/2006.doloreslittle/

Elaine Childs Gowell, ARNP, PhD
1927 - 2006

Elaine Childs Gowell was born in Angola, Africa to missionary educators. She grew up hating apartheid and became a life-long healer and activist. Gowell was a long-time member of the King County Nurses Association and WSNA and was the first psychiatric nurse practitioner in the Northwest. Her practice focused on healing and grief issues for adults.

After attending boarding school in South Africa, Gowell came to the U.S. to study at Yale (an all-white college at the time) and led a strike when the college dropped a black woman they'd admitted by mistake. After Yale nursing school, she moved to Florida in 1954 to work as a public health nurse visiting people's homes and schools where she secretly taught natural childbirth and pride to poor black

women in defiance of the public policy at the time. She wrote a state-of-the art sex-education curriculum that the Sarasota School Board outlawed.

In the 60's, Gowell and her husband moved to New Orleans and plunged right into the struggle for civil rights. As the first white instructor at Dillard University, she spoke out about the fires of civil disobedience burning in the city streets. She rode on buses in the back, behind curtains stenciled "Colored" and participated in many of the lunch counter sit-ins.

Gowell began teaching nursing and public health at the University of Washington in 1969 where she kept fighting for women's rights, birth control, gay rights, children's rights, health care and peace. She marched with UW students and professors across the Ship Canal Bridge to protest the Vietnam War. She joined others in an unsuccessful suit against the UW for equal pay for professors of nursing - who were mostly women. In 1983, when she learned the Mormon Church was fighting against the Equal Rights Amendment, she chained herself to the fence of the Bellevue Temple with a group called Mormon Women for the ERA, and went to jail.

Gowell also fought for patients rights in health maintenance organizations, helping to form an alternative cooperative called the American Mental Health Alliance of Washington to shield patient records from computer access and to provide psychotherapy sessions without limit.

She was a tireless warrior for peace, equal rights and the environment. "She's was not afraid to go head-to-head, nose-to-nose, eye-to-eye, face-to-face with anyone about anything she believes in," said Susan Blum, a psychotherapist who trained with Gowell.

After receiving her PhD in Cultural Anthropology while running her private practice as a psychotherapist, she developed (with others) a new model for treatment called corrective parenting. In 2003 she received the esteemed Muriel James award for her contributions to the Transactional Analysis Association.

She also skied and raised four adopted kids in her free time.

Her book, "Good Grief Rituals," explains how pain in our lives accumulates. The loss of loved ones, disappointments, accidents, setbacks, rebukes, heartbreaks, even moving to a new city, are all stored. Gowell believed that personal and public tragedies affect us so deeply because they awaken unresolved pain. She observed, "If people don't express their grief, it accumulates and they get sick. People who take the time to grieve are much more present in the world and more filled with joy and contentment."

A memorial service was held for her on Sunday July 30th at the Edmonds Conference Center.

Norma Jean Bushman, MN, RN 1933 – 2006

Norma Jean Bushman, age 72, of Edmonds, Washington, died on Sunday, April 30, 2006, at her home following a sudden illness. Norma Jean Bushman was born on August 23, 1933 in Ossian, Iowa, the daughter of Albert and Marie (Massman) Bushman. Jean was the oldest of eight children. She attended parochial grade school in Festina, Iowa, and graduated from Calmar High School in Calmar, Iowa. Jean continued her education at Mount Mercy College in Cedar Rapids, Iowa, with a degree in nursing. In 1957, Jean moved to Seattle, WA, and received a Masters Degree in Nursing from the University of Washington in 1961. Jean taught nursing at Seattle University for 35 years, receiving a Teacher of the Year award in 1994 and retiring in 1995. Her dream was to create an endowed chair in the college of nursing and she achieved that dream through her persistence, efforts and generosity.

Norma Jean is survived by three brothers: Joel (Ruth Ann) Bushman, Brier, WA, Paul (Pam) Bushman, Brooklyn Park, MN, Tom (Terri) Bushman, Ossian, IA. Three sisters; Marlene (Bob) Kudrna, Oelwein, IA, Judy (Cal) Roberson, New Hampton, IA, and Coleen (Ed) Beacom, Sergeant Bluff, IA. One sister-in-law: Madonna Bushman, Dodge, WI, and many nieces and nephews. She was preceded in death by her parents, Albert and Marie Bushman and one brother, Carl Bushman.

A memorial mass followed by burial in the church cemetery was held on May 9, 2006 at Our Lady of Dolors Catholic Church in Festina, Iowa. WN

Continuing Education Calendar

Note: WSNA's CEARP (Continuing Education Approval & Recognition Program) is accredited as an approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation until August 31, 2011. If you wish to apply for WSNA/ANCC approved contact hours for your educational activities, please request the latest CEARP Guidelines Packet ($30) from WSNA's Communication Processor at 206/575-7979, Ext. 3011.

July 2006:

Preceptor Workshop I; Swedish Medical Center, Seattle, WA; July 25; Contact Hours: 9.6; Contact: Shellie Bogosian (206) 215-2455

12th Annual Nursing Ethics Conference: Professionalism and Ethics in Health Care Practice; University of Washington Medical Center; Shoreline Conference Center; Seattle, WA; July 28; Contact Hours: 8.0; Contact: C

18th Annual Southwest Regional Nurse Practitioner Symposium; Arizona Nurses Association; Scottsdale Hilton; Scottsdale, AZ; July 28; Contact Hours: 11.0; Contact: Arizona Nurses Association at (480) 831-0404 or debby@aznurse.org

August 2006:

The Path Less Taken To Effective Communication; Virginia Mason Medical Center; Seattle, WA; August 22; Fee: $75/$105/$65; Contact Hours: 7.4; Contact: F

Breaking the Cycle of Depression with Evidence-Based Care; University of Washington, Seattle, WA; August 28 & 29; Fee: $200/$150/$120; Contact Hours: 14.7; Contact: C

September 2006:

Emerging Trends in Critical Care: 2006 Update; Virginia Mason Medical Center; Seattle, WA; September 8; Fee: $40/$80/$140; Contact: F

Nursing Leadership & Management in Long-Term Care - 2006; University of Washington Medical Center; Conference Center at Northgate; Seattle, WA; Sept. 22 – Dec. 1; Fee: $1,595; Contact Hours: 52.5; Contact: C

The Future of Pediatric Nursing Care; Children's Hospital and Regional Medical Center, Seattle, WA; September 25-26; Fee: Various; Contact Hours: 16.5; Contact: Marianne Gonterman (206) 987-5318 or marianne.gonterman@seattlechildrens.org.

October 2006:

NICHE 2006: Best Practices in the Care of Older Adults; Virginia Mason Medical Center; Seattle, WA; October 2; Fee: $90; Contact: F

Foundations in Relationship & Results Oriented Healthcare; Hansten Healthcare PLLC; Inn at Gig Harbor, WA; October 3; Fee: $195; Contact Hours: 7.2; Contact: Ruth Hansten, (360) 437-8060 or www.Hansten.com, www.HanstenRROHC.com

29th Annual Pacific NW National Conference on Advanced Practice in Primary and Acute Care; University of Washington Medical Center; WA Trade Center; Seattle, WA; October 4-7; Contact Hours: 7.2-27; Contact: C

Hyperbaric Medicine and Technology 2006; Virginia Mason Medical Center; Seattle, WA; October 9; Fee: $120/$480; Contact: F

HIV/AIDS Potpourri; Virginia Mason Medical Center; Seattle, WA; October 17; Fee: $65/75/105; Contact: F

Update in Medical Surgical Nursing 2006; University of Washington Medical Center; Shoreline Conference Center; Seattle, WA; October 26-27; Contact Hours: 8.0-15.4; Contact: C

November 2006:

Update in Medical Surgical Nursing 2006; University of Washington Medical Center; Shoreline Conference Center; Seattle, WA; November 6-7; Contact Hours: 16.5; Contact: C

Immediate Response: Essential Skills for Urgent Clinical Situations: University of Washington Medical Center; Shoreline Conference Center, Seattle, WA; November 13; Fee: $215/$195; Contact Hours: 8; Contact: C

Wound Management Update 2006: Getting to the Roots of Chronic Wounds; University of Washington Medical Center; Shoreline Conference Center; Seattle, WA; November 15-16; Contact Hours: 7.0-14.0; Contact: C

INDEPENDENT SELF STUDY COURSES

AIDS: Essential Information for the Health Care Professional; Contact Hours: 7.0; Fees: $55; Contact: D.

Animal Assisted Therapy; Bellevue Community College; October 20; Fee: $49; Contact: B

Assessing Lung Sounds; Contact Hours: 2.0; Fee $10; Contact: E

Asthma Management; Contact Hours: 8.0; Fee: $30; Contact: E

Breaking the Cycle of Depression: A New Collaborative Model for Effectively Managing Depression; Contact Hours: 14.0; Contact C

Clinical Assessment Pulmonary Patient: Contact Hours: 4.0; Fee: $20; Contact: E

Congestive Heart Failure-Diagnosis & Treatment: Contact Hours: 6.0; Fee: $25; Contact: E

Ethics Related to Nursing Practice; Contact Hours: 9; Fees: $200; Contact: D.

Frequent Heartburn; Contact Hours: 1.0; Fee: No Fee; Contact: FnP Associates

Health Assessment and Documentation: Contact Hours: 20: Fees: $150; Contact: D.

HIV/AIDS Basic Education: Fee: Various; Contact B

Indoor Air Quality's Impact: Contact Hours: 7.0; Fees: $34.95; Contact: American Institute of Respiratory Education (209) 572-4172

Legal Issues in Nursing; Contact Hours: 4.0; Fees: $120; Contact: D.

Lung Volume Reduction Surgery: Contact Hours: 2.0; Fee: $10; Contact E

Management of Persistent Pain: Contact Hours: 1.8; Fee: No Fee; Contact: FnP Associates

Metered Dose Inhaler Use: Contact Hours: 3.0; Fee: $15; Contact E

Pain: Current Understanding of Assessment, Management & Treatment; Contact Hours: 6.0; Fee: No Fee; Contact: FnP Associates

Pulmonary Hygiene Techniques: Contact Hours: 6.0; Fee: $25; Contact E

RN Refresher Course; Contact Hours: None; Fees: Theory: $500; Health Assessment and Skills Review: $500; Clinical Placement for Precepted Clinical Experience: $400; Contact: D.

Sleep Disorders: Contact Hours: 8.0; Fee: $30; Contact E

Smoking Cessation: Contact Hours: 12.0; Fee $35; Contact E

Treating the Common Cold; Contact Hours: 1.8; Fee: No Fee; Contact: FnP Associates

University of Washington Medical Center; Offers over 30 self-study courses; Contact C

Contact the following Independent Study providers for specific course offerings:

Wild Iris Medical Education
PO Box 527
Comptche, CA 95427
(707) 937-0518
nurses@nursesceu.com
www.nursingceu.com

FnP Associates
Fiona Shannon
21140 President Point Rd. NE
Kingston, WA 98346
(425) 861-0911
fiona@fnpassociates.com

Contacts

A. Pacific Lutheran University School of Nursing
Continuing Nursing Education
Terry Bennett, Program Specialist
Tacoma, WA 98447
253-535-7683
www.plu.edu/~ccnl/

B. Bellevue Community College
Continuing Nursing Education
Health Sciences Education & Wellness Institute
3000 Landerholm Circle SE
Bellevue, WA 98007
(425) 564-2012
www.bcc.ctc.edu

C. University of Washington School of Nursing
Continuing Nursing Education
Box 358738
Seattle, WA 98195-8738
206-543-1047
206-543-6953 FAX
cne@u.washington.edu

D. Intercollegiate College of Nursing
Washington State University
College of Nursing
Professional Development
2917 W. Fort George Wright Drive
Spokane, WA 99224-5291
509-324-7321
or 800-281-2589
www.icne.wsu.edu

E. AdvanceMed Educational Services
2777 Yulupa Ave., #213
Santa Rosa, CA 95405
1-800-526-7046
www.advancemed.com

F. Virginia Mason Medical Center
Clinical Education Department
Barb Van Cislo, CNE
Coordinator
Education Resources, G2-ED
1100 9th Avenue
Seattle, WA 98111
(206) 341-0122
(206) 625-7279 fax
Barbara.vancislo@vmmc.org

New Members

District 01
Whatcom County
Betker, Heather
Boreson, Katy
Brown, Kathleen
Dunne, Sean
Kolozsy, Douglas
Lanie, Shannon
Martin, Marilyn
Plonkey, Jacqueline
Scholl, Carolyn
Stuart, Beverly

District 02
King County
Allen, Tane
Anderson Crook, Esther
Aranas, Joanna
Arata, Cherry
Arnold, Lynn
Barry, Robert
Blakeney, Vickkie
Bogaard, Judy
Bradley, Alizaline
Bradley, Heidi
Bulger, Lori
Chaput, Danielle
Christensen, Mary
Clark, Heidi
Clement, Gabriel
Coggan, Jennifer
Cohen San Clemente, Julie
Couper-noles, Rebekah
Crawford, Sharon
Credo, Estephanie
Dahlem, Justin
Darboe, Sulayman
Dekeyser, Pamela
Dorsey, Edwina
Dykstra, Chantelle
Galanga, Katherine
Garrison, Rhonda
Garry, Eloise
Gascon, Joan
Gbalipre, Charity
Geageac, Nicoleta
George, Lori
Greenlee, Brian
Griffin, Shannon
Gurnell, Johann
Hairston, Babette
Hatch, Catherine
Hatch, Stephanie
Herrmann, Cassandra
Hershman-greven, Rachel
Hill, Tonya
Hoffer, Patricia
Holt, Jessica
Hopper Cruz, Jason
Hostetler, Grace
Hughes, Paula
Jenkins, Elena
Jenson, Jessica
Jocson, Gracia
Kaufman, Christina
Kavousi, Niloofar
Kim, Yun-hee
Kimura, Terry
Kniestedt, Shannon
Kushner, Zarah
Lagasca, Karen
Ledesma, Callie
Lee, Susan
Lunt, Stephanie
Macias, Lisa
Maines, Audrey
Marfiak, Debbie
Maricich, Marisa
Marquardt, Patti
Masanga-king, Miriam
Mathies, Bethany
Mathis, Angela
Mcbrayer, Gina
Mccormack, Shannon
Mccoy, Brenna
Mcfarland, Jesse
Mcmanigal, Luqi
Mejia, Irene
Melsher, Jennifer
Menguita, Voltaire
Meyer, Anne
Muchnick, Sarah
Mueller, Andrea
Mustain, Amy
Myers, Kimberly
Nason, Ellen
Nepstad, Tracy
Okagua, Hilda
Okereke, Helen
Pardo, Tanika
Peacock, Candace
Peck, Caitlin
Pierce, Shaune
Reddy, Rhonda
Reith, Lisa
Schmelzer, Nancy
Schroder, Nichole
Skelton, Elizabeth
Sluder, Pete
Staiger, Shawn
Stana, Vasile
Stebila, Stephanie
Sullivan, Keely
Super, Brei
Sweeney, Mary
Temblor, Pamela
Tolbert, Katie
Trust-bolack, Gabriel
Umali, Florida
Umland, Patti
Vanhaecke, Carrie
Vinson, Zoe
Von Schlieder, Lynn
Welch, Sarah
Werbicki, Rachel
West, Barbara
West, Terry
White, Allison

Wilson, Anna
Wolff, Elizabeth
Yeh, Nai-ling
Young, Rosa
Zittel, Brenda

District 03
Pierce County
Alasagas, Genevieve
Bacon, Andrea
Banica, Kiersten
Barker, Cynthia
Barrows, Yvette
Bishop, Rommie
Blackwell, Tracy
Bonner, Alisha
Bradley, Angela
Brintzenhoff, Erin
Brown, Edlyn
Brunisholz, Amanda
Bullock, Brenda
Bury, Helen
Caley, Marcia
Calugas, Lulu
Chandwaney, Nimmi
Cook, Joan
Cordle, Christine
Crofts, Kathryn
Delicana, Kris
Dutson, Bodil
Ertle, Valerie
Estlund, Steven
Evans, Dala
Fincham, Heather
Florenzen, Cathy
Flores, Juvy
Giroux, Setsuko
Goetz, Leslee
Goldschmidt, Matthew
Gomez-wilson, Cherylanne
Green, Jillian
Greiner, Kristen
Hanton-brown, Stacey
Harris, Alan
Heath, Esther
Hennelly, Carrie
Hidalgo, Angelita
Hoke, Jolene
Johnson, Stephen
Kannarr, Sylvia
Keffer, Karen
Kelley, Michael
Kern, Sheena
Kersey, Lauren
King, Mary
Knell, Andrew
Krylatov, Svetlana
Landmark, Maryann
Lantz, Kathleen
Lestenkof, Claudette
Lopez, Tara
Magnan, Kimberly
Mangeng, Craig
Manger, Kirsten
Mangum, Virginia
Mcmullen-ridella, Donna
Meers, Katie
Messer, Kathryn
Molter, Colleen
Morin, Mary
Mugo, Lydia
Nalli, Melissa
Newby, Lisa
Nolet, Barbara
O'Kane, Pamela
Owen, Patricia
Potts, Andrew
Pugh, Brianne
Pulley, Shannon
Rachner, Felecia
Ragas, Brandy
Rice, Nicole
Riddick, Ardell
Roberts, Karen
Rock, Julia
Rodriguez, Jamie
Roundy, Annette
Rowe, Marilee
Schinkelshoek, Ashley
Schoepflin, Tara
Schoonover, Catherine
Shalom, Edit
Shiley, Darrel
Sieverson, Lynette
Smalls, Mari
Soule, Alicia
Straub, Michelle
Strauss, Cinnamon
Sutton, Ashley
Taylor, Michalyne
Thompson, Joanne
Toves, Jovelia
Waggoner, Shirley
Weaver, Rhyan
Weaver, Robert
Winters, Robert
Zatkovich, Jade

District 04
Spokane / Adams / Lincoln / Pend Oreille
Abrahamson, Jamie
Ainsworth, Alisha
Allen, Sherri
Andersen, Alan
Berg, Sharon
Blanford, Kathleen
Bly, Selena
Brown, Pete
Bruner, Susan
Buchmann, Monica
Charbonneau, Timothy
Cook, Bethany
Couch, Lindsay
Dimeling, Kathryn
Duff, Rocky
Ely, Grant
Estuar, Carrie
Fiegl, Koni
Fittje, Nicole
Fracul, Valerie
Frye, Molly
Gilliland-culbert, Sharon
Griffitts, Tamar
Harger, Keith
Higgins, Julie
Holman, Jeffrey
Hutchinson, Marie
Johnson, Lesley
Kiddoo, Michelle
Kleinhans, Amy
Krant, Karey
Leblanc, James
Lee, Corinna
Lund, Barbara
Macleod, Christiane
Martin, Tressa
Martinez, Nicole
Matera, Phoung
Mckeirnan, Allison
Meads, Jodie
Miles, Michelle
Montgomery, Karen
Moss, Laura
Nicodemus, Lyda
Niemi, Jeremy
Nolan, Elizabeth
O'leary, Nancy
Oyler, Jack
Palozzolo, Joseph
Parks, Donna
Peluso, Helen
Piersol, Melissa
Prows, Margaret
Rambo, Lynda
Ramsey, Daniel
Roberts, Stephanie
Rowand, Kristen
Rubin, Barbara
Sanborn, Kristen
Sayler, Karen
Scott, Laurie
Sears, Sallie
Smith, Breanne
Smith, Meghan
Stillwell, Stacy
Thompson, Anne
Thompson, Faith
Thorson, Barbara
Trembley, Judy
Warfield, G. Scott
Weber, Christina
Wells, Emmilly
West, Jennifer
Windhorst, Joel
Yother, Laurie
Zinnecker, Nicole

District 06
Yakima City/N. Yakima
Acosta, Douglas
Burnham, Jodee
Creach, Robin
Feeney, Nicole
Shelton, Linda
Sluder, Bonnie
Townsend, Sheryl

District 07
Chelan/Douglas/Grant
Ahrens, Kristi
Cooper, William
Frazier, Peggy
Johnson, Patricia
Kohlman, Kimberly
Lefeuvre, Roberta
Mcrae, Heather
Smith, Jack
Snyder, Barbara
Thompson, Jill
Visser, Katie

District 08
Grays Harbor
Triesch, Rebecca

District 09
Snohomish County
Arndt, Teresa
Cooper-schmidt, Christina
Dunn, Teresa
Fradkin, Silvia
Garey, Karla

District 10
Wakiakum/Cowlitz
Clark, Jennifer
Doran, Adrianna
Kalar, Joy
Narvesen, Sonja
Nicholson, Melba
Snedden, Terri
Wambheim, Grette

District 11
Clark/Skamania
Combs, Emily
Cordon, Maritt
Dean, Elizabeth
Hundt, Twilene
Lougen, Dale
Myers, Sonja
Pino, Gloria
Thornburgh, Diana
Ward, Heather
Webber, Beth
Williams, Ruth

District 14
Whitman County
Bobeck, Jonna
Flach, Elisa
Goodenough, Jamie

District 15
Benton / Franklin
Alexander, Stephanie
Anderson, Janet
Baxter, Jennifer
Bushman, Ann
Cantwell, Marcia
Holzer, Jennifer
Jackson, Leah
Litzenberger, Tefna
Ruddell, Darrin
Smith, Kara
Steele, Linda

District 16
Skagit / Island / San Juan
Alfaro, Jeannie
Bercov, Carol
Boyd, Haydee
Brown, Shannon
Ciccone, Susan
Dalseg, Sara
Dean, Shannon
Edgington, Amy
Faaberg, Kelsey
Hansen, Dana
Kahl-conway, Rhonda
King, Brenda
Ludwigsen, Rozetta
Mason, Holly
Mcallister, Jamie
Mclaughlin, Theresa
Moehl, Jennifer
Pratt, Melanie
Puhr, M. Irene
Schemm, Jeanie
Schmidt, Eleanor
Small, Glenda
Tarant, Jill
Thomas, Kara
Tomlinson, Brenda
Vertrees, Julia
Winter, Mary

District 17
Kitsap County
Davis, Minnie
Diggs, Tiffany
Tims, Donna

District 18
Kittitas County
Bell, Brad
Leet, Jane
Seelye, Brenda
Spencer, Kristin

District 98
All Other Counties
Black, Katherine
Blakely, David
Caturay-pasicaran, Rovianne
Guelfi, Michele
Wedam, Sharon
White, Debra

ANA News

ANA Files Amicus Brief Against Mandatory Influenza Vaccinations in Washington State

ANA has asked the United States Court of Appeals, Ninth Circuit, to accept its amicus – or "friend-of-the-court" – brief in support of the Washington State Nurses Association (WSNA) in its dispute with an area hospital over a requirement that all employees receive a mandatory influenza vaccination or be fired. The hospital's unilateral implementation of that requirement is a violation of the nurses' collective bargaining agreement.

ANA and WSNA support the use of the influenza vaccination and strongly encourage nurses to get immunized. Both organizations oppose any health care facility threatening to fire people if they do not submit to the mandatory vaccination, especially in the absence of a declared public health emergency.

In January 2006, the U.S. District Court in Seattle ruled in favor of WSNA, representing more than 600 registered nurses at Virginia Mason Medical Center (VMMC), in upholding the arbitrator's decision against VMMC and stopping the hospital from forcing RNs to receive influenza vaccinations.

The decision by the United States District Court rejected VMMC's efforts to challenge the arbitrator's decision, which, if successful, would have allowed the hospital to make influenza vaccinations a condition of employment and fire RNs who did not comply. The Court decision "did not find that the arbitrator's decision is procedurally defective," thereby upholding the arbitrator's award and denying the VMMC's appeal. The medical center has since filed an appeal with the federal circuit court. ANA filed its amicus brief on behalf of WSNA on April 21. For details, see www.nursingworld.org/pressrel/2006/prwsna050306.htm

ANA Co-Hosts Briefing on Safe Patient Handling and Movement

The U.S. House of Representatives Nursing Caucus and the American Nurses Association (ANA) sponsored a luncheon briefing on Monday, May 8th for congressional health staff to highlight the importance of safe patient handling and movement.

Rose Gonzalez, MPS, RN, Director of ANA's Department of Government Affairs moderated the briefing, which featured a panel of expert speakers including:

Audrey Nelson, PhD, RN, FAAN, Nurse Scientist

Maggie Flanagan, RN, Chair of the WSNA Occupational & Environmental Health and Safety Committe

Thomas R. Waters, PhD, CPE, Senior Safety Engineer, Organizational Science and Human Factors Branch, Division of Applied Research and Technology (NIOSH)

Robert Williamson, RN, BSN,MS, CWCP, Ascension Health and

Anders Drechsler, President, Guldmann, Inc.

Over 30 representatives from House and Senate offices attended to learn about how a Safe Patient Handling and Movement (SPHM) program can provide a secure way to move patients and decrease injuries both for nurses and their patients.

ANA Announces New Family of Official ANA Publications - The American Nurse (TAN), American Nurse Today and The Online Journal of Issues in Nursing (OJIN)

HealthCom Media (HCM) and the American Nurses Association (ANA) have announced the launch of American Nurse Today. Effective October 2006, American Nurse Today will be the official print journal of the American Nurses Association. The journal will be distributed monthly starting in October 2006 to an audience of more than 150,000 members of the ANA as well as an additional 25,000 nurses in all practice settings.

ANA also announced its purchase of OJIN: The Online Journal of Issues in Nursing from the Kent State University College of Nursing. OJIN is hosted and exclusively posted on ANA's Web site at www.nursingworld.org/ojin

OJIN, which celebrates its 10th anniversary this year, is published three times yearly. The award-winning, peer-reviewed online journal provides cutting edge information for nurses and other health care professionals helping them remain current and informed about public policy, patient care, and emerging trends and topics in nursing health care.

OJIN was first published in June 1996 in collaboration with ANA and was the first electronic-only nursing journal available world-wide without charge, as well as one of the few online scholarly nursing journals. OJIN averages 100,000 user sessions and more than 150,000 page views per month.

OJIN's fills an important niche for nursing and other health care professionals. In the years since its inception, OJIN's articles have covered diverse topics including aging, complementary therapies, diversity, domestic violence, entry into practice, genetics, patient and nurse safety and infectious diseases.

Each issue begins with invited articles on selected topics written by experts in that specific area. An advantage of electronic journals over print journals is that articles can be added over time, instantly updating the site with relevant current information. All articles, invited and unsolicited, undergo a blind peer-review by a Review Board, who recommend acceptance, resubmission or rejection of the manuscript.

ANA will also continue to produce TAN The American Nurse, ANA's News and information newspaper at least 6 times a year. All three publications will be a membership benefit. Members will no longer receive The American Journal of Nursing (AJN) as a member benefit after September 2006, however current ANA members will receive a discount subscription offer from AJN

ANA Contributes $192,000 to Nurses Affected by Hurricane Katrina

The American Nurses Association (ANA) contributed $192,000 to the American Nurses Fund (ANF) to help nurses adversely affected by Hurricane Katrina. The ANF is disbursing 100 percent of these funds to three state nurses associations in Louisiana, Mississippi, and Alabama.

"The need for assistance, and particularly services that nurses provide, continues and is significant," said ANA President Barbara A. Blakeney, MS, RN. "On behalf of the ANA Board of Directors, I am pleased that we could make this contribution to help nurses in need."

The ANF established the fund in September 2005 to receive contributions to help nurses in the affected region and, by December 6, 2005, disbursed $44,000 of the total $56,000 collected. The additional new ANA donation of $192,000 will be disbursed according to the plan established previously by ANF for disbursements from its fund: $86,400 (or 45 percent) each to the state nurses organizations in Louisiana and Mississippi and $19,200 (or 10 percent) to the state nurses association in Alabama. WN

Seattle / King County Health Department to Launch Public Health Reserve Corps

Nurse Volunteers Needed!

We've seen it before - In major disasters and epidemics, nurses are needed at the heart of the response. In support of Public Health activities, your expertise and experience could make the difference in a time of need, helping to limit injury, illness, suffering, and death for the people of our community.

Now there's a way for you to register in advance to support our community in a crisis. Public Health – Seattle & King County is establishing the Public Health Reserve Corps to deploy when disaster impacts our own communities. The Public Health Reserve Corps is a group of volunteers prescreened and trained to augment Public Health staff during an emergency in King County. When every minute counts, the Public Health Reserve Corps will play a major role with:

- Dispensing medication and vaccine
- Conducting health screenings and assessments
- Detecting and tracking disease outbreaks

The Washington State Nurses Association supports this effort, and is encouraging nurses to join the Public Health Reserve Corps in support of this critical work.

What will volunteers do?

As a nurse volunteer, you will primarily assist with health screening, assessment, triage, diagnosis, treatment and referrals as well as medication distribution and vaccine administration in mass screening or mass medication/vaccination centers.

Depending on the emergency, you may be asked to support secondary duties in critical support roles, including greeting the public, directing them through the medication or vaccination center, assisting them with paperwork, and answering questions they may have.

As a volunteer, you will be working beside Public Health employees. In order to provide services effectively and safely in an emergency situation, all volunteers and employees will follow an incident command structure of reporting and supervision as well as Public Health's medical protocols.

Who can volunteer?

Both active and retired advanced registered nurse practitioners, registered nurses and licensed practical nurses can volunteer. Nurses with active licenses in Washington State can serve in a medical role. If you are an unlicensed retired nurse, you can also play an important part in critical support roles and helping to calm and restore perspective when people are anxious and afraid.

What training is provided?

Volunteers will commit eight hours per year in training. Topics will include incident command structure and models of mass health screening and medication dispensing as well as role specific training for health professionals. Professional continuing education credits are offered at trainings whenever possible.

What liability protection do volunteers receive?

Volunteers receive liability protection and compensation for injury or death through the State of Washington's Emergency Worker program during State approved training events and emergency missions. For more information, go to www.metrokc.gov/health/phreservecorps

What other volunteers are needed?

In addition to nurses, the Public Health Reserve Corps is also in need of the following specializations:

- Pharmacists and Pharmacy Technicians
- Physicians
- Support volunteers (non-medical)

How do I join?

To learn more about the Public Health Reserve Corps and apply, visit the website at www.metrokc.gov/health/phreservecorps

What type of emergencies would I be responding to?

The Public Health Reserve Corps serves response activities by Public Health – Seattle & King County in an emergency. Currently, volunteers in the program will be focused on specific Public Health response functions.

One example of a local Public Health emergency response is the preparations we made for Hurricane Katrina evacuees in 2005. Anticipating the arrival of potentially thousands displaced from the storm, some in poor health, Public Health developed a model and protocol for screening people once their flights landed. Ultimately, no planes arrived, but volunteer physicians, nurse practitioners, and registered nurses were recruited in anticipation of needing their screening assistance.

Another example of a type of emergency in which the Public Health Reserve Corps may assist is when rapid immunizations are needed for a large number of people in the community, such as for a widespread Hepatitis A exposure.

The Public Health Reserve Corps may also assist during a bioterrorist event, specifically an anthrax exposure. Public Health would be responsible for dispensing antibiotics within 72 hours of exposure and would need volunteers to help dispense antibiotics from designated medication centers to exposed residents.

What happens if I'm needed by my employer during an emergency?

First and foremost, Public Health understands that your first commitment is to your employer. In a large emergency in which the health care system is impacted, your responsibilities are with your employer.

However, many type of events in which the Public Health Reserve Corps would assist will be of a smaller scale and may not have a significant impact on the larger health care system. In many instances, early response to these types of emergencies by Public Health will help the larger health care system from being overwhelmed.

What other Medical Reserve Corps Units are in Washington State?

The Public Health Reserve Corps is just one of the Medical Reserve Corps programs in Washington State. To learn more about other MRCs, go to:

http://www.medicalreservecorps.gov/state.asp?state=56

WN

District News

District 2
King County Nurses Association (KCNA)

Three area nurses received Star Awards at the King County Nurses Association Annual Meeting and Spring Banquet on May 3 at the Burke Museum in Seattle. In addition, 10 scholarship awards were presented that evening.

The KCNA All-Star Award went to Dana Fisk, BSN, RN, pediatric and research nurse in the Department of Child and Family Nursing at Harborview Medical Center. The All-Star Award recognizes a nurse who goes "the extra mile" in nursing, and is awarded on the basis of the community need being met, the extent and effects of the nurse's effort, and the innovation and creativity the nurse demonstrates.

Fisk is credited with developing a multicultural program to educate the public about the importance of child car seats. In support of the nomination, Harborview Pediatric Chief of Service Brian Johnston, MD, wrote "Dana devised the program to meet an identified clinical need. Now, children seen in our clinics, emergency department or inpatient settings can all access educational materials and low- or no-cost child safety restraints."

Shining Star Awards went to Deborah Greenleaf, RN, public health nurse at Public Health of Seattle King County, and Joan Braun, RNC, CDE, Diabetic Nurse-Educator at Virginia Mason Medical Center. The Shining Star Award recognizes a nurse nominated by peers for excellence in his/her area of expertise (including clinical, education, research, administration and others).

Greenleaf, a nurse at Public Health Seattle King County for the past 18 years, currently works in the CHSI Parent/Child Health Program. During her time in the program, she has developed and implemented a variety of trainings about domestic violence; these trainings have been presented to health professionals, law enforcement personnel, and judicial and social service agencies. According to her nominator, Greenleaf "continues to advocate for public awareness while participating in focus groups and research projects. Her passion and professionalism have contributed to her integrity and ability [to excel at her job]."

Braun, a medical/surgical nurse and nurse educator for 37 years, is co-author of Care of the Difficult Patient: A Nurse 's Guide. According to her nominator, Braun has "accomplished three levels of the Professional Recognition Program at VMMC, which involves thousands of hours of nurse time in the hospital as well as in the community. She is the first to be selected to preceptor new graduates and student nurses and new-hire RNs. She goes the extra mile to make sure every staff member knows how to care for . . . difficult tasks and at the end the patient benefits from her conscientious care."

Ten local nursing students received 2006 scholarships of $1,500 each. The recipients are: Mary Amico, Seattle Pacific University; Zereay Asgedom, Seattle Pacific University; George Baxter, University of Washington; Ijeoma Ezeokeke, Shoreline Community College; Paula Hoit, Seattle Pacific University; Karen Leupold, Seattle University; Anna McClendon, University of Washington; Viet Nguyen, University of Washington; Christy Scholtes, Shoreline Community College; and Cecily Schulz, Northwest University. WN

R E M I N D E R

Membership Information and Employment Status Changes

It is the responsibility of each nurse to notify the Washington State Nurses Association of any change in work status which may include, but is not limited to: **name, address, phone number, FTE increase or decrease, leave of absence, medical leave, maternity leave, leaving or joining a bargaining unit**. This change must be done in writing either by using a ***Change of Information Card*** or sending an email to wsna@wsna.org

The Cabinet on Economic and General Welfare (E&GW) policy states: When a nurse is on an unpaid leave of absence, the dues are adjusted to the Reduced Membership Category during the unpaid Leave of Absence period. The accumulated dues payment is to begin within 90 days of return to work. The nurse will have up to twelve months to complete payment of these dues. ***It is the responsibility of the nurse to notify WSNA of this change in work status.***

Nursing and Other News Briefs

Heather Bradford, ARNP, CNM receives 2006 WA ARNP State Award for Excellence

The award was given in Grapevine, Texas on 6/21/06 at the Annual Meeting of the American Association of Nurse Practitioners. The award is given to dedicated NPs who demonstrate excellence as a NP and are a role model for other NPs and the nursing profession in general, has made a significant contribution to the improvement of care for individuals, families, and/or communities, is creative in her approach to nursing care, through effective communication and quality of care, has had a positive effect on clients and on nurse colleagues, and utilizes current research to enhance quality of care.

Report examines ways to retain older nurses (AHA News 06-14-06)

Flexible work hours, increased benefits, new managerial roles, better designed hospital equipment and facilities, and more autonomy in decision making are among the factors that would encourage older nurses to stay in the workforce, according to a study released today by the Robert Wood Johnson Foundation. The authors recommend hospitals create expanded roles for older nurses with appropriate continuing education to train them for these positions. "Among the baby-boomers aged 55 and older are healthy and vibrant retirees or soon to be retirees, with a robust 10 to 30 years of additional life expectancy," the report states. "These individuals are fast becoming the largest untapped source of potential labor in the U.S. economy" and could help stem the national nursing shortage. American Organization of Nurse Executives CEO Pamela Thompson praised the Foundation for its work in addressing the nursing shortage. The report "compliments and validates the ongoing work of AONE to better integrate the aging nursing workforce into care environment," she said. AONE is an AHA subsidiary.

WA State Licensing Data

June 2006	Change since December 2005
70,483 active licensed RN's	+965
3,822 active licensed ARNP's	+ 56
14,622 active licensed LPN's	-126
36,966 CNA's	+638

Washington "Promise of Nursing Gala" Scholarship Recipients announced!

The Johnson & Johnson Promise of Nursing for Washington Gala on March 29 raised $510,000 for WA nursing scholarships, WA nursing educator fellowships, and capacity expansion grants to WA nursing schools. 650 nurses from across the state and many work venues attended this celebration of nurses' work.

The first nursing scholarship recipients benefitting from the Washington Gala are:

UNDERGRADUATES NURSING SCHOLARSHIPS:

Kirsten Funrue - WSU

Nikela Harris - Seattle University

Tatyana Lapik - Gonzaga University

Heather Sybouts - Eastern Washington University

GRADUATE NURSING EDUCATOR STUDENT FELLOWSHIPS:

Karla Bushmaker - UW Bothell

Brenda Thorsen - UW Bothell

Ellen Peller - WSU-Intercollegiate College of Nursing

Paula Manant - Seattle U

Kathleen Shea - WSU Vancouver-Intercollegiate College of Nursing

Rory Rochelle - Gonzaga University

Theresa Marshall - Gonzaga University

Pamela Christensen - UW Bothell

The next opportunity to access both of these scholarships will be announced by the National Student Nurses Association and by the Washington Center for Nursing, later in the summer. Additionally $250,000 in nursing school capacity expansion grants to WA nursing schools (also from the J&J Washington Gala) for the 2006-07 academic year will help to increase the numbers of nurses accepted and graduated in WA.

Washington Center for Nursing (WCN) Update

The WCN Board of Directors is holding open forums for nurses across the state to listen to nurses input on issues affecting them and incorporate that information into the WCN Strategic Business Plan. The first forum was held on June 27th in Spokane. Additional forums are planned for other areas of the state throughout the year and the next one will be in Yakima on October 3rd.

WCN has engaged the UW Center for Health Workforce Studies to complete WA's first Nursing Supply & Demand Study, with projections through 2025. This study should be completed by spring of 2007 and will be valuable for educational and employment planning.

A study of the 2006 RN graduates is being launched to learn the successful components of structured new-grad residencies/internships. This study will also look at what specific strategies are used to address the needs of underrepresented/minority new RN grads. Retention of new RN grads needs focus in our state

WCN is also working with the Council on Nursing Education in Washington State to lead the transformation of nursing education across WA. The focus is on increasing the effectiveness and the efficiency of nursing education and addressing the critical shortage of nurse educators. Consensus among practitioners, educators and employers on the future competencies of nurses is a key feature of the Master Plan for Nursing Education. A forum on this issue is planned for fall 2006. WN

WSNA-PAC Endorsements

Washington State Nurses Association Political Action Committee (WSNA-PAC) has completed its 2006 Health I.Q. Candidate Evaluation Process. This is a critical election year including all 98 of our state representatives up for election as well as 24 out of the 48 state senate members.

State candidates were sent a questionnaire summarizing key legislative issues for WSNA. For those who returned the survey within the deadline, most were interviewed by one of several teams of nurses across the state. Interviewers included staff nurses, home health nurses, school nurses, ARNPs, nurse administrators, nurse educators, and public health nurses.

On the Health I.Q. questionnaire and in the interviews, candidates were asked about their positions on the following issues identified by the WSNA Legislative and Health Policy Council and the WSNA-PAC Board of Trustees:

Nursing Shortage: During the next 10 years, we can expect the current nursing shortage to get even worse. The average age of all Registered Nurses (RNs) is 44 years old, only 10% are under age 30, while more than 60% are 30-49 years old. The Pacific Northwest has the highest percentage nationwide of RNs in the 50-64 age group (21%) and the lowest percentage of RNs 29 years and younger (6.1%). Nursing schools are consistently turning away qualified applicants due to a lack of funding for enrollment slots and the difficulties in recruiting nursing faculty. Workplace safety, physical demands, and low salaries for nursing faculty are some of the major contributors to the shortage. Solutions to correct this trend must be multi-faceted. WSNA has identified several legislative efforts which could improve the nursing shortage crisis.

Would you support:

1. Increased funding for nursing education - including designated enrollment slots for nursing programs, higher salary for nursing faculty and increased scholarship and loan repayment funding.

2. In order to ensure safe patient care, we must have adequate staffing of nurses in our hospitals. WSNA is advocating for legislation/regulation to require hospitals to develop and implement a staffing plan for nursing services. This would be developed with input from Registered Nurses providing direct patient care. It would be based on the patient care needs and the skill mix of Registered Nurses and other nursing personnel to ensure safe and quality patient care.

3. Long hours take a toll on mental alertness. Requiring nurses to work overtime and without adequate breaks when they are already exhausted can result in serious medical mistakes, medication errors, transcription errors and errors in judgment. Strictly limiting the use of mandatory overtime and ensuring both lunch and rest breaks are an important step toward improving patient safety and nurse retention. WSNA supports legislation to extend the protection of the prohibition of mandatory overtime for nurses to additional settings such as jails, state hospitals, and state veterans' homes. WSNA also promotes closing loopholes in current law and ensuring sufficient lunch and rest breaks for nurses.

4. The Legislature in 2006 passed legislation on safe patient lifting. Health care workers in Washington experience injury rates for musculoskeletal disorders higher than any other group including dangerous occupations such as construction, agriculture, manufacturing and transportation. The manual moving, transferring and re-positioning of patients is the primary cause for the high rates of back injury in the health care industry. WSNA supports legislation to extend this same protection to nurses in long-term care and other health care settings in order to promote safe patient handling and prevent workplace injuries for all registered nurses and health care workers.

Public Health Funding: Before passage of I-695, 90% of the primary dedicated funding source for public health programs and districts was derived from the motor vehicle excise tax. While the Legislature has restored some of the public health funding, it has not made a long term commitment with an adequate and stable source of funding. WSNA believes that public health nursing and programs are an essential service to both public health and our communities and must have a stable dedicated source of funding.

How will you address this critical issue and what are your solutions for a long-term adequate stable funding of public health programs?

Health Care Access: While advances have been made in providing patient protections for those with health care coverage, there are still over 600,000 citizens in Washington without health care coverage. WSNA believes that everyone should have equal access to quality health care and recognizes the importance of preventive care.

Do you support each of the following initiatives?

Expansion of mental health parity to small businesses and/or individual insurance market.

Fair share legislation setting standards for employer provided health care.

Providing health insurance to all children by 2010.

Continued expansion of Basic Health Plan.

Do you share a commitment that health care is a basic right for everyone and that we must strive to achieve that goal?

Elimination of Toxic Chemicals (PBDEs): PBDEs (polybrominated diphenyl ethers) are persistent, bioaccumulating toxic chemicals that present a threat to humans and the environment. Nurses, along with their patients, are being exposed to them daily. PBDEs are found in every aspect of the environment and recent

studies have found them in human breast milk, serum and adipose tissue. PBDEs impair learning, memory and behavior with fetuses, infants and children at the highest risk. WSNA supports legislation to protect childrens' health with an elimination of the manufacture and use of toxic flame retardants in consumer products.

Do you support the Hunter/Regala version of HB 1488, which banned all products containing two forms (penta and octa), and phased out over time the third form (deca) in electronics, home furniture, and mattresses as long as safer alternatives are available?

List of WSNA PAC Endorsed Candidates (June 10, 2006)

WSNA-PAC is committed to its mission as a non-partisan organization representing the interests of nurses concerned with promoting quality patient care through the political process. The candidates listed have received endorsement from WSNA-PAC or ANA-PAC for 2006. WSNA-PAC prides itself on using its limited resources efficiently and wisely to assist candidates who have demonstrated strong support for WSNA's legislative issues and those who are prominent leaders on health care issues.

1st Legislative District:
Al O'Brien – House, Pos. 1, D
Mark Ericks – House, Pos. 2, D

2nd Legislative District:
Tom Campbell – House, Pos. 2, R

3rd Legislative District:
Alex Wood – House, Pos. 1, D
Timm Ormsby – House, Pos. 2, D

4th Legislative District:
Larry Crouse – House, Pos. 1, R

7th Legislative District:
Jack Miller – House, Pos. 1, D

8th Legislative District:
Shirley Hankins – House, Pos. 1, R
Larry Haler – House, Pos. 2, R

11th Legislative District:
Zack Hudgins – House, Pos. 1, D
Bob Hasegawa – House, Pos. 2, D

13th Legislative District:
Janea Holmquist – House, Pos. 1, R

14th Legislative District:
Mary Skinner – House, Pos. 1, R

16th Legislative District:
Maureen Walsh – House, Pos. 1, R
Bill Grant – House, Pos. 2, D

17th Legislative District:
Jack Burkman – House, Pos. 1, D
Deb Wallace – House, Pos, 2, D

18th Legislative District:
Richard Curtis – House, Pos. 1, R

19th Legislative District:
Dean Takko – House, Pos. 1, D
Brian Blake – House, Pos. 2, D

20th Legislative District:
Gary Alexander – House, Pos. 2, R

21st Legislative District:
Mary Helen Roberts – House, Pos. 1, D
Brian Sullivan – House, Pos. 2, D
Paull Shin – Senate, D

22nd Legislative District:
Brendan Williams – House, Pos. 1, D
Sam Hunt – House, Pos. 2, D

23rd Legislative District:
Sherry Appleton, House, Pos. 1, D
Christine Rolfes – House, Pos. 2, D

24th Legislative District:
Kevin VandeWege – House, Pos. 1, D
Lynn Kessler – House, Pos. 2, D

26th Legislative District:
Pat Lantz – House, Pos. 1, D
Larry Seaquist – House, Pos. 2, D
Derek Kilmer – Senate, D

27th Legislative District:
Dennis Flannigan – House, Pos. 1, D
Jeannie Darneille – House, Pos. 2, D

28th Legislative District:
Troy Kelley – House, Pos. 1, D

29th Legislative District:
Steve Conray – House, Pos, 1, D
Steve Kirby – House, Pos. 2, D
Rosa Franklin – Senate, D

30th Legislative District:
Mark Miloscia – House, Pos. 1, D
Tracey Eide – Senate, D

31st Legislative District:
Karen Willard – House, Pos. 1, D

32nd Legislative District:
Maralyn Chase – House, Pos. 1, D
Ruth Kagi – House, Pos. 2, D
Darlene Fairley – Senate, D

33rd Legislative District:
Shay Schual-Berke – House, Pos. 1, D
Dave Upthegrove – House, Pos. 2, D
Karen Keiser – Senate, D

34th Legislative District:
Eileen Cody, RN – House, Pos, 1, D
Joe McDermott – House, Pos. 2, D
Erik Poulsen – Senate, D

35th Legislative District:
Kathy Haigh - House, Pos. 1, D
Bill Eickmeyer – House, Pos. 2, D
Tim Sheldon – Senate, D

36th Legislative District:
Helen Sommers – House, Pos. 1, D
Mary Lou Dickerson – House, Pos. 2, D
Jeanne Kohl-Welles – Senate, D

37th Legislative District:
S. Tomiko-Santos – House, Pos. 1, D
Eric Pettigrew – House, Pos. 2, D
Adam Kline – Senate, D

38th Legislative District:
John McCoy – House, Pos. 1, D
Mike Sells – House, Pos. 2, D
Jean Berkey – Senate, D

40th Legislative District:
Dave Quall – House, Pos. 1, D
Jeff Morris – House, Pos. 2, D

41st Legislative District:
Fred Jarrett – House, Pos. 1, R
Judy Clibborn – House, Pos. 2, D

42nd Legislative District:
Kelli Linville – House, Pos. 2, D

43rd Legislative District:
Frank Chopp – House, Pos. 2, D

44th Legislative District:
Hans Dunshee – House, Pos. 1, D
John Lovick – House, Pos. 2, D
Steve Hobbs – Senate, D

45th Legislative District:
Larry Springer – House, Pos. 2, D
Eric Oemig – Senate, D

46th Legislative District:
Jim McIntire – House, Pos. 1, D
Phyllis Kenney – House, Pos. 2, D
Ken Jacobsen – Senate, D

47th Legislative District:
Geoff Simpson – House, Pos. 1, D
Patrick Sullivan – House, Pos. 2, D

48th Legislative District:
Ross Hunter – House, Pos. 1, D
Luke Esser – Senate, R

49th Legislative District:
Bill Fromhold - House, Pos. 1, D
Jim Moeller – House, Pos. 2, D WN

Official Flag of ANA Unveiled

The 2006 ANA House of Delegates was opened with the unveiling of a new, official flag of the American Nurses Association.

The ANA Flag design uses the red flame and lamp to represent ANA, the 54 white stars to represent a constellation of its constituent member associations, and a dark blue field to symbolize the United States of America.

These symbols and colors embody the purpose and history of the American Nurses Association: Red stands for mercy, relief of suffering, and the valor of nurses. White symbolizes purity and the principles of nursing. Blue represents constancy, justice, loyalty, and devotion. The light and the lamp of nursing are ancient symbols of knowledge and learning that are inclusive and carry no particular symbolism of religion or creed.

The ANA Flag acknowledges the achievement, heroism, and sacrifice of nurses who have served with distinction in every major war, civil disaster, and health crisis faced by the United States. It attests to the importance of equal rights and the availability of quality care. Nurses have given their full measure to help our soldiers and our citizens in times of crisis. This flag honors nurses, past and present, who have served this association, this profession, this country, and the international community. WN

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