



2020 Annual Report

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REPORT OF THE PRESIDENT

Donna Kelly-Williams, RN

The MNA Board of Directors met face to face four (4) times before COVID-19 hit and then nineteen (19) times by Zoom during COVID and since.

The dedicated members of the MNA Board of Directors devote their time to members and engage in all activities supporting the MNA. They represent nurses and healthcare professionals in many different facilities and specialties across the state. The BOD usually meets monthly at the MNA office in Canton and are open for participation to all MNA members. However, this year we faced many challenges during the pandemic and have met by Zoom conference exclusively since March.

In our time as MNA members, we have never encountered anything like this pandemic. For the last seven months, COVID-19 has changed the landscape of our profession, has torn at the fabric of society, and has revealed the failures of our healthcare system.

Through it all, you, MNA members have been fixtures of dependability and resiliency. You have cared for the sick, tended to the dying, advocated for patients and families, and fought for the workplace equipment and protections needed to stay safe while on the job.

As I worked with so many MNA members and staff during these last seven months, I found myself empowered, humbled, and thankful. But first, I was angry!

I was angry that our nation was never prepared for this pandemic. I was angry that most hospitals opted to ration PPE. I was angry when hospitals said, "decontaminated masks are safe to wear". And I was furious when you were told that, should you get sick, it

was your fault and you were exposed on your time. Across the board, nurses from every area of practice were wronged during this pandemic. And for that, we should all be angry.

When you are an MNA member, injustice and anger generally lead to empowerment. We are 23,000 strong, and we flexed our muscles as soon COVID-19 arrived. Immediately, we recommended best practices and plans to Governor Baker via a weekly letter, and we followed up on those letters with calls to Health and Human Services Secretary, Mary Lou Sudders. Those calls resulted in regular communication with Attorney General Maura Healey. We were on speed dial of elected leaders, and vice versa. This gave us a powerful voice in the public because we continuously shared these same recommendations and letters with the media. Very quickly, we became the voice of frontline healthcare workers, and our voice produced results!

Our fight against the use of decontaminated masks was highly publicized. Our position was always that decontaminated masks must effectively inactivate the pathogen; not degrade the performance of the respirator; and not introduce an additional hazard to workers. We found that the available methods did not meet those standards, and we let hospitals and the media know as much. Eventually, in early June and likely under pressure, the FDA reversed its position on the use of decontaminated masks, saying, *"In response to public health and safety concerns about the appropriateness of decontaminating certain respirators ... [we have] decided that certain respirators should not be decontaminated for reuse by healthcare personnel."*

Our fight to win both state and federal "Occupational Presumption Legislation" will and must continue. Countless members have contacted their elected leaders demanding passage of this legislation which, should it become law, will presume anyone who contracts the coronavirus and is a frontline worker contracted it at work. This would offer nurses and healthcare professionals some protections, including access to workers' compensation benefits.

On top of these state and national efforts, many of you were active in your own hospitals. Nearly every MNA bargaining unit took part in some form of collective action these last seven months. There were press conferences, media interviews, petition drives and socially distanced pickets. You stood up for what was right and that often resulted in the public shaming of hospital administrators, who then made appropriate course corrections. When course corrections were not made, we took matters into our own hands — for example, securing and distributing thousands of items of PPE to members statewide.

Through it all, we had unimaginable support from the outside. There were monetary donations; in-kind donations; car rallies; social media posts; memes; and more. And, of course, our sisters and brothers from other unions, including police, fire, teachers, and many others, always had our backs.

Our role has never been more important, and the public knows that. In looking back throughout my tenure as President I have learned much, met many and felt everything. When I was on your picket line, I felt your frustration, when I was fighting for PPE, I felt the worry, anger and fire to keep going. Through many reorganizations, I knew firsthand the loss felt when my unit closed or forced retirement when greedy employers succeeded in gutting well fought and earned benefits. Through all this MNA members and staff have risen to

support, educate and fight for the best outcomes possible in every situation.

As the very proud President of the Massachusetts Nurses Association, I reflect on the areas we succeeded in as I look both back and faithfully forward. Forward, proudly completing five terms, full of successes, protections, victories and future opportunities with faith and dedication. I reflect on the fights, the wins, the challenges, and the collaborations that broadened the perspectives and relationships of the MNA. I reflect with love, appreciation and pride. I look forward with hope, faith and excitement. Hope for continued successes led by our strong leaders, faith that our newly elected leaders continue the fight we are fighting, and have the experience, honesty, reliability, flexibility and tenacity to bring great things in these upcoming years.

I look forward with excitement that MNA is in the very qualified and capable hands of our new President who brings bedside experience to advocate with a firsthand perspective, the tenacity to make changes needed and the spirit of compassion to connect with the members on what they are facing at their respective facilities. Katie Murphy has been with us on the frontlines of pickets, State House hearings, ballot initiatives and Board meetings consistently through my tenure and will continue to build bridges of increased solidarity.

In closing, my deepest gratitude to the incredible and dedicated staff of the MNA who work tirelessly on our behalf. Every member should know how very hard the staff works on their behalf, and gives nurses like myself the support, courage and ability to speak loud and proud on issues of profound importance.

Thank you for the honor and the privilege to serve you, the members, as the President of this respected and revered organization of people who care so deeply and are so committed to taking care of those that need us the

most. Stay strong my friends, be well, and you have my very deepest gratitude for the honor of being the **VERY PROUD PRESIDENT OF THE MASSACHUSETTS NURSES ASSOCIATION.**

Sincerely,

Donna Kelly-Williams, RN, BA, MM, CPN
President, Massachusetts Nurses Association 2009-2020

A handwritten signature in cursive script that reads "Donna Kelly-Williams, RN". The signature is fluid and elegant, with a large, sweeping flourish at the end of the line.

FINANCIAL STATEMENTS

	A	B	C	D	E	F	G	H	I
1	MINA								
2	STATEMENT OF ASSETS, LIABILITIES & FUND BALANCE								
3	June 30, 2020	(with comparative totals for June 30, 2019)							
4									
5									
6									
7				2020	2020		2019	2019	
8	ASSETS			Total	Total		Total	Total	
9									
10	Cash and temporary investments				9,263,320			5,689,422	
11	Regional Council Investments				1,001,748			990,923	
12	Anchor Capital Advisors				1,517,992			1,542,003	
13	Condominium & Other Deposits				25,277			25,352	
14	Accounts Receivable				(54,567)			(45,057)	
15	Prepaid Expenses				112,530			109,290	
16									
17	Capital Lease			1,572,013			1,509,592		
18	Accumulated Amortization			(1,207,562)			(1,169,436)		
19	& Depreciation				364,451			340,156	
20									
21	Land			321,000			321,000		
22	Building			3,100,334			3,068,059		
23	Computer Software			998,321			995,321		
24	Furniture and Equipment			849,665			833,383		
25	Mobile Unit			220,177			220,177		
26				5,489,487			5,457,940		
27	Reserve for Depreciation			(4,273,561)			(4,178,366)		
28					1,215,936			1,279,574	
29									
30	Total Assets				13,446,686			9,931,662	
31									
32	LIABILITIES & FUND BALANCE								
33	Current Liabilities:								
34	Accounts Payable				363,388			327,480	
35	Accrued Payroll, Taxes & Accruals				570,900			240,201	
36	Accrued Vacation Pay				921,089			761,693	
37	Bargaining Unit Assessment								
38	-ERF Historical			2,497,713			2,322,934		
39	-ERF Current			197,638			174,779		
40					2,695,351			2,497,713	
41									
42	Capital Lease Obligation				374,084			349,067	
43									
44	Total Liabilities				4,924,813			4,176,154	
45									
46	Fund Balance								
47	-Retained Earnings			5,580,705			2,970,451		
48	-Undistributed -Retained Earnings			2,941,168			2,785,058		
49					8,521,873			5,755,508	
50									
51	Total Liabilities & Fund Balance				13,446,686			9,931,662	
52									

Balance Sheet

	A	B	C	D	E	F
1	MNA					
2	STATEMENT OF INCOME AND EXPENSE					
3	for the twelve months					
4	Ending June 30, 2020					
5						
6						
7			2020	2020	2021	
8			ACTUAL	Budget	Budget	
9						
10	Operating Income:					
13	Dues/Fees		17,636,959	17,721,972	18,631,122	
14	Interest/Dividend Income		65,435	79,152	71,964	
15	Miscellaneous		26,977	25,500	42,900	
16	MNA CE Programs		12,620	7,548	7,548	
17	Travel Programs		3,241	16,104	-	
18	Website		-	4,600	-	
19						
20	Total Operating Income		17,745,232	17,854,876	18,763,534	
21						
22	Operating Expense:					
23	Salaries & Fringe Benefits		12,540,292	12,712,654	13,396,998	
24	Northeast Nurses Association (formerly NENA)		727,096	731,604	729,852	
25	Regional Councils, net		10,701	72,554	72,704	
26	Convention		106,643	80,000	80,000	
27	Operating Expenses		1,326,445	1,383,852	1,432,418	
28	Administration		727,842	355,187	368,760	
29	MIS		452,653	418,500	436,350	
30	Labor Action		1,176,787	1,253,160	1,307,680	
31	Organizing		21,803	41,796	27,792	
32	Nursing		181,950	302,674	298,692	
33	Occupational Health & Safety		15,777	60,074	57,184	
34	Membership		73,485	105,072	61,260	
35	Legislative & Governmental Affairs		240,222	235,427	258,472	
36	Public Communications		441,374	359,534	486,850	
37						
38	Total Operating Expense		18,043,070	18,112,088	19,017,012	
39						
40	Net Operating Income/(Expense)		(287,838)	(257,212)	(263,478)	
41						
42	Nonoperating Income/(Expense):					
43	Market Adjustment		(41,337)	-	-	
44	MNA 2025 Income		3,082,705	3,163,592	1,979,309	
45	MNA 2025 <Expense>		-	(3,163,592)	(1,979,309)	
46	Assessment		266,573	259,212	263,714	
47	Assessment <Charges>		(68,935)	(2,000)	(2,000)	
48						
49	Net Nonoperating Income/(Expense)		3,239,006	257,212	261,714	
50						
51	Net Income (or Loss)		2,941,168	-	(1,764)	
52						

P & L

	A	D	E	F	G
1	PAYROLL & OPERATING EXPENSES				
2	for the twelve months				
3	Ending June 30, 2020				
4					
5					
6					
7					
8		2020	2020	2021	
9		ACTUAL	Budget	Budget	
10	Payroll:				
11	Salaries	9,259,269	9,331,445	9,882,861	
12	Social Security	659,001	693,437	717,888	
13	Unemployment & H/C Tax	74,184	97,251	50,826	
14	Health Plan	1,954,266	1,974,786	2,159,200	
15	Group Life/Disability	83,319	88,688	85,026	
16	Educational Reimbursement	16,055	22,812	22,812	
17	Pension	494,203	504,235	478,385	
18	Total Salaries & Benefits	12,540,298	12,712,654	13,396,998	
19					
20					
21	Operating Expenses:				
22	Audit	78,000	78,000	77,250	
23	Ballot/Election - MNA	49,289	42,500	49,284	
24	Electricity	27,051	36,000	28,308	
25	Insurance	108,144	110,448	116,548	
26	Legal Counsel	29,625	23,724	26,088	
27	Maintenance	69,226	75,768	60,444	
28	Office Supplies	52,882	63,600	60,156	
29	Print Shop	88,350	109,824	108,720	
30	Professional Dues	11,392	3,600	12,300	
31	Telephone	117,401	79,476	96,000	
32	Photocopy	53,752	60,084	58,296	
33	Benefit Administration	52,779	50,700	57,100	
34	Capital Lease Interest	15,901	18,696	15,900	
35	Real Estate Taxes	57,526	58,680	57,276	
36	Condominium Fees	155,999	157,440	160,032	
37	Labor Action Offices	387	-	26,400	
38	Equipment Rental	17,878	13,716	11,256	
39	Miscellaneous	48,665	48,456	51,132	
40	Bank Fees	14,737	2,652	8,640	
41	Anchor Capital Fees	21,639	25,800	26,600	
42	Advertising	10,225	1,200	1,200	
43	Depreciation & Amortization	245,597	323,488	323,488	
44					
45	Total Operating Expenses	1,326,445	1,383,852	1,432,418	
46					

OPERATING

	A	B	D	E	F	G
1	DIVISION OF ADMINISTRATION					
2	for the twelve months					
3	Ending June 30, 2020					
4						
5						
6						
7						
8			2020	2020	2021	
9			ACTUAL	Budget	Budget	
10	Payroll:					
11	Salaries		1,816,308	1,769,725	2,115,015	
12	Social Security		129,472	127,321	129,993	
13	Unemployment & H/C Tax		15,385	19,716	10,047	
14	Health Plan		311,891	346,052	359,063	
15	Group Life/Disability		16,114	16,443	15,918	
16	Educational Reimbursement		16,055	22,812	22,812	
17	Pension		91,329	86,487	87,612	
18						
19	Total Salaries & Benefits		2,396,554	2,388,556	2,740,460	
20						
21						
22						
23	Other Direct Charges					
24	Miscellaneous		1,642	1,728	1,392	
25	Contributions		56,445	38,400	50,000	
26	Literature & Subscriptions		864	1,116	864	
27	Postage		13,817	13,896	14,184	
28	Staff Travel		26,272	25,400	33,072	#
29	Stipend - President		75,790	75,000	75,000	
30	Stipend - Vice President		25,263	25,000	25,000	
31	Travel-Executive Director		24,500	24,000	24,000	
32	Committee Travel & Activities		1,215	1,416	1,668	
33	Board of Directors		53,143	51,036	64,224	
34	Board Contingency Fund		19,351	18,528	19,356	
35	Pandemic 2020 Covid 19		429,540	-	60,000	
36	Safe Staffing Ballot Initiative		-	79,667	-	
37						
38	Total Other Direct		727,842	355,187	368,760	
39						

ADMIN

	A	B	C	D	E	F	G	H	I	J	L
1	MIA Regional Councils										
2	STATEMENT OF INCOME AND EXPENSE										
3	for the twelve months										
4	Ending June 30, 2020										
5											
6											
7											
8											
9											
10		Region 1	Region 2	Region 3	Region 4	Region 5	CONSOLIDATED	CONSOLIDATED		OTHER	
11		W. Mass	Worcester	S. Shore/Cape	N. Shore	Gr. Boston	ACTUAL	BUDGET	(UNDER)	BUDGET	
12	Operating Income										
13	Dues	57,466	166,039	134,336	141,545	173,479	675,865	662,276	13,589		
14	Interest & Dividends	4	6,743	1,159	3,437	9,330	20,673	18,344	4,329		
15		57,470	175,782	135,495	144,982	182,809	696,538	678,620	17,918		
16											
17											
18	Salaries & Fringe Benefits	33,525	59,791	76,266	67,808	82,568	319,758	311,393	8,365		
19	Scholarship	4,627	12,523	8,088	10,372	12,610	56,000	50,000	-		
20	Electricity/Gas	5,580	2,998	1,632	2,750	-	13,218	14,124	(906)		
21	Maintenance/Office Cleaning	3,470	1,792	89	360	-	5,701	10,056	(4,355)		
22	Office Supplies	3,230	167	132	126	-	3,655	4,272	(567)		
23	Professional Dues/Memb Fees	3,243	5,189	1,200	-	8,490	18,020	16,406	1,614		
24	Telephone/Internet	4,018	5,150	2,040	2,509	1,123	14,840	14,772	68		
25	Photocopy	3,109	-	-	395	-	3,504	4,356	(852)		
26	Equipment Rental	-	1,511	-	-	-	1,511	700	811		
27	Miscellaneous	745	184	242	372	-	1,523	2,930	(1,407)		
28	Bank Fees	-	3,000	366	2,121	4,187	9,784	17,750	(7,966)		
29	Depreciation	-	-	-	-	-	-	-	-		
30	Convention	2,877	16,513	8,211	8,313	10,663	46,572	53,972	(4,395)		
31	Postage	55	123	274	24	98	872	850	(22)		
32	Travel	211	87	383	-	217	898	1,240	(342)		
33	MNF	500	3,500	3,200	-	10,000	17,200	17,200	-		
34	Stipends	3,333	1,417	4,000	4,000	4,000	16,750	16,000	(750)		
35	Contributions - non Political	560	4,653	-	2,600	4,350	11,975	13,218	(1,243)		
36	Rent	35,481	30,980	33,036	31,000	15,000	145,477	144,341	1,136		
37	Regional Meetings	7,416	-	-	155	23	7,594	9,800	(2,206)		
38	Regional Council	3,633	1,583	2,925	2,456	1,899	12,508	15,460	(2,954)		
39	Bargaining Unit Support	-	-	200	185	1,180	1,525	8,052	(6,527)		
40	Member/Committee Expense	688	-	-	404	98	1,190	1,864	(674)		
41	Advertising/Community Outreach	-	-	145	-	250	395	2,924	(2,529)		
42	Ballot Initiative-Statewide Safeguards	-	-	-	-	-	0	3,824	(3,824)		
43	Membership Travel/Mobilization Fund	-	-	-	-	-	0	6,905	(6,905)		
44	Newsletter	-	-	-	-	-	0	5,448	(5,448)		
45											
46		116,288	154,172	144,569	135,618	156,592	707,239	751,174	(43,935)		
47	Net Operating Income/(Expense)	(58,618)	21,610	(9,074)	9,384	26,217	(10,751)	(72,554)	61,803		
48											
49	Net nonoperating Income/(Expense)										
50	Market Adjustment	-	(880)	(960)	3,804	(4,852)	(2,817)	-	(2,817)		
51											
52	Net Income (or Loss)	(58,618)	20,630	(10,064)	13,188	21,365	(13,518)	(72,554)	58,986		
53											
54	6/30/19 UBS Balances										
55	Investments	-	319,354	44,514	207,494	430,418	1,001,748				
56	Cash	4,554	44,505	3,915	32,862	42,188	127,832				
57	Total	4,554	363,859	48,429	240,146	472,562	1,129,580				
58											
59											

RC P & L Reserves

	A	B	D	E	F	G
1	MNA 2025					
2	for the twelve months					
3	Ending June 30, 2020					
4						
5						
6						
7						
8			FY2020	FY2020	2021	
9			ACTUAL	BUDGET	Budget	
10						
11						
12	Receipts:		3,082,705	3,163,592	1,979,309	
13						
14						
15	Expenses:		-	(3,163,592)	-	
16						
17	Excess (Deficit) of Receipts over Expense		3,082,705	-	1,979,309	
18						
19	MNA 2025 Fund Balance @ 7/1/19		-			
20						
21	MNA 2025 Fund Balance @ 6/30/20		3,082,705			

MNA 2025

	A	B	D	E	F	G
1	DIVISION OF MANAGEMENT INFORMATION SYSTEMS (MIS)					
2	for the twelve months					
3	Ending June 30, 2020					
4						
5						
6						
7						
8			2020	2020	2021	
9			ACTUAL	Budget	Budget	
10	Payroll:					
11	Salaries		242,711	237,432	247,249	
12	Social Security		17,291	18,164	18,915	
13	Unemployment & H/C Tax		1,809	2,298	1,182	
14	Health Plan		53,874	53,884	56,484	
15	Group Life/Disability		2,147	2,155	2,041	
16	Pension		12,412	12,126	11,212	
17						
18	Total Salaries & Benefits		330,244	326,059	337,083	
19						
20						
21						
22	Other Direct Charges					
23	Consultant		133,427	132,000	127,680	
24	Computer		227,135	199,344	219,050	
25	Member Email		53,710	50,568	53,172	
26	Travel		773	96	624	
27	Website		37,608	36,492	37,824	
28						
29	Total Other Direct		452,653	418,500	438,350	

MIS

	A	B	D	E	F
1	DIVISION OF LABOR ACTION				
2	for the twelve months				
3	Ending June 30, 2020				
4					
5					
6					
7					
8			2020	2020	2021
9			ACTUAL	Budget	Budget
10	Payroll:				
11	Salaries		2,832,175	2,809,963	2,877,467
12	Social Security		201,308	210,754	217,060
13	Unemployment & H/C Tax		21,999	28,382	14,775
14	Health Plan		609,913	577,190	605,355
15	Group Life/Disability		25,658	26,530	25,402
16	Pension		158,080	160,885	149,030
17					
18	Total Salaries & Benefits		3,849,133	3,813,704	3,889,089
19					
20					
21	Other Direct Charges:				
22	Legal Counsel - Arbitration		629,364	752,928	804,468
23	Legal Counsel - SLRC/NLRB		78,838	-	-
24	Legal Counsel - General		38,964	-	-
25	Subtotal - Legal		747,166	752,928	804,468
26					
27	Consultant - Taft Hartley		34,153	47,004	48,000
28	Miscellaneous		1,241	2,880	1,044
29	Literature & Subscriptions		24,731	23,808	24,900
30	Postage		46,156	46,908	52,872
31	Travel		134,626	149,196	160,428
32	Rent - BU Offices		6,000	-	21,760
33	Arbitration		121,592	157,464	112,452
34	Negotiations & Contract Administration		60,677	71,484	81,312
35	Local Unit Financing		445	1,488	444
36					
37	Total Other Direct		1,176,787	1,253,160	1,307,680
38					

LA

	A	B	D	E	F	G
1	DIVISION OF ORGANIZING					
2	for the twelve months					
3	Ending June 30, 2020					
4						
5						
6						
7						
8			2020	2020	2021	
9			ACTUAL	Budget	Budget	
10	Payroll:					
11	Salaries		456,107	627,471	653,456	
12	Social Security		32,730	46,841	49,737	
13	Unemployment & H/C Tax		3,498	6,164	2,955	
14	Health Plan		40,161	74,919	99,617	
15	Group Life/Disability		4,200	5,903	5,658	
16	Pension		25,777	34,870	31,924	
17						
18	Total Salaries & Benefits		562,473	796,168	843,347	
19						
20						
21	Other Direct Charges:					
22	Miscellaneous		-	528	-	
23	Postage		137	684	132	
24	Travel		9,375	15,000	10,404	
25	Organizing		5,566	16,200	10,500	
26	Mobile Unit		6,725	9,204	6,756	
27	Organizing Strike Team		-	180	-	
28						
29	Total Other Direct		21,803	41,796	27,792	
30						

	A	B	D	E	F	G
1	ASSESSMENT					
2	for the twelve months					
3	Ending June 30, 2020					
4						
5						
6						
7						
8			2020	2020	2021	
9			ACTUAL	Budget	Budget	
10						
11	Receipts:		266,573	259,212	263,714	
12						
13	Expenses:					
14						
15						
16	Job Action		66,935	-	-	
17	Scholarship Fund		2,000	2,000	2,000	
18						
19	Total Expenses		68,935	2,000	2,000	
20						
21	Excess (Deficit) of Receipts over Expense		197,638	257,212	261,714	
22						
23						
24	Assessment Fund Balance @ 7/1/19		2,497,713			
25						
26						
27	Assessment Fund Balance @ 6/30/20		2,695,351			
28						
29	Current		197,638			
30	Historical		2,497,713			
31						
32	Assessment Fund Balance @ 6/30/20		2,695,351			
33						

ASSMT

	A	B	D	E	F	G
1	NORTHEAST NURSES ASSOCIATION					
2	for the twelve months					
3	Ending June 30, 2020					
4						
5						
6						
7						
8			2020	2020	2021	
9			ACTUAL	Budget	Budget	
10	Other Direct Charges:					
11						
12	Travel		7,096	11,604	9,852	
13	Regional Organizing Offices - Rental		720,000	720,000	720,000	
14						
15	Total Other Direct		727,096	731,604	729,852	
16						

NNA

	A	B	D	E	F	G
1	DIVISION OF NURSING					
2	for the twelve months					
3	Ending June 30, 2020					
4						
5						
6						
7						
8						
9						
10	Payroll:					
11	Salaries		2020	2020	2021	
12	Social Security		ACTUAL	Budget	Budget	
13	Unemployment & H/C Tax					
14	Health Plan					
15	Group Life/Disability					
16	Pension					
17						
18	Total Salaries & Benefits		1,698,834	1,672,097	1,692,785	
19						
20						
21	Other Direct Charges:					
22						
23	Consultant		2,750	9,000	9,000	
24	Miscellaneous		1,571	900	1,524	
25	Literature & Subscriptions		1,385	948	1,440	
26	Postage		5,469	4,476	5,160	
27	Staff Travel		18,033	25,104	25,284	
28	Professional Development		13,118	18,000	18,000	
29	Education		7,162	40,000	40,000	
30	IACET Accreditation		6,033	15,000	15,000	
31	Member/Committee Expenses		2,100	2,616	3,504	
32	Online CE		21,035	16,000	17,556	
33	Clinical Nursing Conference		5,153	55,000	55,000	
34	Peer Assistance		3,965	150	4,368	
40	Continuing Education		91,326	100,000	100,000	
41	ANCC		2,850	15,480	2,856	
42						
43	Total Other Direct		181,950	302,674	298,692	
44						

NURS

	A	B	D	E	F	G
1	DIVISION OF OCCUPATIONAL HEALTH & SAFETY					
2	for the twelve months					
3	Ending June 30, 2020					
4						
5						
6						
7						
8			2020	2020	2021	
9			ACTUAL	Budget	Budget	
10	Payroll:					
11	Salaries		343,745	340,767	349,417	
12	Social Security		24,541	25,450	26,730	
13	Unemployment & H/C Tax		2,641	3,492	1,773	
14	Health Plan		62,270	62,034	65,077	
15	Group Life/Disability		2,665	3,290	3,154	
16	Pension		19,550	19,744	17,471	
17						
18	Total Salaries & Benefits		455,412	454,777	463,622	
19						
20						
21	Other Direct Charges:					
22						
23	Consultant		1,970	17,500	17,500	
24	Miscellaneous		1,480	180	1,476	
25	Educational Reimbursement		1,349	12,000	12,000	
26	Staff Travel		6,795	8,652	9,024	
27	Member Meeting Support		2,183	6,742	2,184	
28	Biannual Conference		2,000	15,000	15,000	
29						
30	Total Other Direct		15,777	60,074	67,184	
31						

OCCHLTH

	A	B	D	E	F	G
1	DIVISION OF MEMBERSHIP					
2	for the twelve months					
3	Ending June 30, 2020					
4						
5						
6						
7						
8			2020	2020	2021	
9			ACTUAL	Budget	Budget	
10	Payroll:					
11	Salaries		535,869	556,426	570,237	
12	Social Security		37,246	41,656	42,817	
13	Unemployment & H/C Tax		5,942	7,056	4,728	
14	Health Plan		194,530	172,070	226,698	
15	Group Life/Disability		5,128	6,008	5,685	
16	Pension		28,024	28,232	28,112	
17						
18	Total Salaries & Benefits		806,739	811,448	878,277	
19						
20						
21	Other Direct Charges:					
22	Miscellaneous		321	1,020	708	
23	Postage		33,448	41,868	34,716	
24	Staff Travel		864	1,356	1,320	
25	Membership Marketing/General		31,751	36,684	24,288	
26	Membership Marketing/Retention		6,900	7,644	108	
27	Membership Cards		201	16,500	120	
28						
29	Total Other Direct		73,485	105,072	61,260	
30						

MEMB

	A	D	E	F	G
1	DIVISION OF LEGISLATION				
2	for the twelve months				
3	Ending June 30, 2020				
4					
5					
6					
7					
8		2020	2020	2021	
9		ACTUAL	Budget	Budget	
10	Payroll:				
11	Salaries	988,284	929,110	977,134	
12	Social Security	70,564	69,691	73,967	
13	Unemployment & H/C Tax	7,229	9,366	4,728	
14	Health Plan	179,708	178,727	188,149	
15	Group Life/Disability	8,718	8,837	8,629	
16	Pension	49,340	48,526	48,108	
17					
18	Total Salaries & Benefits	1,303,843	1,244,259	1,300,715	
19					
20					
21	Other Direct Charges:				
22					
23	Consultant	159,000	159,000	159,000	
24	Miscellaneous	2,547	1,704	3,204	
25	Postage	591	1,620	588	
26	Staff Travel	27,981	33,456	32,700	
27	Member/Committee Expenses	2,703	5,064	2,532	
28	Legislative Reporting Service	7,444	7,176	7,440	
29	Updated Membership/RC database	23,325	8,640	29,140	
30	Membership Communications - Issues	4,500	2,256	4,500	
31	Membership Communications - Endorsements	1,487	1,511	4,368	
32	Independent Expenditure Campaign	10,644	15,000	15,000	
33					
34	Total Other Direct	240,222	235,427	258,472	
35					

LEG

	A	B	D	E	F	G
1	DIVISION OF PUBLIC COMMUNICATIONS					
2	for the twelve months					
3	Ending June 30, 2020					
4						
5						
6						
7						
8			2020	2020	2021	
9			ACTUAL	Budget	Budget	
10	Payroll:					
11	Salaries		812,071	858,000	877,203	
12	Social Security		58,870	64,726	66,317	
13	Unemployment & H/C Tax		6,717	8,773	4,728	
14	Health Plan		210,717	219,230	253,774	
15	Group Life/Disability		7,495	8,111	7,738	
16	Pension		41,395	46,746	41,860	
17						
18	Total Salaries & Benefits		1,137,265	1,205,586	1,251,620	
19						
20						
21	Other Direct Charges:					
22	Literature & Subscriptions		1,085	936	1,080	
23	Postage		137	276	168	
24	Staff Travel		10,675	14,916	12,996	
25	MASSNURSE		203,762	76,200	205,400	
26	Advertising/Communications for MNA		225,714	267,206	267,206	
27						
28	Total Other Direct		441,373	359,534	486,850	
29						

PC

Finance Committee

Treasurer

Nora Watts

MNA Staff

Julie Pinkham, Andrew Ferris, Robin Gannon

Members

Joan Ballantyne, Karen Bustin,
Karen Coughlin, Dan Rec,
Marie Ritacco, Tina Russell, Betty
Sparks

Accomplishments for 2019 – 2020

- Reviewed motions from the 2019 Annual Business Meeting for financial implications.
- Continued to monitor financial statements and membership trends.
- Monitored the performance of investment managers – Anchor Capital, Fidelity and UBS.
- Developed a FY2021 budget.
- Provided support to the BOD in their work with NENA.
- As a result of \$250,000 in savings derived from the FY2020 budget and \$207,583 from donations, \$457,583 in funds were redirected to pay for additional PPE supplies and support for the membership during the COVID-19 pandemic. In addition, there were 20,000 sneakers donated by PUMA Corporation and other non-cash contributions that were distributed to the membership.

Goals for 2020 – 2021

- Continue to monitor the budget closely to ensure that it is in order while prioritizing resources and staff to the challenges the bargaining units are facing.
- Monitor cash flow with the objective of providing sufficient funds to address FY2021 budgetary needs and implement MNA 2025 goals as possible within the constraints of the COVID-19 pandemic.
- Continue to monitor monthly financial statements and membership trends.
- Continue to monitor investments on semiannual basis.
- Continue to implement a plan to ensure bargaining unit funds are brought in compliance with all applicable laws, MNA bylaws and policies.

REPORT OF THE EXECUTIVE DIRECTOR WITH ORGANIZING DIVISION

Division of Administration Staff

Executive Director

Julie Pinkham, RN

Administrative Assistant

Robin Gannon

Director of Operations

Shirley Thompson

Director of Finance

Andrew Ferris

Associate Director of Finance

Phyllis Sheldon

Payroll and Benefits Supervisor

Cecilia Gould

Bookkeepers

Debra Hickey and Andrea Kane

Organizing Division Staff

Associate Directors

Jeanine Hickey

Rodney Hiltz

Tonia King

Gayle McMahon (*joined MNA August 2020*)

Jon Neale (*retired February 2020*)

Assistant

Dolores Neves

When you think you have seen it all – think again! So as the year 2020 rolled in and we prepared for MNA 2025, a five-year strategy plan to make sure that your organization was focused and had the resources for the challenges before us as well as those to come – COVID-19 hit. We had a bit of a rehearsal with Ebola, but certainly not the breadth of everyday disruption on how we do our work and live our lives. We moved quickly into the “Zoom” world and retrofitted out offices with 13 level filters and UV lights, plexiglass shielding, increased the cleaning regimen, limited in-person meetings and staff all wearing masks and delved into the world of input/export and donation distribution as we figured out how to vet and acquire the needed PPE for members on the frontlines. All divisions transitioned to fight for members facing a 100-year pandemic. Whether negotiating at the unit level, pushing at the governmental agency level, taking it to the press and moving education online...everyone pivoted. And while the first wave ended, and we take note of the lives lost and those still recovering – we wait with a silent nervousness as the second wave will likely come at the same time influenza may be on us. Nurses and health professional in the first wave transitioned to care areas many had either never been to or certainly not since their early clinical education. Everyone rose to the occasion working as hard as they could to help each other and help patients try and make it through this disease. Nurses and health professionals in most cases became the only humane contact for COVID patients – the only voice and connection to a world some were never able to return to.

And while we continue to work with a renewed focus and understanding of how invaluable relationships and time are – we mourn for our colleagues and loved ones we lost and are ever thankful for the work as the battle continues.

Never more than during a crisis does it become so clear that only those with a voice will be heard and those without will be walked over. Many of our colleagues in non-union facilities were called heroes – a name not readily embraced by those on the frontlines – yet with the first wave passed – employers moved to offset any financial losses with cuts in pay and benefits of those they readily hailed as heroes.

Use your collective, protective voice and for those nurses and health professionals reaching out to get their voice recognized by unionizing, we will help you reach that goal and strengthen the voice of all of us for our practice and our patients.

I would like to thank all of the MNA staff and MNA elected leaders for the amazing work you all continue to do under the most challenging of circumstances.

And I would like to recognize with deep admiration Donna Kelly-Williams, MNA President, as she steps into retirement. With over a decade as President, Donna has been through many battles and many victories and through all of the work she would commit 100% of her passion and energy to any and all fights for members and their patients. Well respected by all – particularly me – I thank Donna for her leadership and our work together and I wish her all the enjoyment she is so entitled to with her growing cadre of grandchildren!

Respectfully and in Unity,

A handwritten signature in black ink, reading "Julie Pinkham". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Julie Pinkham, RN
MNA Executive Director

DIVISION OF LABOR ACTION

BETH ISRAEL AND INDEPENDENTS

Team Staff

Director

Dana Simon

Associate Directors

James Grogan, Susannah Hegarty, Deb Rigiero

Labor Assistants

Sharon DeCosta, Dolores Neves

Beth Israel Lahey Health System

The fall of 2018 brought the state's approval of the mega-merger creating the new BI-Lahey Health System. We are currently in bargaining at BI Lahey Plymouth and Anna Jaques. Our members' contract at Northeast Health System (encompassing both Addison Gilbert and Beverly Hospitals and other facilities) expires in 2021.

Anna Jaques and BI-Plymouth:

Both hospitals are in bargaining with 12/31/2020 expirations. Major issues include for both: staffing language, wages, workplace violence and health insurance: With the consolidation of the BI-Lahey Health System, the bosses want to get rid of old health insurance options and to leave only the BI-Lahey System Plan. Our goals are to negotiate that most of the hospitals that our members use near

Anna Jaques and BI-Plymouth are in the preferred Tier 1.

An issue particular to BI-Plymouth:

It is our goal to negotiate language limiting the use of non-union temps and non-union per diems (who the MNA does not yet represent) and to post and hire more benefitted union protected full and part-time RNs. Related: BI-Plymouth is severely short staffed.

Boston MedFlight

On 10/1/20 our RN and paramedic members ratified a new contract for a 13-month period with an across the board increase and a substantial increase to the merit pay. (MedFlight has a combination of wage increases and merit-based pay. It is our medium-term goal to convert the remaining merit pay system to a standard wage scale). Having agreed to a short-term agreement because of the pandemic, we will return to the table in 2021.

Tufts Medical Center:

In ways that could be argued to have been surprising, Tufts stood out as a facility that has handled the COVID-19 pandemic in an intelligent manner and has involved frontline staff in major decisions, to the great benefit of the community.

They were the first hospital to establish paid childcare for frontline staff during the pandemic, and were early adopters of a benefits such as free parking and housing for staff who preferred not to return home to expose their families during the worst of the pandemic. Communication has been constant with the administration and the MNA committee.

We are, however, in the midst of a campaign to address workplace violence, which has seen some improvements in processes.

STEWARD

Team Staff

Director

Dana Simon

Associate Directors

Ann Marie Ryan (McDonagh), Matthew Roth

Labor Assistant

Dolores Neves

Overview:

Steward found itself in the crosshairs of a number of national media outlets, investigating the question of whether private equity should have a place in healthcare. There was also growing media and public awareness of the company's staffing and PPE failings in the face of the COVID-19 pandemic.

In May, Steward's parent company, the private equity company (hedge fund) Cerberus Capital, sold its 90% interest in Steward to a group of physician executives of Steward. Shortly thereafter the company's executives approached us to propose a different relationship in which they would keep to their commitments and work with us on staffing, immediate PPE issues and resolve a number of current battles.

The subsequent months have been mixed. There has been progress in settling contracts relatively quickly in the reset of the relationship, and there has been substantially normalized communication and a decrease in the most onerous patterns of refusals to perform on contracts. But the past

culture runs deep, and we end the year balancing our belief that the culture can be changed, with the suspicion that we are being appeased by a corporate office that remains intent on short staffing to increase profits.The Nurses and Teamsters 813 Pension Fund:

The pension remains fully funded, and we won improvements to the contributions at Holy Family, Morton and Nashoba (where there remained a loophole that delayed contributions for many, which is now firmly sewn shut). The employers are contributing 5% on top of wages up to 40 hours in a week, with no employee match.

The *portability* of the pension throughout the Steward system has proven important to many this past year as Norwood MNA members moved to other Steward hospitals, many members worked at different hospitals than their home bases to help during the COVID crisis in the spring and summer, and members who moved to other facilities in times of layoffs (such as with the closure of the Quincy satellite emergency facility) brought their pensions with them as they moved about.

It is our hope that we will bring in other healthcare employers in to the Pension Fund, to advance our vision of nurses and healthcare workers having the ability to move to where conditions are the best while having their pension plan automatically travel with them.

Holy Family Hospital at Methuen and Haverhill

We settled two contracts (in the two separate bargaining units) with substantial improvements the already existing *enforceable staffing grids* for every

inpatient unit and the EDs as well as substantial wage increases (as high as 3%) and improvements to the pension contributions and differentials, including a substantial new extra shift bonus to keep pace with the competing Lawrence General Hospital.

Morton Hospital:

We settled a 15 month agreement to get us to the other side (it is our hope) of the COVID-19 pandemic contract with preservation and moderate improvements the existing enforceable staffing grids, improvement in enforcement mechanisms as well as substantial wage increases totaling 4.5% for nurses and healthcare professionals at the top step over 15 months (which includes retro) and 4.0% over the same period for all others. With Morton having been designated by the company as one of their most intense COVID hubs, our committee with much consultation with the whole membership, made the decision to go for a short-term agreement. We will return to bargaining in the spring 2021.

St. Elizabeth's Medical Center:

SEMC is the system's flagship tertiary teaching hospital (affiliated with Tufts Medical School), and yet their staffing has been deplorable, particularly including in the ICU. We conducted a well-attended picket in March, days after the Boston City Council passed a unanimous resolution supporting the SEMC staff and calling on Steward to get its act together.

It was not long after this that Steward, beset with this and other public relations crises in curing the height of the first wave of the pandemic, the corporate leadership offered to hold monthly

meetings to solve major issues at SEMC. Since that time there have been a great many positions posted and recruited.

However, the ED and the ICU remain badly short staffed. With this being the tertiary ICU for the whole system in Massachusetts, the bosses demand that the staff accept ICU transfers always regardless of whether the ICU has staffed beds or not. We are in the midst of a struggle over this issue, and the next month will tell whether the new relationship will bring a new relationship or whether we will have to return to public actions.

Norwood Hospital:

In late June Norwood Hospital suffered a huge flood and closed, pending reconstruction. The facility flooded from the basement up to the ceiling and the first floor, with staff escaping with their lives, and then flooded as well from the roof downwards. The facility lost power, and the staff heroically evacuated all patients with, incredibly, no negative outcomes. The least damaged areas, such as the ED, may be opened in a year. The tower will have to be gutted or demolished and then entirely rebuilt, which will take more than a year.

Our Union negotiated continuance of health insurance through the end of 2020 for all our benefitted members, recall rights that will not expire until the hospital reopens, and the right to bid on positions throughout the Steward system, while preserving their wages and seniority for benefits.

As mentioned above, the fact that the Nurses Pension Fund is fully portable within the Steward System (with our goal being that one day it will be

portable through a wide variety of employers in the state) has been very helpful to our Norwood members, and for our Quincy ED members, as detailed below.

Closure of the Quincy Satellite Emergency Facility:

This summer Steward announced its intention to close the emergency facility housed in the former Quincy Medical Center (which has been part of the Carney bargaining unit since QMC's closure). Predictably, the DHP held hearings, found the facility to be an essential service that should not be shut down, and then the employer shut it down November 1st.

Another demonstration of the necessity to legislate actual enforcement power behind the state's DPH essential service process. Today, there is exactly none.

Notably, the Quincy Mayor and City Council provided no support for keeping the facility open. Likewise, 1199SEIU, with its inappropriately close relationship to this employer, would not state support for keeping the facility open.

Our members exercised their rights to bid and bump into Carney, and the Union also negotiated rights for Quincy RNs to bid over outside applicants for positions at other Steward hospitals, while maintaining their wages, seniority for benefits accruals, and bringing their Nurses Pensions with them.

MASS GENERAL BRIGHAM (formally Partners)

Team Staff

Director

Roland Goff, Rudy Renaud for Cooley Dickinson Hospital

Associate Directors

Aaron Cerny, Andrea Fox, Eamon Hogan, Shelley Reeve, Ron Patenaude for Cooley Dickinson Hospital

Labor Assistant

Cindy Messia, Sharon DeCosta

The past year was dominated by the events of the past 7 months – the COVID period. Although we did not reach a complete agreement, through intense and constant negotiations over a period of several weeks in March and April we were able to secure COVID pay for those members who were forced to quarantine while awaiting test results; secure work accommodations for many members who could not work in the immediate dire conditions of the early pandemic; and pushed for better PPE standards or at least the capacity for member to use their own PPE to make for a more secure working environment. Each facility negotiated how to handle and staff surge ICUs to care for direly ill COVID patients.

Despite the incredible effort by our members under extremely difficult circumstances, MGB sought to impose a freeze in wage and pension contributions.

Our contracts prevented suspension of any general wage or step increases, and many prevented suspension of the pension contributions. MGB is ending the pension contribution suspension after only a few months, so that issue is mostly resolved.

The Cooley Dickinson bargaining unit was already in successor negotiations when the COVID pandemic struck. They have returned to the negotiations seeking a fair contract.

Given the attack on wages and pension benefits, and the likely press by MGB for concessionary contracts, several bargaining units decided not to re-open negotiations in the current environment. The units at the Brigham, Salem, and Nantucket allowed their contracts to roll over for one year, and Cooley Dickinson VNA may do the same.

PUBLIC SECTOR

Team Staff

Director

Roland Goff, Rudy Renaud

Associate Directors

Ted Burke, Andrea Fox, Marc Carbonneau, Kevin Hayes, James Grogan

Labor Assistant

Rosie Mahoney, Sharon DeCosta

Unit 7

During the COVID pandemic, the members worked remarkably well in circumstances that could not have been imagined. The state was too slow to respond to MNA calls for increased testing and precautions. The inaction by the state led to a number of preventable deaths, especially at the Holyoke Soldiers' Home (HSH). The MNA participated in several investigations about the events at the HSH and found the report issued by an independent attorney to be accurate in the failures of leadership at HSH before and during the pandemic.

Unit 7 will begin negotiations for a successor agreement on October 8, 2020.

Cambridge Health Alliance (CHA)

The parties continue to negotiate for a new contract with the assistance of a state appointed mediator. Unfortunately, CHA has not shown any indication that it wishes to reach a new contract.

During the pandemic the RNs asserted their right to work in a safe environment, pushed for high PPE standards, and held a public demonstration to call attention to lack of adequate PPE.

CAPE COD HEALTHCARE

Team Staff

Director

Roland Goff

Associate Directors

John Gordon

Labor Assistant

Cindy Messia

The two (2) bargaining units of VNA RNs have almost completed a merger into one bargaining unit with one contract and recognizing seniority credit from each formerly separate unit through “dove tailing” of seniority based on date of hire with the respective VNA.

The two (2) hospital bargaining unit will be entering negotiations in October as a joint committee to negotiate new contracts with Cape Cod Health Care (CCHC). Unfortunately during the COVID pandemic CCHC closed maternity and pediatric services at Falmouth Hospital. CCHC also in violation of the CBA furloughed RNs without pay, but we are heading to arbitration on this issue.

TENET

Team Staff

Director

Ole Kushner Hermanson

Associate Director

Wendy McGill

Labor Assistants

Dayana Ocasio

MetroWest:

Tenet executed the plan they had made the year before to eliminate inpatient and emergency services at MetroWest Natick. We were able to use political pressure to keep the building open and operational during the height of COVID cases in the spring and in the summer. The services were declared an essential service, yet Tenet pushed forward and simply closed the doors. Many members still work in the behavioral health departments which always made up about half of the membership. We have urged Tenet to utilize the existing space to expand desperately needed mental health services, but there are no concrete plans. We will keep pushing them and keep fighting to keep essential community institutions open.

St. Vincent:

On March 12th hundreds of St Vincent nurses crammed into the giant room used for bargaining to hear and give impassioned testimony on the short staffing happening across the hospital. It was a sea of blue scrub tops and nurses left feeling united and

ready to fight for improved staffing. The next day we were shut down and COVID preparations were underway. We helped create a COVID unit and retrofit a PACU into an ICU and enforced the contract despite Tenet's attempt to use nurses as fodder and then furlough them onto the street. We had car caravan picket lines and a strong majority turnout and support a vote of NO CONFIDENCE in the hospital's leadership. Back at the table – the virtual table! – the nurses continue to advocate for proper staffing and brace for impact of wave two of COVID. One thing is certain the Nurses of St Vincent will not bend and will not back down from the demand for improvements to patient care in Worcester!

UMASS

Team Staff

Director

Ole Kushner Hermanson

Associate Directors

Tony Antonelli, Gabriel Mireles

Labor Assistants

Sharon DeCosta

Even without COVID this would have been an eventful year for UMASS/Health Alliance members. We began the year in intense bargaining and workplace action at Leominster Hospital. The Hospital had proposed a series of dramatic cuts to hard won staffing language and would not entertain wage increases anywhere near what would be necessary for the nurses to keep up with the other hospitals in the network. Nurses mobilized, participated in solidarity days in the hospital, held vigil on the street outside the main doors, talked to political and community allies, took up signs at the busiest locations in town to raise awareness but the hospital wouldn't budge. As they prepared the bargaining unit to walk out on strike COVID struck and set the entire campaign on pause.

Nurses from across the system came together to discuss a master agreement on PFML that would create a benefit for nurses out of the hospitals creation of a private insurance for Medical or Family Leave. Working together in a systemwide committee, the talks paused as we awaited regulatory clarification and then as COVID response

became the most important work the systemwide committee could direct its attention to a unified response.

A unified systemwide response was necessary considering the scope of change which would come with COVID. The committee convened with a set of priorities: dramatically improve safety by increasing staffing in COVID areas, increasing PPE standards, utilizing nurses to observe donning and doffing and screening and making sure nurses who were unable to work did not suffer a loss of pay (whether the reason was a loss of work or due to a need for accommodations) . The UMASS COVID Emergency Employee Relief Team Agreement was the first systemwide agreement for nurses and created just that framework. While there are components that did not work as imagined, the framework was a remarkable first step in addressing a problem bigger than any one bargaining unit in the system. The agreement provided protections, pay and a voice to nurses when they needed it most.

As the summer approached and the COVID numbers dropped, the Leominster nurses rejoined the bargaining table determined to finish the contract and protect what they had earned. Management initially resisted and the nurses prepared to mount a strike. After a careful assessment of the bargaining unit, where a clear majority articulated a willingness to take action, management came to the table with an offer the nurses could accept. No staffing concessions, a staffing committee with top system management to address staffing concerns and fair wage increases.

The nurses at UMASS Health Alliance are more united than ever and are prepared to work together to face whatever the rest of 2020 can bring!

SOUTHCOAST

Team Staff

Director

Ole Kushner Hermanson

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Dayana Ocasio

St. Luke's Hospital:

Bargaining a first contract in a pandemic. The St Luke's nurses remain united and determined to fundamental and sweeping change of their hospital. In March they reached one year of bargaining and prepared to take their fight for improvements to the street when everything stopped and they were forced to shift focus to fighting for the most basic protections for nurses and their families. Actions were taken to get N95s in the ICU, to get laboring mothers tested, to get the hospital to adopt a COVID staffing grid and to get the hospital to recognize nurses who were out for COVID should have a presumption they acquired it at work. Ultimately the nurses were able to achieve much more safety than their counterparts at the nonunion Charlton Hospital and they had 80% fewer nurses contract the virus.

Back at the table starting this summer they have made good gains on workplace violence and other important measures but continue to struggle for a wage scale, Quality Health Insurance and staffing

measures. The nurses who voted against the union in the first vote have called for a decertification and the St Luke's Nurses committee is again working to keep their coworkers united and voting yes! They are strong but they will need the support of their community and the community of union nurses across the commonwealth if they are to win this election and then a strong contract in New Bedford!

Tobey Hospital:

After months and months of bargaining, after fighting tooth and nail for safety measures during the pandemic the nurses have a tentative agreement on a new contract. They hold on to daily overtime despite a strong push from management to claw it back and they will get good raises which will bring them close to regional standards that they have always crept behind.

INDEPENDENTS

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This year has been difficult for Atrius members. They settled a one-year agreement at the start of the year which preserved their health insurance and made very modest gains in wages with determination to come back to the table and make a more lasting solution to improve benefits. These plans were disrupted by COVID. Many nurses were illegally furloughed as Atrius closed offices without bargaining or following the contractual layoff language. We have filed for arbitration and will advocate for full restitution for those nurses sidelined by management. Management offered and the negotiating committee has tentatively agreed to another one-year extension. The committee is regrouping but one provision they made sure to get in writing is that bargaining would begin in June of 2021 despite the December expiration. We will return to the bargaining table united and ready.

Health Professionals at the Boston VNA have been bargaining for a year now to achieve a first contract. The Agency has said across the table they will not agree to equity with the RNs who have had

a long-standing agreement with the BVNA. The committee is not deterred and is prepared to fight for fairness. They have met with area politicians to enlist their support and are preparing their coworkers for more serious job actions. They will have a contract and they will have respect and if they are forced by the agency to fight for it then these Health Professionals are ready to do what they must.

WESTERN MASS

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The Region 1 team has had various open contracts this year as well as continued campaigns to keep hospitals and services open in the western part of the state.

The biggest loss to us this year was the inpatient unit at Providence Hospital. We put on a large campaign to push back that included involvement from other unions—the United Auto Workers and American Federation of Teachers – that represent Trinity workers in Massachusetts and Connecticut. Organizing around the closure proved to be a challenge during a pandemic, but we still pushed forward and had socially distanced rallies that even included Senator Markey.

In the end they closed the unit and about 60 nurses either took a job in the outpatient unit or went elsewhere.

Now since the facility closed in July, there has definitely been a large negative impact. Mercy Medical Center is seeing huge wait times in the Emergency Department for mental health patients. Some wait as long as two days to get an inpatient

mental health bed. Cooley Dickinson has also seen an uptick in the amount of mental health patients waiting for a bed, as well as the acuity of those patients.

The forecast for mental health services in the region is not getting any better. Trinity is planning to close the Farren Care Center in Turners Falls that houses geriatric mental health patients. This will be a huge loss for those workers and patients. And Baystate is still planning on closing their inpatient mental health units in Greenfield, Westfield and Palmer.

The fight for mental health services must be our top priority in the year ahead.

HIGHLIGHTS

Baystate Noble Hospital and Baystate VNA

Both of these contracts are currently being negotiated. At Noble, there is fight underway to preserve hospital services and bring back the ICU. Not only is Baystate actively planning on closing the mental health unit at Noble, but they already closed the ICU and are talking about closing more inpatient services.

Cooley Dickinson Hospital

CDH started negotiations in November 2019. Things were put on hold between March and August due to the pandemic. When the committee went back to the table in August, they decided to focus on getting a couple across the board wage increases for two years. This way they could get the bargaining some money now, no take aways', and go back to the table in a year.

The committee was successful and settled a contract with 2% ATB increases each year.

Mercy Medical Center and Providence Hospital

Negotiations have begun at both MMC and Providence. We anticipate a long drawn out battle at MMC. This spring and summer the members at MMC had successful pickets to bring awareness to the lack of safety at the hospital. The actions were good lead ups to negotiations.

SCHOOL NURSES

Team Staff

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Rosie Mahoney

This year we wanted to make sure that the voices of school nurses were being amplified, especially as it relates to the pandemic. To that end we created the Coalition to Safely Reopen Schools--a statewide effort consisting of not just nurses but teachers, support staff, and health professionals. Our first task was to put out a position statement on what needed to happen for schools to reopen safely. The statement is below.

Our work continues now as School Committees across the Commonwealth are being pressured by our Governor to open pre-maturely.

The Coalition to Safely Reopen Schools (The Coalition) is a statewide collaboration of school nurses, teachers, parents, bus drivers, cafeteria workers, librarians, school support staff, janitorial staff, labor, and community advocates. The Coalition has an overarching goal to reopen schools safely. We are working together, through sharing our collective expertise, perspective and voices to the discussions and decisions surrounding plans to safely reopen schools for in-person learning. Ours is a frontline perspective from those who will be ultimately responsible for the health, safety and the quality of education students will receive as a result of these

decisions. For our members who are school nurses, they are also responsible for the health and well-being of every member of the school staff, all of whom will be placing their own well-being and that of their own families and communities at risk as a result of reopening during this unprecedented pandemic.

Like all involved in this process, we believe the return to in-person learning is the ultimate objective to meet the educational, emotional, social, and psychological needs of our students, with safety at the center of all decisions. In so doing, ensuring a safe, well planned, adequately funded, and appropriately resourced process must be the overriding priority for all. This process represents one of the most consequential decisions our communities and our State will make. Our nation is experiencing a dangerous surge in cases, and our State is now seeing a resurgence in COVID-19 exposure (Policy Lab, 2020). We are about to confront a potential second wave of the pandemic in combination with the onset of the flu season. The stakes in this process could not be higher and the outcome of our decisions truly have life and death consequences.

Our position on the reopening of schools is based on the following guiding principles:

- All decisions and plans for the reopening of schools must place the health and safety of staff and students as the primary objective and must be based on the best available science.
- The process for developing plans for reopening must include frontline staff for every school impacted, including school nurses, teachers, transportation, cafeteria, janitorial and support staff to ensure that the plans are safe and can be implemented as proposed.
- All plans proposed must be supported with the funding, staffing, and resources to ensure they can

be implemented as proposed (CDC, 2020, August 21). We contend that any process that does not adhere to these principles is untenable (Deloitte, 2020).

Issues that Must Be Addressed Before Reopening Schools

In this, our initial analysis of the appropriate standards for reopening schools, we are relying on issues and recommendations proposed by a number of groups and authorities, including independent guidance published in the report: School for Health: Risk Strategies for Reopening Schools, by the Harvard T.H. Chan School of Public Health, as well as position statements prepared by the Massachusetts Teachers Association, Boston Teachers Union, National Education Association, Mass COSH and others. Keeping equity as the central focus of reopening schools is a must in order to build resilience and addresses the needs of families, and communities; particularly Black, Latino and those residents of disadvantaged communities across the Commonwealth and the country (MA Education Equity Partnership, 2020).

Below are various issues we have identified that must be addressed before any effort to reopen schools is implemented:

- Proper Ventilation and Circulation of Air – Public buildings should eliminate or minimize air recirculation (thus maximizing fresh outdoor air) to the extent possible during this global health crisis. In addition, buildings should not shut off or reduce their mechanical ventilation during before-school or after-school hours when there still may be people in the building, including students, staff, and custodians during any student programs, cleaning endeavors, teacher class preparation, sports (e.g., if students are returning to lockers), or other activities (Harvard T. Chan, 2020). For many of our schools, particularly in

our urban centers, this is a major barrier to safe reopening.

Many of our schools are decades old, with long-standing issues related to indoor air quality prior to the onset of the pandemic. Many do not have HVAC systems that circulate air as needed. Many do not have windows that open. Prior to opening any school, mitigation efforts must be made to address these concerns and those efforts should be certified by an independent HVAC expert through American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE). As is the case with many aspects of this process, we are concerned about the funding available to support this effort.

- Accessing community resources for alternative school settings – For those situations where schools cannot be retrofitted to allow for safe reopening, it is possible for learning to occur in a variety of settings. Libraries, other public buildings, places of worship, or community-based organizations - such as those that run summer or after-school programs - would be ideal locations to “host” a small group of students. In order to make these creative learning strategies work, leaders must address the question of resources. What resources (personal protective equipment, technology, meals, etc.) do these organizations need to be able to host students? Are there other individuals or organizations in the community - such as retired educators or college students - who can provide students with one-on-one support (such as tutoring or mentorship) virtually? What plans to use their organizations or programs have parents and families already established for the fall? Assess the interest and availability of parents and other family members in the community who could act as sponsors for these programs (MA Education Equity Partnership, 2020).

- Ensuring Proper Social Distancing – Every school must be configured to support the minimum of 6 feet of social distancing, including classrooms, cafeteria, hallways, and other areas, as well as on our school buses. We are concerned to see the State, and some school districts, qualify this requirement with the phrase, “if possible, and if feasible” or worse, that “a distance of 3-feet would be acceptable”. The 3 feet suggestion was qualified with mask wearing only, but this could also increase the number of students per class, and unsafe practice. The 6-foot standard is well established, keeping space between you and others is one of the best tools that we have to minimize exposure to the virus and slowing its spread in communities (CDC, 2020). Any school that cannot meet that standard should not be allowed to reopen. Currently our understanding is each school building will be evaluated for airflow. This means the direction and speed should be considered and evaluated when deciding what intervention measure(s) would be appropriate to reduce exposure and limit the transmission of COVID-19 in closed settings. Keeping a 2-meter (6.5 ft) distance between students in a classroom may not be an effective measure without considering the air flow inside the classroom (Almilaji & Thomas, 2020).
- Standardization and Availability of PPE for All Staff and Students – School systems and every school must ensure that staff and students have access to needed personal protective equipment including masks for students and all staff who don't have them upon entering the school or bus. All staff, including but not limited to school nurses must be provided proper PPE. This includes N95 masks and face shields, as well as gloves, aprons or gowns when working closely during encounters that pose both moderate and/or high risk for transmission. The

National Association of School Nurses (NASN, 2020) define those risks as:

- Moderate Risk - Tasks including those that require close contact, within 6 feet, of people who are not known or suspected to have COVID 19. These tasks include, but are not limited to first aid, oral medication administration, vision screening, hearing screening, consultation, blood glucose checks (diabetes care), metered-dose inhalers (MDI) for students/staff with asthma.
- High Risk - Tasks that require close contact, within 6 feet, people who are not known or suspected COVID-19 patients but are undergoing procedures with potential for aerosol generation or body fluid contact, such as, but not limited to open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BIPAP, CPAP), manual ventilation (NASN, 2020), as well as diapering and feeding.

There needs to be, at minimum, a 90-day inventory of these materials made available and transparency regarding the process of storage and distribution of these materials. The cost of procuring these materials must be the responsibility of the school districts and not the classroom teachers or school nurses. Any reduction in the availability of PPE should result in the immediate closure of that school for in-person learning.

- Resources and Infrastructure to Support Hand Hygiene and Mask Wearing – The promotion and execution of regular handwashing by students and staff is essential for risk reduction and prevention of virus spread. The CDC (2020) recommends that handwashing stations should:
 - Allow users to wet and rinse their hands under a stream of running water

- Secure provided soap with a cage (liquid soap), rope (bar soap), or other device
- Have a place to catch used water
- Provide single-use hand drying materials whenever possible
- Provide a waste bin to collect single-use hand drying materials (when applicable)

Unfortunately, many classrooms lack the availability of sinks to allow for regular handwashing, and most schools lack appropriate bathroom space to easily accommodate efficient handwashing with social distancing for large numbers of students. In addition to hand hygiene, ensuring that students of all ages adhere to mask wearing protocols is of the highest priority. Expecting bus drivers and teachers to be solely responsible for monitoring student compliance with these protocols is not feasible or practical. We recommend that efforts to safely reopen schools include additional staff to monitor and enforce compliance.

- Safe Cleaning Practices – The CDC (2020) calls for intense cleaning and disinfection by cleaning staff. The specific procedures outlined by the agency will include a minimum of daily cleaning and disinfection of frequently touched surfaces and more frequently when possible. Railings, desks and tables, door and window handles, sanitation (restroom/toilet/latrine) surfaces, toys, teaching/learning aides, and materials used/shared by students are examples of frequently touched surfaces. We are calling for complete disclosure of the cleaning and sanitizing schedule plans for schools, including classrooms, shared spaces like gyms, cafeterias, bathrooms and offices. All methods, (such as spraying, defogging, UV) or products and chemicals utilized must be fully disclosed.

This disclosure is imperative as it will impact individuals who will be affected based on the amount of exposure. The CDC (2020) recommends that if you have asthma, you should have an adult without asthma clean and disinfect for you. Asthmatic individuals are at an increased risk to be affected by the sharp increase in disinfectants and hand sanitizer use which will dissipate into the air. There are both teachers and students who will have increased symptoms to all the extra cleaning chemicals that will be in the environment. Some individuals are more sensitive (including those with asthma), going into a heightened sanitized and chemically cleaned environment, who may experience heightened reactions and symptoms. All plans must include specific identification of all sanitation procedures (schedules), protocols (fogging, spraying/wiping, mopping) and products with Safety Data Sheet/Material Safety Data Sheet (SDS/MSDS) available for products used by school support staff, teachers and students for general sanitization and personal sanitization (hand sanitizers, wipes, soaps) in the school buildings (hallways, restrooms, classrooms, gym, cafeteria/kitchen & playgrounds) and transportation vehicles (buses & vans). Additionally, in the event that faculty, staff or students experience adverse health reactions, including physical or behavioral symptoms that may be triggered or exacerbated by the increased use of sanitization products in the buildings, a reporting, mitigation and resolution process must be identified for each school to include the identification of the specific staff positions to be involved in the process. The CDC's guidance on schools reopening also cautions that anyone using disinfectants should be properly trained in their use and wear protective gear. The dangers of allowing students to use disinfectants needs to be discouraged as they can be absorbed through skin (Wittenberg, 2020).

- Addressing the Health and Safety of Students with Special Needs – The American Academy of Pediatrics

(AAP, 2020) reported, "Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education." It is well documented that this population should return to the school setting as soon as it is safe to do so. These students require additional individualized supports to receive quality education and, when needed, various additional supports provided in the school setting. All differently abled students will require accommodations specific to their specialized needs. Students need to always wear masks when unable to preserve social distancing practices, due to the frequent need for close contact with educators. Designate a safe place, preferably outside, for students needing a break from wearing a mask. The CDC also suggests wearing a see-through mask for young students or students with disabilities. Each school also needs to have, or develop, a "Crisis Response Person/Team" available to be focused on students' mental health and wellness, having access to resources as needed. Educators and support staff will always need to wear full PPE attire; N95 mask, face shield, gown and gloves.

The health and safety needs of students with special needs including autism, hearing impaired, and those with behavioral challenges will require unique approaches in order to mitigate their risk of contracting the virus. Educational materials must be available for these students and their families prior to returning to school. Short videos, storyboards, etc. are but a few modalities that may be utilized to provide support. It is vitally important that teachers, nurses, support staff have the staffing and monitoring capabilities to assess these students, who may display behavioral changes prior to or accompanied by physical changes, associated with the onset of COVID-19 symptoms. The AAP (2020) reminds health and safety leaders that, school policies must be

flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.

- **Access to Rapid Testing** – One of the most important aspects to monitor the safety of our schools and to track potential exposure and transmission is ensuring the availability of rapid testing for suspected cases. This is an area where the State and Federal Government have failed to provide the resources and infrastructure to safely reopen schools. Prior to opening for in person learning, all students and staff should undergo testing. In addition, ongoing testing needs to be done for surveillance purposes and the quality of testing needs to be monitored to minimize false negative or false positive results. (Abdelmalek & Christie, 2020). Further, were these tests available, most schools lack the staff to implement a testing program.
- **Appropriate School Nursing Staff** – School nurses play an essential role in ensuring the health and safety of both the students and all staff in our schools. Too many schools don't have a dedicated school nurse and those that do require that nurse to be responsible for several hundred students. If a school doesn't have at least one school nurse, it should not be allowed to open. Given the unique demands involved in a safe reopening, an investment in appropriate school nurse staffing resources will be necessary.
- **Clear Guidelines for Contact Tracing** – Students may still be coming to school when they should be quarantined or isolated at home if they have, or a family member, tests positive or is waiting for test results. In light of these concerns, plans for reopening must provide clear guidelines for contact tracing, including who is responsible in the school and what is the process for contact tracing; how the

health department will communicate with the school about community cases that may impact the school; how the school will know if students/staff or family members of students/staff should be quarantined and/or isolated.

- Space to Isolate and Monitor Suspected or Positive Cases – In the event of students and/or staff present with symptoms of COVID-19, the ability to isolate and monitor that person is essential to stop the spread of infection to other students and staff. Unfortunately, for too many school nurses, they lack the space to properly triage and isolate students. This will become more challenging during the flu season, when school nurses can see their offices rapidly fill up with students needing their attention. Managing and monitoring those students, while also having a potentially positive student without additional staff support is simply not possible. Prior to opening any school, we must ensure that school has the physical space and the level of staffing to ensure student and staff safety.
- Resources for Safe Transportation of Students – Transporting students to school safely, while ensuring the safety of drivers and monitors is a major challenge. Buses must limit capacity to ensure the required 6 feet of social distancing, and all students on the bus must be monitored to ensure they have and are wearing their mask. Further, bus drivers must have appropriate PPE, and we can't see how they can safely transport the children and monitor student compliance with social distancing and mask wearing. As with other aspects of this plan, providing staff (bus monitors) to ensure safety compliance will be necessary (Di Carlo, P, et al., 2020).
- Safe Re-Entry into School – As students arrive to their school day there will also need to be staff available to monitor mask wearing and to ensure safe

social distancing is maintained as students move to their classrooms.

- Comprehensive Education and Training Prior to Reopening – If and when a plan is approved for reopening a school, all staff must have been provided with comprehensive education, training, and time to rehearse implementation of every aspect of the plan prior to any effort to reopen that school. Particular attention needs to be given to the putting on and taking off of PPE for all staff and students. This cannot be a one-size fits all training. Training will need to be specific to the people involved and the situation. For example, nurses or any staff that would need to use an N95 mask, would need to have additional training and be fit-tested per NIOSH guidelines (NIOSH, 2020). This education should be available in multiple languages and be delivered via written, video and audio modalities. Given that we are in late August, and most plans have yet to be finalized or approved, we find it impossible to believe that this level of education and orientation for staff can be completed to safely meet the established school reopening date.
- Disparities in Access to In-Person Learning – Given the substandard condition of many inner city schools, the lack of: funding, staff support for these schools, and the fact that these school districts service minority communities hardest hit by the pandemic, we foresee a situation where the racial and economic disparities that plague these communities will be exacerbated by this process. The need to secure computers and internet access is of utmost importance for the education of these students. Wealthier, predominantly white communities having the newer schools may have the resources to reopen for in-person learning while these poorer communities will not be able to safely reopen. These

are also the communities where remote learning is more difficult, placing these students and families in a double bind. To address these disparities, State and Federal funding must be directed at mitigating barriers to in-person learning for these under-resourced schools.

- Preserving school staff pay and benefits — No school employee should suffer the loss of pay and benefits due to the ongoing pandemic and the state and school district's inability to safely reopen the schools. As we anticipate a phased approach to in-person learning, and the development of a vaccine in the coming year, we need to maintain current staff as we move towards a safe and successful reopening of our schools. All school staff who can, should be able to continue working, if even in a different capacity. The Commonwealth of Massachusetts has the second-highest per capita income in the wealthiest country in the world. Given the importance of education to our future as a nation, and the risks involved in reopening schools, instead of penalizing those who place such a vital role in this effort, now, more than ever, our public officials on all levels need to allocate and provide the funding needed to protect our students and preserve our dedicated staff.

Conclusion

In light of all the issues we have presented, the current lack of funding appropriated to address these issues, and the increased need for staff, PPE, testing and other resources to implement a safe reopening, at this time; we don't believe our State is ready to pursue in-person learning safely. And until these issues are resolved, it is also not safe to have staff stationed in these schools to conduct remote learning for students. This position is further supported by recent data that shows community spread of the virus is on the rise in our State, and as the flu season looms to complicate this crisis.

Good work and planning have begun to address the multitude of issues before us. Let's now take the time to further refine those plans and involve the frontline staff in this process, while monitoring the progression of the virus. Provide staff with the training and education so that when the time is right, we are ready to safely institute in-person learning that we all know our students deserve.

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In January 2020 we could not have anticipated the changes in store for our frontline care givers, our families or the world at large. The novel coronavirus (COVID-19) wreaked havoc on just about every aspect of life—including the state and federal governments and the typical legislative process and legislative calendar. In mid-March, virtually all work on legislation not related to COVID-19 ground to a halt. The focus shifted from a wide variety of legislative topics to how to respond to the pandemic from both a policy and practical standpoint. By early May, the state legislature passed a series of rule changes allowing for remote sessions and voting to comply with the shutdown, and later, restrictions on inside gatherings. Visitors were no longer allowed in state

buildings, so the MNA legislative staff shifted our efforts to online meetings, phone calls, emails and lots of text messaging. This allowed us to keep in communication with elected officials, but it did not permit the usual approach to advocacy that we, and many organizations, have traditionally taken.

In July, when the legislature would typically wrap up the two-year legislative session by the end of the month, the House and Senate voted to extend the session. This means that the two branches agreed to allow votes on controversial matters beyond the typical July 31st deadline. There has been some confusion as to whether they will take up only legislation related to COVID-19 and state finances or if they will act on other matters as well. Since they adjourned at the end of July, there have been no formal legislative sessions held and several bills on issues ranging from telehealth to police reform which were passed by each branch remain in Conference Committee where legislators are charged with ironing out the differences between the versions passed by each chamber.

This has not been a typical year in many ways. Here is what happened with the MNA's legislative agenda, legislation we supported and opposed and COVID-specific legislation we worked on.

LEGISLATION

MNA Bills

January 2020 began the second year of a two-year legislative cycle in Massachusetts. In January 2019, the MNA worked with legislative allies to file twelve bills on issues ranging from safe patient limits to workplace violence prevention. These bills are listed here with a summary and status update on what happened with the legislation so far session.

The Workforce Development and Patient Safety Act (S.1255/H.2004)

Sponsors: Senator Diana DiZoglio Representative Dan Ryan

Following the defeat of Question 1 in 2018, the MNA had to make a strategic decision on how to approach the issue of patient limits in the upcoming legislative session. Despite falling short of implementing safe patient limits via a statewide referendum, the problem of unsafe staffing conditions persisted in hospitals across the state. The Division of Legislation and Government Affairs worked closely with the Board of Directors and MNA leadership to determine the best course forward. The outcome was this bill, which would seek to independently answer the myriad of questions raised during the ballot campaign regarding the state of nursing in terms of its impact on quality of patient care, the nursing workforce current and future supply in Massachusetts as well as concerning data of Massachusetts hospital readmission rates the fourth highest in the nation. This bill calls for a series of independent studies to examine the makeup of the current nursing workforce, determine the nursing needs for the Commonwealth over the next several decades and to provide an independent, evidence-based analysis of issues affecting the nursing workforce, including but not limited to workplace staffing, violence, injuries and quality of life. The results of these studies would be used to determine the path forward for setting safe patient limits in Massachusetts acute care hospitals to ensure optimum patient care.

These bills were referred to the Joint Committee on Public Health and a public hearing was held in September 2019.

Status: In May, these bills were sent to “study” meaning no further action will be taken on them this session.

An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence (S.1427/H.1416)

Sponsors: Senator Joan Lovely/Representative Denise Garlick

Violence against nurses is on the rise, with more than 70% of hospital emergency department nurses reporting being assaulted during their career. Incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) are four times more common in health care than in private industry on average and violence against healthcare workers is on the rise. And research has shown that violence is typically underreported in the health care setting. This is both dangerous and costly. This bill would require healthcare employers to perform an annual safety risk assessment and, based on those findings, develop and implement programs to minimize the danger of workplace violence to employees and patients. It would also provide time off for healthcare workers assaulted on the job to address legal issues and require semi-annual reporting of assaults on healthcare employees. This legislation has garnered strong, bipartisan support with over 100 co-sponsors-more than any other MNA bill this session.

This legislation has always had a broad base of support, including other healthcare unions, police and fire. This year we were able to add the Massachusetts District Attorney Association, securing support from District Attorneys in every corner of the state. A public hearing was held on the legislation in July 2019. In February, a redraft of the bill was reported favorably out of Committee, with the House version referred to the Joint Committee on Health Care Financing for further review and the Senate version advanced to the Senate Committee on Ways and Means.

Status: The Senate bill remains in the Senate Committee on Ways and Means. The House bill was part of a House extension order that was rejected by the Senate. Due to procedural rules, the bills in this extension order will not advance this session.

**An Act Providing for Safe Patient Handling
(S.1213/H.3487)**

*Sponsors: Senator Harriette
Chandler/Representative Claire Cronin*

Nurses and other healthcare workers suffer more musculoskeletal injuries than any other profession, according to the Bureau of Labor Statistics. The problem in Massachusetts is particularly concerning, as Massachusetts hospital workers suffer a rate of these injuries 70% higher than for hospital workers in other states. These injuries can be career-ending for the employee and costly to the healthcare system. This bill would require healthcare facilities to adopt and implement a safe patient handling program to identify, assess, and develop strategies to control risk of injury to patients and healthcare workers associated with the lifting, transferring, repositioning, or movement of a patient or equipment. A Department of Public Health stakeholder task force released similar recommendations in 2014.

The bills were referred to the Joint Committee on Public Health which held a public hearing in November 2019. In June both bills were reported favorably to the Joint Committee on Health Care Financing.

Status: Both bills were part of a House extension order that was rejected by the Senate. Due to procedural rules, the bills in this extension order will not advance this session.

The Hospital Profit Transparency and Fairness Act (S.714/H.1144)

Sponsors: Senator Michael Moore/Representative Josh Cutler

When healthcare corporations, which receive a substantial amount of their funding from taxpayer dollars, are closing hospitals, pediatric units, detox units and psychiatric units, the public has the right to know if tax dollars are being spent on patient safety or CEO salaries. This bill would require hospitals to be transparent about their financial holdings and other activities, assess any hospital receiving taxpayer dollars that has an annual operating margin above a specific, predetermined cap and assess any hospital receiving taxpayer dollars that provides a compensation package for its CEO that is greater than 100 times that of the hospital's lowest paid employee. These assessments would be deposited in a newly created Medicaid Reimbursement Enhancement Fund to increase Medicaid reimbursement rates to eligible hospitals to limit excessive CEO salaries and to limit and claw back excess profits to ensure that taxpayer dollars are dedicated exclusively to safe patient care and necessary services for all communities in the Commonwealth.

The bills were referred to the Joint Committee on Health Care Financing and a public hearing was held in May 2019.

Status: Both bills were part of a House extension order that was rejected by the Senate. Due to procedural rules, the bills in this extension order will not advance this session.

An Act Relative to the Closing of Hospital Essential Services (S.672/H.1139)

***Sponsors: Senator Julian Cyr *New Lead
Sponsor*/Representative Ed Coppinger***

In the wake of the illegal and premature closings of North Adams Regional Hospital and Quincy Medical Center, along with the loss of other essential services throughout the state, this bill would extend the official notice period to the Department of Public Health (DPH) in advance of a closure or discontinuation of health services and require any hospital proposing closure or discontinuation of health services to provide evidence of having notified and provided the opportunity for comment from affected municipalities before the notification period begins. The bill would also instruct the Attorney General to seek an injunction against to maintain the essential services for the duration of the notice period and require the Attorney General to sign on any closure or discontinuation of services deemed "essential" by the DPH. Additionally, it would prohibit the hospital from eligibility for an application for licensure or expansion for a period of three years from the date the service is discontinued, or until the essential health service is restored, or until such time as DPH is satisfied with a modified plan.

The bills were referred to the Joint Committee on Health Care Financing. A public hearing was held in May 2019.

Status: Both bills were part of a House extension order that was rejected by the Senate. Due to procedural rules, the bills in this extension order will not advance this session.

An Act Strengthening the Penalty for Assault or Assault and Battery on an Emergency Medical Technician, Ambulance Operator, Ambulance Attendant or Health Care Provider (S.838/H.1578)

Sponsors: Senator Michael Brady/Representative Paul Tucker

Assaults on health care providers, including nurses, are on the rise. Healthcare workers experience the most non-fatal workplace violence, with attacks on these professions accounting for nearly 70% of all non-fatal workplace assaults. Thirty-three other states have laws on the books making assault on a nurse a felony- but Massachusetts is not one of them. This bill would increase the penalties for assaulting emergency medical technicians, ambulance operators, ambulance attendants and other healthcare providers, including nurses, and make it a felony punishable by up to five years in state prison.

Both bills were referred to the Joint Committee on the Judiciary. A public hearing was held in April 2019.

Status: In February, these bills were sent to “study”, meaning no further action will be taken this session.

An Act Relative to Creating Intensive Stabilization and Treatment Units within the Department of Mental Health (S.1163/H.1719)

Sponsors: Senator Marc Pacheco/Representative Patricia Haddad

This bill would create two Intensive Stabilization and Treatment units within the Department of Mental Health- one for males and one for females. Under this bill, patients exhibiting extreme aggression, highly assaultive behavior and/or self-destructive behavior would be admitted to a specialized unit. These units would be highly physically separate, secure, structured

environments with specially trained staff to protect all patients and staff.

The bills were referred to the Joint Committee on Mental Health, Substance Use and Recovery and a public hearing was held in July 2019. In February, the legislation was reported favorably out of Committee and sent to the Joint Committee on Health Care Financing.

Status: Both bills were part of a House extension order that was rejected by the Senate. Due to procedural rules, the bills in this extension order will not advance this session.

An Act Relative to Creating a Pilot Program to Transfer High Acuity Behavioral Health and Dual Diagnosis Patients Away from Crowded Emergency Departments (S.1164/H.1720)

Sponsors: Senator Marc Pacheco/Representative Patricia Haddad

A recent study found that more than 40,000 patients suffering from acute mental illness are boarding for days or even weeks in our hospital emergency departments each year, leaving these patients languishing without care and impacting staff's ability to provide care to other patients requiring emergency medical care. This bill would create a pilot program at Taunton State Hospital to transfer medically stable, high acuity behavioral health and dual diagnosis patients away from overcrowded emergency departments until such time that an appropriate placement is found to meet the patient's needs.

The bills were referred to the Joint Committee on Mental Health, Substance Use and Recovery and a public hearing was held in July 2019. In February, the legislation was reported favorably out of Committee and sent to the Joint Committee on Health Care Financing.

Status: Both bills were part of a House extension order that was rejected by the Senate. Due to procedural rules, the bills in this extension order will not advance this session.

**An Act Ensuring Safe Medication Administration
(S.1328/H.1866)**

Sponsors: Senator Marc Pacheco/Representative Dan Donahue

In an effort to cut costs, the state of Massachusetts, and other private sector health care providers have implemented programs that allow unlicensed, inadequately trained staff to administer a variety of medications that should only be administered by registered nurses. This bill would prohibit the dangerous practice of unlicensed personnel distributing medication.

Both bills were referred to the Joint Committee of Public Health. A public hearing was held in November 2019.

Status: In May these bills were sent to “study”, meaning no further action will be taken this session.

An Act Relative to Liability Protection for Disaster Volunteers (S.1340/H.1888)

Sponsors: Senator Michael Rush/Representative Sean Garballey

Nurses are often on the frontlines in the event of a disaster or state of emergency. This bill would protect nurses from liability while serving as a volunteer. It would also address instances in which a nurse personally suffers an injury in the course of providing volunteer service in a disaster or emergency occurring in the Commonwealth and would consider a volunteer nurse who sustains injury or disability or who is killed while serving as a volunteer an employee of the Commonwealth with access to certain benefits associated with that designation.

Both bills were referred to the Joint Committee on Public Health. A public hearing was held in November 2019.

Status: In May these bills were sent to “study”, meaning no further action will be taken this session.

An Act Relative to Credible Service for School Nurses (H.2311)

Sponsors: Representative Kathy LaNatra *New Lead Sponsor*

Over the course of a career, a school nurse may work in another setting in his or her capacity as a nurse. This bill would permit school nurses to buy back up to three years of time spent working in the private sector as a nurse. The nurse must pay into the pension system what s/he would have paid for those three years, or fraction thereof, plus interest. Any time thus purchased would be counted toward the nurse's number of years of service when calculating their pension.

The bill was referred to the Joint Committee on Public Service. A public hearing was held in May 2019.

Status: In February, the bill was sent to “study”, meaning no further action will be taken this session

An Act Improving Fiscal Transparency (H.668)

Sponsors: Representative Natalie Higgins

This bill would require that fiscal analysis of ballot questions be undertaken in consultation with the Attorney General and Secretary of State.

The bill was referred to the Joint Committee on Election Laws. A public hearing was held in November 2019.

Status: In February, the bill was sent to “study”, meaning no further action will be taken this session.

The legislative agenda was developed in consultation with members, MNA Task Forces, MNA staff and approved by

the MNA Board of Directors. We are currently working on the 2021-2022 legislative agenda.

Other State Legislation

The MNA also monitors hundreds of other bills which come before the legislature each session that might positively or negatively affect nurses, healthcare professionals, patients, public health and state finances. On some of these issues, the MNA takes a public, proactive stand either in support of or in opposition to a piece of legislation. Bills that have been endorsed by the MNA Board of Directors this session include:

An Act Establishing a Special Commission to Study the Implementation of Single Payer Health Care in the Commonwealth (H.1163) which would study how a single payer health care system would work in Massachusetts.

Status: The bill was part of a House extension order that was rejected by the Senate. Due to procedural rules, the bills in this extension order will not advance this session.

An Act Establishing Medicare for All in Massachusetts (S.683/H.1194) which would establish a single-payer, Medicare for All system in Massachusetts.

Status: The bill was part of a House extension order that was rejected by the Senate. Due to procedural rules, the bills in this extension order will not advance this session.

An Act relative to the United States Cadet Nurse Corps Day (S.2178) which would designate June 15th as the United States Cadet Nurse Corps Day.

Status: Signed into law by the Governor on June 30th.

An Act Relative to MassHealth Provider Reimbursement/ Act relative to the reimbursement of school-based care (S.676/H.465) which would direct education authorities enrolled as MassHealth providers to obtain MassHealth reimbursement for direct nursing services, related

administrative activities and other medical benefits provided to school age children who are MassHealth beneficiaries.

Status: In May, these bills were sent to “study”, meaning no further action will be taken this session

An Act to Update Postural Screenings in Schools (S.1233) which would begin postural screenings in grade 6, rather than grade 5. **Status:** This bill was part of a House extension order that was rejected by the Senate. Due to procedural rules, the bills in this extension order will not advance this session.

An Act to Remove Obstacles and Expand Abortion Access (S.1209/H.3320) which would update the state’s reproductive health laws. **Status:** These bills remain before the Joint Committee on the Judiciary

An Act to Lift Kids Out of Deep Poverty/An Act to Reduce Deep Poverty Among Kids (S.36/H.102) which would increase payments to families with children, the disabled and elderly who live in extreme poverty on an incremental, yearly basis until the payment standard for the household size equals 50 percent of the federal poverty level.

Status: After receiving a favorable report from the Joint Committee on Children, Families and Persons with Disabilities, the bill advanced to the House Committee on Ways and Means where it remains.

This session, the MNA has publicly opposed:

An Act Relative to Nurse Licensure Compact in Massachusetts (S.103/H.1944) which would allow any nurse licensed in any other state to automatically be allowed to practice in Massachusetts without having to meet the current standards for licensure in Massachusetts. This bill is unnecessary and could put nurses and patients at risk.

Status: The Senate bill was sent to “study”, meaning no further action will be taken this session. The House bill was part of an extension order that was not adopted, meaning no further action will be taken this session.

An Act Relative to Home Health and Hospice Aides (H.1939) which would allow unlicensed personnel to administer medication in certain settings. As written, this bill would endanger patients and undermine the current licensing standard for medication administration.

Status: The bill was part of an extension order that was not adopted, meaning no further action will be taken this session.

Occupational Presumption Legislation

In addition to the bills filed at the beginning of the legislative session, nearly 200 bills were filed this spring to specifically address issues that arose relative to the COVID-19 pandemic. These bills addressed issues ranging from occupational presumption for essential workers, meaning that any essential worker who contract COVID-19 would be presumed to have contracted it at work or through work related activities, to housing and childcare. Our focus has been on occupational presumption legislation and the MNA has been involved in legislative discussion on the following bills:

An Act Relative to Emergency Hazard Health Duty (H4611) which establishes a presumption that any public safety officials who contract, have symptoms of or who otherwise become affected with the coronavirus (COVID-19) that results in hospitalization, quarantine, or self-quarantined measures, contracted their medical condition or incapacity to work in the line of duty and individuals would not be required to use sick time or any other paid time off (PTO).

Status: The bill was reported favorably out of the Joint Committee on Public Safety and Homeland Security and

is currently before the House Committee on Way and Means.

An Act Creating a Presumption of Relatedness for Essential Workers Suffering from COVID-19 (H.4739) which would presume any COVID infection resulting in hospitalization, quarantine or self-quarantine is work-related for those individuals employed in healthcare facilities, nursing homes, rest homes, assisted living facilities, pharmacies, grocery stores and other essential businesses that include contact with the public.

Status: The bill was sent to “study”, meaning no further action will be taken this session.

An Act Providing Worker Compensation Protection to Emergency Response and Medical Personnel Related to COVID-19 Infection (H4749) which would provide workers’ compensation benefits to emergency medical technicians, emergency room and urgent care medical personnel, and emergency room and urgent care non-medical staff who contract COVID-19.

Status: The bill was sent to “study”, meaning no further action will be taken this session.

An Act Relative to a COVID-19 Presumption for Public Employees (HD5050) which would presume any public employee in the Commonwealth required to work outside their home during the COVID-19 state of emergency, and who contracts, has symptoms, or is otherwise affected by COVID-19 came into contact with COVID through work or work-related activities and further entitles surviving spouses and children of employees who die as a result of work-related COVID-19 to a pensions calculated based on the maximum possible salary for the position.

Status: The bill is currently before the Joint Committee on Public Health.

For more information on the Division’s actions around COVID-19, please see the *Covid-19* section below.

FY2021 Massachusetts State Budget

The COVID-19 pandemic derailed the budget process on Beacon Hill. While a budget would have traditionally been debated this spring and passed this summer, the economic downturn accompanying the pandemic shutdown has created a great deal of uncertainty. Instead of passing a FY2021 budget, that state has been passing a series of interim budgets- the most recent of which will keep the state at current funding levels through the end of October. But a budget shortfall of anywhere from \$2-\$6 billion is currently projected, though tax collections have exceeded expectations in recent months. The state is currently working on closing out the books on FY2020, which ended on July 1, 2020.

Healthcare Legislation

Several omnibus health care bills have been put forward in the past year. While none of these bills have yet been signed into law yet- most remain either in Conference Committee or stuck in one chamber or the other-the MNA was engaged in discussion on each one.

Governor Baker's 2019 Healthcare Legislation

In October 2019, Governor Baker filed *An Act to Improve Health Care by Investing in VALUE (HB4134)*. While the bill covered a wide range of topics from telemedicine to expanded scope-of-practice, it also included the Interstate Nurse Licensure Compact which the MNA opposes. We focused our outreach efforts on getting this provision removed from the bill- including bringing Vicky Byrd, MSN, RN and the CEO of the Montana Nurses Association to Boston to testify at the hearing about her state's terrible experience of Montana becoming a Compact state.

Status: The bill was part of an extension order that was not adopted, meaning no further action will be taken this session.

House and Senate Healthcare Bills

In July, the House and Senate each put forward healthcare bills focused largely on telemedicine and scope of practice issues. The MNA put forward several amendments to each bill, some of which were adopted, some which were amended and adopted and some which were not adopted. The adopted amendments included language about prohibiting the closure of essential services during a state of emergency, oversight hearings on personal protective equipment (PPE) and increased transparency regarding PPE supplies in the Commonwealth, the impact of COVID-19 on the state's healthcare delivery system and expanding the scope of practice for advance practice registered nurses (APRNs). All these issues are still pending in Conference Committee. In both bills, we also had to fend off attempts to bring Massachusetts into the Nurse Licensure Compact. These attempts were unsuccessful, thanks largely in part to the advocacy of the MNA.

Status: The House and Senate bills have been in Conference Committee since early August to iron out the differences between the two pieces of legislation.

COVID-19

In March, COVID-19 drastically changed the course of the work of the Division. With member nurses and healthcare professionals on the frontlines of a pandemic, the entirety of the MNA shifted gears to respond. Within days of the Governor declaring a state of emergency, the MNA sent the first of a series of letters to Governor Baker, the Executive Office of Health and Human Services and every member of the state legislature. These letters communicated what nurses and healthcare workers were seeing on the frontlines as well as recommendations to improve care delivery, increase protections for frontline workers and reduce the spread of the novel virus. Following the first letter, MNA President Donna Kelly-Williams, MNA Executive Director Julie Pinkham and

members of the Division began a series of weekly calls with Secretary of Health and Human Services Marylou Sudders. These calls reviewed issues raised in the weekly letters and provided the opportunity for a dialog on issues like:

- the lack of PPE and reduced safety standards for PPE;
- healthcare worker furloughs and layoffs;
- halting the closures of essential services during the pandemic;
- the cessation of elective procedures;
- isolation of positive and suspected positive patients;
- overcrowded hospital shuttle buses;
- emergency childcare for essential workers; and
- temporary housing for essential workers who could not return home

These letters continued for several months and evolved as issues arose. Each letter was reviewed and approved by the MNA Board of Directors before distribution. The phone calls with Secretary Sudders continue, allowing for feedback on a range of issues as the pandemic and the response evolve within the state.

In addition to these communications with the Baker Administration and state legislators, the Division immediately went to work setting up calls and Zooms between members and elected officials at the municipal, state, and federal levels. These conversations provided elected officials with first-hand accounts from the frontlines of the pandemic and led to connections with local manufacturers to provide PPE, letters from elected official to oppose ICU closures, and temporarily halted closures at MetroWest Medical Center. When legislators are better informed, they are better able to advocate for our members. The stories painted by frontline nurses and healthcare professionals were often different from what these elected officials were hearing from hospital leadership. The Division also worked successfully with the Boston City Council to pass a resolution calling on the

state to immediately take up legislation addressing occupational presumption for frontline workers.

Further, MNA President Donna Kelly-Williams participated in several public forums on COVID-19 sponsored by leadership in the House and Senate, while other MNA members participated in committee hearings before the state legislature and the Boston City Council. The Division worked to ensure that whenever there was a discussion on COVID-19, frontline nurses and healthcare workers had a seat at the table.

Community Action

The Division was active this year not only on Beacon Hill, but in communities across the state. Many of these actions were in response to planned closures, such as those at Tobey Hospital, Providence Behavioral Health Hospital, Falmouth Hospital, Metrowest Medical Center, Falmouth Hospital. The Division's Community Organizers work with local MNA members and local elected leaders to bring awareness to these issues and put forward a response from both the MNA and the local community. Community Organizers also work with local bargaining units on contract negotiations, helping to secure support from elected officials and community leaders.

In the fall, members from the Worcester Recovery Center and Hospital (WRCH) met with Senator Harriette Chandler to discuss ongoing issues at the facility. This meeting and subsequent discussions led to the inclusion of a study on the WRCH to be included in a 2019 supplemental budget. This study was to have been completed, but the COVID-19 crisis impeded this and we are working on getting this back on track.

Additionally, the Community Organizers continued to work with various grassroots organizations, community-labor coalitions and task forces across the state to strengthen the MNA's relationships within communities

and address important issues like social justice, economic and community development, and healthcare access. Some of these are long-standing groups addressing broad, ongoing issues while others are newly formed coalitions to address specific, time-sensitive matters. This year those initiative included the Brockton Mayor's Health Equity Task Force, created to identify health disparities in the City of Brockton and create avenues to address these disparities through a collaboration of community partners and elected officials, as well as continuing to build a coalition to advocate for solutions to the lack of access for maternity services in southeastern, Massachusetts, the southcoast and Cape Cod. Community Organizers and MNA members also continued their work with Central Labor Council across the state. These Central Labor Councils (CLCs) provide a forum for the MNA to share what is happening with our members as well as hear what is going on with other unions.

Federal Endorsements

While the Massachusetts Nurses PAC makes endorsements at the state and municipal levels, the MNA Board of Directors makes endorsements in federal races. This year, all Representatives in the House were up for reelection, as well one of the state's two seats in the U.S. Senate.

Senate

In 2019, Congressman Joe Kennedy announced that he would be challenging Senator Ed Markey in the 2020 Democratic primary. This set in motion one of the most competitive Democratic Senate primaries in recent memory. The race also garnered national attention- and an influx of funding from across the country. Both men have been strong advocates for the MNA over the years. While Congressman Kennedy and Senator Markey sought the MNA endorsement, after interviewing both candidates, the MNA Board of Directors opted to not get

involved in the race. Once Senator Markey won the primary election, the MNA Board of Directors voted to endorse him in the general election where he will face off against Republican candidate Kevin O'Connor.

House

All members of House of Representatives are up for reelection in 2020, but not all members of the Massachusetts Congressional delegation drew challengers. The MNA Board of Directors ultimately made endorsements in five competitive races.

The most competitive race this cycle was the Fourth Congressional District contest to fill the seat Congressman Joe Kennedy would be leaving. Nine Democrats and two Republicans ultimately qualified for the primary ballot. The Division began engaging with these candidates after the first of the year, with several reaching out to learn more about the MNA and our members. Each candidate interested in the MNA endorsement then completed a federal legislative questionnaire and a COVID-specific questionnaire and was interviewed by the Board of Directors over a series of meetings. In July, the Board voted to endorse Jesse Mermell. The race was too-close-to-call on election night, with Jesse neck-in-neck with Jake Auchincloss, but by the end of the week Jake was declared the winner with 23 percent of the vote.

The MNA Board endorsed in two other primary election contests in the First Congressional District and the Eighth Congressional District. In the First Congressional District, the MNA interviewed both incumbent Congressman Richard Neal and challenger, Holyoke Mayor Alex Morse and endorsed Alex Morse, who lost the primary. In the Eighth Congressional District, the MNA supported previously endorsed Congressman Stephen Lynch who won his primary.

For the general election, the MNA has endorsed Congressman William Keating in the Ninth Congressional District and Congressman Jim McGovern in the Second Congressional District.

President

The MNA Board did not endorse a candidate in the presidential primary, but at the MNA Board of Directors meeting in September, the Board voted to endorse Joe Biden for President. Outreach for this race will focus on MNA members who live in New Hampshire.

For additional information on endorsements, please see the Massachusetts Nurses PAC's Annual Report.

Massachusetts Nurses PAC

Members

Karen Coughlin, *Chair*

Katie Murphy, *Vice Chair*

Beth Amsler, *Treasurer*

Lynne Starbard, *Secretary*

Donna Kelly-Williams, *MNA President*

Lisa Cargill, *At-large*

Mike D'Intinosanto, *At-large*

Donna Dudik, *At-large*

Karen Duffy, *At-large*

Patty Healey, *At-large*

Heidi Januskiewicz, *At-large*

Lisa Kennedy, *At-large*

Nora Watts, *At-large*

VACANT, *At-large*

VACANT, *Region 1*

Eileen Recore, *Region 2*

Kelly Williams, *Region 3*

Dave Guiney, *Region 4*

Cathy Stokes, *Region 5*

MNA Staff

Maryanne Bray, *Legislative Director*

Megan Collins, *Associate Director*

Ryan Berard, *Community Organizer*

Sandy Ellis, *Community Organizer*

Lisa Field, *Community Organizer*

Brian Moloney, *Community Organizer*

Diane Scherrer, *Community Organizer*

Martha Campbell, *Division Assistant*

About the PAC

The Massachusetts Nurses Political Action Committee (PAC) is the political arm of the MNA. Every member of the MNA is a member of the PAC and all members are encouraged to get involved. The PAC Board is a volunteer

board, with membership governed by the MNA bylaws and PAC bylaws. Elections to the PAC are typically held annually in October, with half of the At-Large seats up for election each year, along with a rotating schedule of officer positions. Regional seats are appointed on a yearly basis. The PAC is funded solely through voluntary contributions and donations.

The MNA endorsement is a valuable one. Nurses are consistently voted the “most trusted profession in America” and the MNA endorsement is sought by numerous candidates each election cycle. Every year, the PAC Board reviews hundreds of pages of responses to the MNA Candidate Questionnaire completed by candidates seeking the MNA’s endorsement. Candidates that complete questionnaires and whose answers align with the values and positions of nurses are then interviewed by the PAC Board members. The PAC Board then makes the decision as to which candidates would best support nurses, healthcare professionals and our legislative priorities.

Once endorsements are made, candidates receive various forms of support from the MNA PAC and MNA members.

Accomplishments for 2019-2020

The PAC has had another busy and productive year. While 2019 was neither a federal election year nor a state election year, the PAC kept busy getting involved in municipal races and several special elections. By spring 2020, the PAC was already beginning to take up races for both the September 2020 primary and the November 2020 general election.

2019 Municipal Elections

In 2019, the PAC focused on several municipal races across the state and made endorsements for Mayor in both Worcester and Greenfield, as well as in several city council and school committee races in Boston, Worcester,

Lowell, Newton, Pittsfield and North Adams. With so many issues being addressed, or not, on the local level, it is important for the MNA to have allies in these offices. Here is how MNA endorsed municipal candidates fared:

MUNICIPAL ELECTIONS		
Municipality/Office	<u>Endorsed Candidate</u>	<u>Results</u>
Boston City Council	Anissa Essabi-George	WON
Boston City Council	Julia Mejia	WON
Boston City Council	Kenzi Bok	WON
Boston City Council	Ed Flynn	WON
Boston City Council	Alejandra St. Guillien	LOST
Worcester- Mayor	Joe Petty	WON
Worcester City Council	Krystian King	WON
Worcester City Council	Etel Haxhijaj	WON
Worcester City Council	Moe Bergman	WON
Worcester School Committee	Cara Berg Powers	LOST
Worcester School Committee	Tracy Novick	WON
Worcester School Committee	Chantel Bethea	LOST
Worcester School Committee	Jormah Kamara	LOST
Springfield City Council	Jesse Lederman	WON
Lowell City Council	John Drinkwater	WON
Everett City Council	Stephanie Martins	WON
Greenfield Mayor	Sheila Gilmour	LOST
Newton City Council	Bill Humphrey	WON

Newton City Council	Bryan Barash	LOST
Pittsfield City Council	Helen Moon	WON
North Adams	Jason LaForest	WON

Special Elections

Special elections occur when a seat is vacated outside of the normal election calendar and must be filled. In 2019, mayoral races opened-up seats in the state legislature in Taunton and Westfield and mid-cycle job changes left seats vacant in Plymouth and Acton. The MNA got involved in all four races, making endorsements at both the primary and general election levels. In all four special elections, the MNA-backed candidates were successful. In some cases, these candidates were defending MNA-friendly seats, but in others we picked up legislative allies where we had not had them before. Here is a breakdown of those races:

SPECIAL ELECTIONS		
<u>District/Seat</u>	<u>Endorsed Candidate</u>	<u>Results</u>
2 nd Hampden & Hampshire (Senate)	John Velis	WON
3 rd Bristol (House)	Carol Doherty	WON
Plymouth & Barnstable (Senate)	Susan Moran	WON
37 th Middlesex (House)	Dan Sena	WON

2020 Elections

The PAC began looking at competitive primary and general elections in April*. This year the PAC decided to only endorse in contested elections (i.e. elections where there would be more than one person vying for a seat).

Working with staff from the Division of Legislation and Government Affairs, the PAC identified open seats, competitive challengers to incumbents and incumbents who faced challengers at either the primary or general election level. This year, due to the numerous issues that arose around the coronavirus (COVID-19) pandemic as well as the state and federal response, the PAC added questions to the general legislative questionnaire addressing these issues. Previously endorsed incumbents were asked to complete this supplemental COVID questionnaire before the PAC considered their endorsements. COVID-19 also brought big changes to the election cycle and process when Massachusetts approved mail-in voting in July. This followed changes in 2018 allowing for early in-person voting across the state. Together, these changes altered the calendar for voting in Massachusetts for both the primary and general elections and changed the way the PAC and the Division of Legislation and Government Affairs approached outreach to MNA members and voters. The MNA PAC increased its digital presence in support of candidates this year and moved up member mailings to connect with voters ahead of the first ballots being cast- weeks ahead of election day.

September Primary Election

The MNA made several endorsements in both the primary and general election, winning 15 out of 16 contested races where the PAC endorsed. The results of the September primary can be seen in this table:

SEPTEMBER		
<u>District/Seat</u>	<u>Endorsed Candidate</u>	<u>Results</u>
SENATE		
2nd Plymouth and Bristol	Mike Brady	WON

Norfolk, Bristol & Plymouth	Walter Timilty	WON
First Suffolk	Nick Collins	WON
HOUSE		
34 th Middlesex	Christine Barber	WON
17 th Suffolk	Kevin Honan	WON
10 th Middlesex	John Lawn	WON
28 th Middlesex	Joe McGonagle	WON
4 th Norfolk	Jamie Murphy	WON
2 nd Suffolk	Dan Ryan	WON
12 th Norfolk	John Rogers	WON
5 th Hampden	Pat Duffy	WON
17 th Middlesex	Vanna Howard	WON
9 th Hampden	Denise Hurst	LOST
12 th Worcester	Meghan Kilcoyne	WON
8 th Norfolk	Ted Philips	WON
27 th Middlesex	Erika Uyterhoeven	WON

These victories mean that we are electing individuals, both first-time candidates and incumbents, who support our legislative agenda. We hope to have similar outcomes with the November general election.

Who we elect matters. In order to advance our legislative agenda and prevent harmful legislation from passing, we need allies on Beacon Hill. *For more information on the MNA's Legislative Agenda and legislative action over the past year, please see the report from the Division of Legislation and Government Affairs.*

NOVEMBER GENERAL ELECTION

As with the primary election, mail-in voting and early voting have shifted the campaign schedule. At this time, the PAC has made endorsements in several contested races for the general election. Outreach to members in support of these candidates has begun and will continue through election day.

Endorsed candidates for the general election can be seen in this table:

NOVEMBER	
<u>District/Seat</u>	<u>Endorsed Candidate</u>
SENATE	
Plymouth & Barnstable	Susan Moran
Second Hampden & Hampshire	John Velis
Worcester & Middlesex	John Cronin
Plymouth & Norfolk	Patrick O'Connor
Worcester & Norfolk	Christine Crean
Worcester, Hampden, Hampshire & Middlesex	Anne Gobi
Norfolk, Bristol & Middlesex	Rebecca Rausch
HOUSE	
4 th Norfolk	James Murphy
12 th Worcester	Meghan Kilcoyne
3 rd Bristol	Carol Doherty
12 th Plymouth	Kathleen LaNatra
16 th Suffolk	Jessica Giannino
18 th Essex	Tram Nguyen

37 th Middlesex	Dan Sena
5 th Plymouth	Emmanuel Dockter
3 rd Worcester	Mike Kushmerek
7 th Hampden	Jake Oliveira
6 th Plymouth	Josh Cutler
13 th Middlesex	Carmine Gentile
4 th Worcester	Natalie Higgins
3 rd Plymouth	Joan Meschino
1 st Barnstable	Tim Whelan
5 th Barnstable	Jim Dever

Annual Meeting and 2020 PAC Board Elections

The PAC typically holds its annual meeting and elections at the MNA Convention, per the PAC's bylaws, however due to the restrictions on in-person gatherings in place by order of the Governor, the MNA Convention has been cancelled and the PAC's annual meeting postponed. Per the PAC's bylaws, elections are to take place at the annual meeting so for now, the PAC has asked for a legal review of the options available to conduct elections. For now, PAC Board members and officers will retain their seats until elections can be held.

Thank you

Thank you to all the MNA members who knocked on doors, donated money, held signs, made phone calls and talked to your neighbors and colleagues in support of the endorsed candidates. These forms of grassroots campaigning are what make the difference.

**Please note the while the PAC Board makes endorsements for candidates in the state legislature and at the municipal level, the MNA Board of Directors makes endorsements for state constitutional offices and all federal offices. For more information on these elections, please see the report from the Division of Legislation and Government affairs.*

DIVISION OF MEMBERSHIP

Director

Joe-Ann Fergus, RN, MA, PhD

Division Assistant/Member Discounts and Vendor Liaison

Jennifer Marshall

Billing/Contract Compliance

Member Services Division Assistants

Diane Young • Elizabeth Perez • Jude Celestine •

Lauressa Johnson • Marguerite Sousa • Michelle Williams

Accomplishments 2019 - 2020

- Ongoing collaborations with all the various divisions in the MNA with the continued goal of ensuring mission and objectives of members and association are met
 - Adapted the work and processes of the Division due to COVID-19 restrictions
 - Continued to work with the Division of Nursing:
 - Worked with Division of Nursing related to transitioning CE online
 - Work ongoing related to member outreach
 - Worked with Division of Finance:
 - To update membership procedures related to dues collection. Direct payment forms adapted to the reality of increased credit card and EFT deduction challenges.
 - To ensure transition to new MNA IT data collection system goes smoothly.
 - Worked with Division of Communication:
 - To revamp applications and forms.
 - To work on designs for new products.

- Worked with Division of Legislation:
 - Local bargaining units' legislative campaigns.
- Worked with the Division of Labor:
 - To secure products to help in internal organizing and recognition of member participation. Participated in MNA/bargaining unit member appreciation days organized by Labor AD's and their committees.
 - Adapted membership compliance process to reflect legal requirements of Janus.
 - To assist in mediating bargaining unit disputes at St. Elizabeth's and Good Samaritan.
 - To conduct data analysis related to bargaining unit staffing and hiring trends comparing trends over multiple years.
- Continued our work with other divisions to online surveys.
- Created, implemented, and analyzed the BU and organizational surveys and reports
 - The use of online surveys simplifies data collection and facilitates analysis. It is a useful for getting member feedback.

GOALS 2020-2021

- Continue to look for opportunities to expand membership and encourage member participation:
 - Revamp the new member welcome packet (now in collaboration with Public Communications) – exploring the option for digital packets.
 - Review new member engagement in collaboration with other divisions to find

- opportunities to engage new and younger members – explore the possibility of scheduled online new hire orientations
- Update membership system.
 - Explore options for online bill payment
 - Implement the use of credit card reads as mechanism for payment at MNA events.
 - Continue process of expanding outreach on social media:
 - Collaborate with Division of Public Communication.
 - Create more points of direct contact for the Division of Membership staff and members.
 - Collaborate with Division of Labor to improve new hire contact experience.
 - Continue to review, update, and expand the member discount program.

My continued and sincere thanks and respect to the Division of Membership staff: Diane Young, Elizabeth Perez, Jennifer Marshall, Laressa Johnson, and Marguerite Sousa for their continued professionalism, support, positive attitudes. We happily welcome Michelle Williams to the team and Jude Celestin back to the team. I am grateful as always for your assistance, dedication, and support for advancing the goals of the Association.

Many thanks go out to Leo Kerrigan for always being a team player. Thank you, to all of the Division Directors for your support and team approach to the work. Thank you to Julie Pinkham, our Executive Director, for being a supportive a calming center to this year's storm.

MNA 2019 – 2020 MEMBERSHIP REVIEW

GENERAL OVERVIEW: Changes in member categories from July 2019– July 2020

Categories	7/1/2019	6/30/2020	STATUS
RN Bargaining Unit Members	21,378	21,350	28
Health Care Professional (Unit 7)	318	317	-1
Health Care Professional (Not Unit 7)	171	173	2
Agency Fee payers	333	285	-48
Full Fee Non-Bargaining Unit members	351	489	138
Associate Member Program	316	285	-31
TOTALS	22,867	22,899	-32

Total number of members reflects a decrease of 31 members over the last fiscal year. However, the membership total obscures the actual reduction in membership resulting from furloughs and retirements related to the COVID-19 pandemic. Membership totals declined by _____ between March 2020 and June 2020.

Janus Agency Opt-Out	129
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Additional categories reviewed for this report:

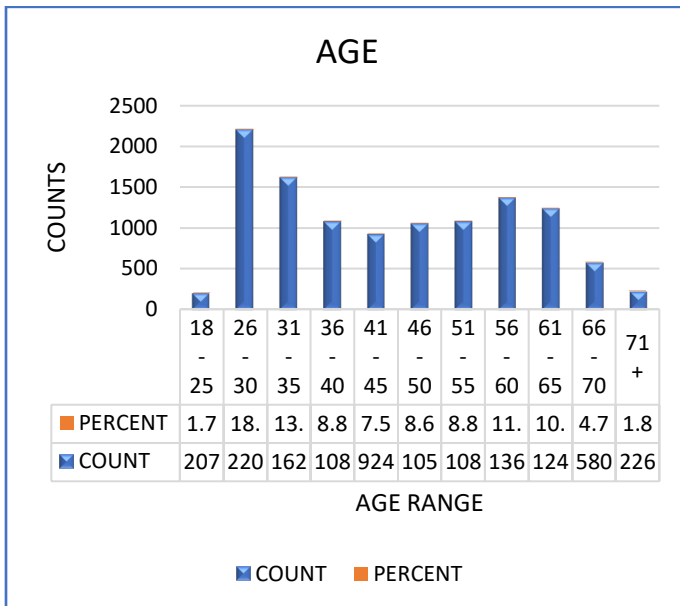
- Gender
- Race
- Age
- Education
- Scheduled Hours

****Results are limited by the detail volunteered by members as well as the information provided by hospital facilities. Data represents membership as of July 31, 2020***

GENDER DATA REVIEW

GENDER	TOTAL	PERCENTAGE
FEMALE	14,568	91.61%
MALE	1,334	8.39 %
Sample size	15,575	
Membership Total	22,798	
Limitations: This sample represents 68.97% of the total membership. However, the results are consistent with national survey findings. MNA documentation does not at present ask questions related to LGBTQ status. This should be considered in the future.		

AGE DATA REVIEW



**The sample data represents a slightly more than half of the membership 53.15% total MNA membership*

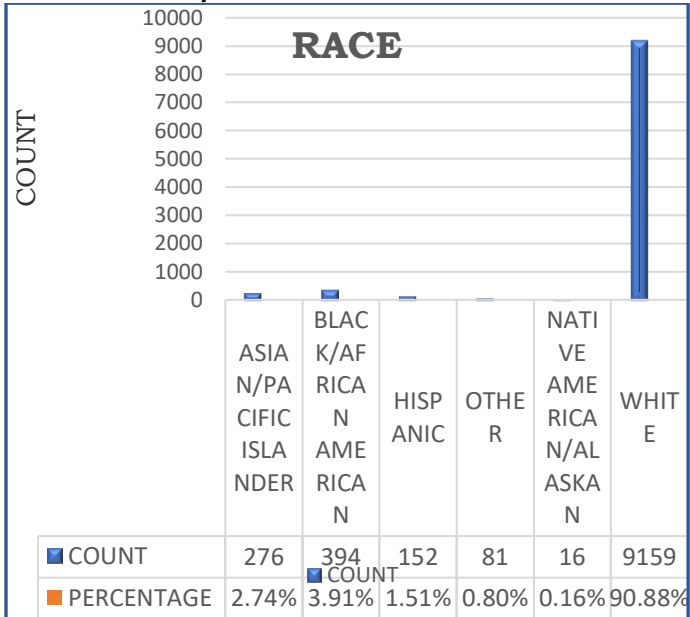
- **Approximately 37% of members in the sample are age 51 or over.** Slightly less than 40% in 2019, less than 39% in 2018 and 45% in 2017. – the trend continues downward with an expected acceleration due to retirements resulting from the pandemic.
- **Approximately 33% of members in the sample are under age 36. This is an increase from 18% in 2019 and 2018, up from 24% 2016.** – the trend here also appears to be upward indicating a younger demographic in the Association’s membership.
- **Approximately 28% of the membership is over age 55. This is a decrease from 41% in 2019.**
- **Approximately 56% of the membership is aged 50 or younger. This is down from 68% in 2019.**

Potential implications

- The COVID-19 pandemic appears to have accelerated an already existing trend of retirements of eligible Healthcare providers. We are being to see a speed up the loss of institutional knowledge within hospitals and MNA as an association.
- This trend continues to highlight the need to continue to prioritize a focus on welcoming and engaging the new contingent of members with no history of the work MNA has done or what MNA stands for.
- The trending also highlights the need to educate younger nurses and health care professionals on acceptable standards of care versus allowing

AGE RANGE	COUNT	PERCENT
18- 25	207	1.7%
26-30	2203	18.0%
31-35	1623	13.2%
36-40	1083	8.8%
41-45	924	7.5%
46-50	1053	8.6%
51-55	1080	8.8%
56-60	1368	11.2%
61-65	1242	10.1%
66-70	580	4.7%
71+	226	1.8%
TOTAL SAMPLE	12,256	53.15%
TOTAL MEMEBRSHIP	23,058	
Limitations: Approximately 53% of the membership has reposted age information. In addition, errors in documentation in the years transitioning form 1900-2000 calls into question some of the data.		

RACE/ETHNICITY DATA REVIEW



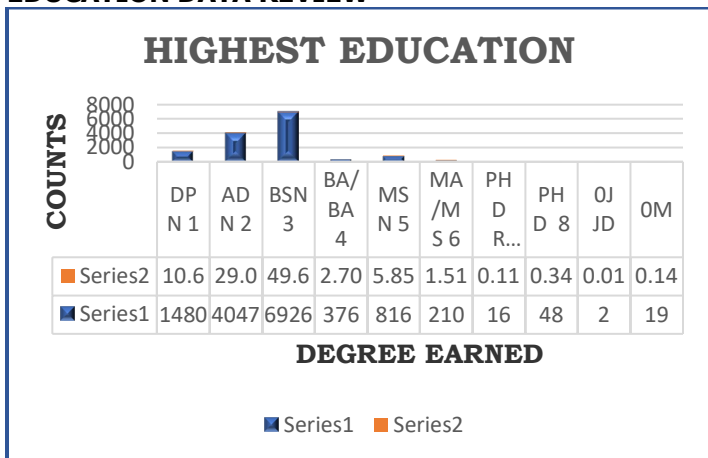
RACE	COUNT	PERCENTAGE
ASIAN/PACIFIC ISLANDER	276	2.74%
BLACK/AFRICAN AMERICAN	394	3.91%
HISPANIC	152	1.51%
OTHER	81	0.80%
NATIVE AMERICAN/ALASKAN	16	0.16%
WHITE	9159	90.88%
SAMPLE TOTAL	10,078	43.71%
MEMBERSHIP TOTAL	23,058	
Limitations: Approximately 44% of the membership fills out this section of the application. However, the results are consistent with trends reported out in the BORN data.		

Implications: The current state and national census data indicates a trend toward more diversity in the population of the country. In addition, current demographic data of the greater metropolitan Boston area (the most densely populated regions of the State) reveals that Boston is a majority minority city. MNA membership is reflective of the hiring practices of the employer. The Association may consider strategies for encourage employers to examine hiring practices and advocate for increased hiring of qualified applicants of color.

The Association may consider creating ongoing and stronger collaborative relationships with Massachusetts minority nursing associations and community groups of color. These networks and collaborations would allow for ready engagement and advocacy on issues of mutual importance to our profession, communities, and our members.

The Association may also consider exploring options for engaging with high schools' career days and other community groups/ organizations to partner around initiatives geared at increasing the number of applicants of color and men going into nursing in Massachusetts.

EDUCATION DATA REVIEW



Findings

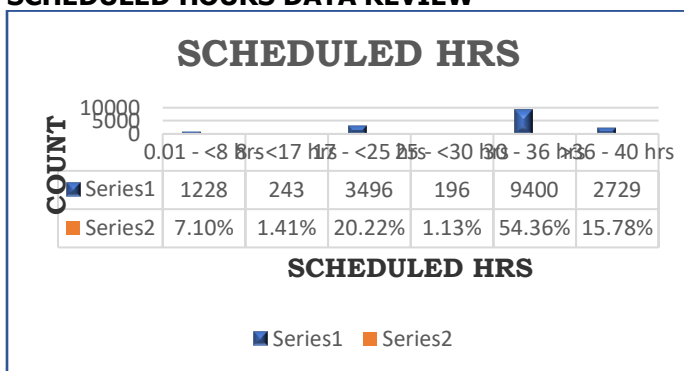
- Approximately 53% of MNA's members earned a Baccalaureate (49.68% BSN, 2.70% BA/BS)
- Approximately 39 % of MNA's members earned an ADN or DPL
- Approximately 7% of MNA's members earned advanced degrees

Implications

- The MNA's membership continues to have a higher than the statewide average of overall BSN prepared nurses, as well as nurses with advanced degrees.
- Many hospitals still hold the BSN as the threshold for hire.
 - The Division of Nursing has developed multiple partnerships with schools of nursing.
 - Information related to these educational opportunities should be promoted widely to members, in addition to the scholarships available through MNF.

DEGREE ATTAINED	Total	PERCENTAGE
DPN 1	1480	10.62%
ADN 2	4047	29.03%
BSN 3	6926	49.68%
BA/BA 4	376	2.70%
MSN 5	816	5.85%
MA/MS 6	210	1.51%
PHD RN 7	16	0.11%
PHD 8	48	0.34%
OJ JD	2	0.01%
OM	19	0.14%
Grand Total	13940	60.46%
TOTAL	23,058	
Limitations: The data represents approximately 81% of the MNA membership. Members do not update the data when they achieve additional degrees.		

SCHEDULED HOURS DATA REVIEW



Findings

- Approximately 41% of the members in the sample are scheduled to work 30 hours or less – consistent with 2018, up from 37% in 2017
- Approximately 52% of member in the sample are scheduled to work 31 hours or more down from 59% in 2018 and 62% in 2017 *63% in 2016*
- Approximately 37% of individuals in the sample are scheduled to work full time (36h or more) down from 38% in 2018 and 40% in 2017
- 52% of individuals work 31-36 hours up from 47% in 2018

Implications/concerns

Although the data suggests a relatively low number of nurses are scheduled to work less than 30 hours per week, this number is believed to be less than the reality (see limitations above). In addition, the trend over the last 3 cycles indicates that this number is increasing.

- The number of individuals hired to work less than 30 hours per week as reflected in the data is significant as it has implications for contract negotiations and well as staffing availability.

RANGE	COUNT	PERCENTAGE
0.01 - <8 hrs.	1228	7.10%
8 - <17 hrs.	243	1.41%
17 - <25 hrs.	3496	20.22%
25 - <30 hrs.	196	1.13%
30 - 36 hrs.	9400	54.36%
>36 - 40 hrs.	2729	15.78%
SAMPLE TOTAL	17,292	74.99%
TOTAL MEMEBRSHIP	23,058	
Limitations <ul style="list-style-type: none"> Approximately 75% of the membership is reflected in the sample. Several employers do not report hours scheduled. Employers who do not include hours or FTE were deleted from the sample. The true count of per diems is not known because not all per diems are in bargaining units and as such their numbers are not reported. Any value reported as zero was deleted because non-reporters were captured in the zero count. Some employers report hours as bi-weekly amounts. It is possible that some of the hours captured in the 20-40 range are incorrectly coded as weekly instead of bi-weekly and in fact would more accurately reflect 10-20 hours/ week instead. 		

Bylaws Committee

Members

Karen Higgins, *Chairperson*

Elizabeth Kennedy, Kaitlin Sears

Rachel Slate-Ziman, Janet Spicer

Kelly Williams

MNA Staff

Mary Crotty , Joe-Ann Fergus

Accomplishments 2019 – 2020

- Served in an advisory capacity to MNA's structural units, regional councils, Board of Directors and other leadership regarding MNA's bylaws.
- Continued to monitor MNA policies for conformity with MNA bylaws, as mandated by MNA Bylaw – Article VI, Section 5:a., as needed.
- Oriented new members to the Committee's process and procedures.

Goals for 2020-2021

The Bylaws Committee will continue to implement the work of this committee as defined in MNA Bylaws – Article VI, Section 5:a.. It will also address the need for continued recruitment of members to serve on this committee.

Massachusetts Nurses Foundation

Karen Higgins, *President*

Tina Russell, *Treasurer*

Sandy Eaton, *Secretary*

MNA Staff:

Andy Ferris, Accountant

Cindy Messia, Administrative Assistant\

Phyllis Sheldon, Bookkeeper

Board of Trustees

Karen Higgins, President

Tina Russell, Treasurer

Sandy Eaton, Secretary

Merrie Eaton, Donna Kelly-Williams, Donna Dudik,

Kathy Belbin, Betty Sparks, Dave Guiney, Beth Amsler,

Karen Duffy, Shirley Thompson, Joe-Ann Fergus

Accomplishments for 2019 - 2020

- Continued fundraising with excellent results from the annual golf tournament, helicopter ball drop, silent auction, regional council raffle and events.
- Combined fundraising net proceeds from the Annual Golf Tournament, Regional Council Raffle Tickets, annual silent auction and holiday pops and Celtics events was \$25,000.
- Awarded \$54,000 in scholarships.

Rosemary Smith Memorial Scholarship

Laurie Demeule, Brigham & Women's Hospital

Jeannine Williams Memorial Scholarship

Onyekach Nzerem, (Child's Parent from Lemuel Shattuck Hospital)

MNA Member Scholarship

Eileen Agranat, *Tufts Medical Center*
Sekinah Ajiboye, *UMass Memorial HHH*
Joanne Casell, *Cambridge Health Alliance*
Kathleen Coughlin, *Tufts Medical Center*
Monica Gill, *Nashoba Valley Medical Center*
Pamela Hallahan, *Tufts Medical Center*
Lisa Lopes, *Brigham & Women's Hospital*
Jenna Parrella, *Brigham & Women's Hospital*
Julia Rodriguez, *Brigham & Women's Hospital*
Paula Rogers-Laboy, *Metro Boston Mental Health (DMH)*
Sandra Spaulding, *Faulkner Hospital*
Candice St. Jean, *Cooley Dickinson Hospital*
Ceane Vecchione, *Falmouth Hospital*
Mary West, *Faulkner Hospital*
Meigan Young, *Faulkner Hospital*

MNA Member's Child (Parent's Bargaining Unit)

Analise Arnold, *Beverly Hospital*
Sean Delaney, *Brigham & Women's Hospital*
Fiona Duggan, *Brigham & Women's Hospital*
Madeleine Fortier, *Noble Hospital*
Meghan Fuller, *Norwood Hospital*
Alexis Galvin, *Cape Cod Hospital*
Michela Juliano, *Brigham & Women's Hospital*
Katherine Lawn, *Tufts Medical Center*
Felicia Laguerre, *Newton-Wellesley Hospital*
Maggie McDonagh, *Cambridge Health Alliance*
Madeline McInnis, *Tufts Medical Center*
Anna Murphy, *Atrius Health*
Onyekachi Nzerem, *Lemuel Shattuck Hospital*
Irina Pfeifer, *Tufts Medical Center*
Emma Wells, *St. Elizabeth's Medical Center*
Sean Whelan, *Cambridge Health Alliance*

Worcester City Hospital Scholarship (Parents Bargaining Unit)

Megan Nguyen, *UMass Memorial HHH*
Emily Saucier, *UMass Medical Center University*

Casey Mullaly, *St. Vincent Hospital*

Thank you to all the MNA Regions for supporting the MNF! The achievements of the goals established for the Massachusetts Nurses Foundation are directly related to the commitment and contributions of many nurses and other supporters of the Foundation. The Foundation wants to acknowledge the strong support from Regional Council 5 for their contribution to the Annual Golf Tournament. We would also like to recognize those members who donated and obtained auction raffle items and made these fundraisers major successors. The success of the scholarships, awards and programs is dependent on the outstanding work of the leadership of the Regional Councils and the MNF working with the MNA staff.

Goals for 2020 - 2021

- Successful fundraising like the golf tournament, silent auctions and regional council raffle tickets and events such as the Holiday Pops and Celtics tickets.
- Continue collecting and distributing monies for scholarships.
- Continue to explore lucrative avenues for further fundraising.
- To formulate a budget that maximizes the efficient utilization of the MNF resources.

The MNF Board of Trustees wants to thank each and every person who has supported the Foundation in achieving its mission. Special recognition to the MNA staff for their assistance with the fundraising events.

Nominations and Elections Committee

Committee Member
Shannon Niles

Staff
Joe-Ann Fergus, Jennifer Marshall

Accomplishments

2019 MNA GENERAL ELECTION RESULTS

<p>Vice President, Labor</p> <p>Marie Ritacco</p> <p>Treasurer, Labor</p> <p>Nora Watts</p> <p>Director, Labor*</p> <p>Region One</p> <p>Mark Brodeur</p> <p>Region Two</p> <p>Katie Murphy</p> <p>Region Three</p> <p>Samantha Joseph-Erskine</p> <p>Region Four</p> <p>Brian Zahn</p>	<p>Nominations Committee</p> <p>Region One</p> <p>Region Two</p> <p>Region Three</p> <p>Region Four</p> <p>Region Five</p> <p>Bylaws Committee Emily Osinubi</p> <p>At-Large Position in Regional Council Region One Region Two Region Three Region Four</p>
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<p>Region Five Dan Rec</p> <p>Director At-Large, Labor*</p> <p>Robin Lucia Kathy Reardon</p> <p>Betty Sparks</p> <p>Director At-Large, General*</p> <p>Karen Coughlin</p> <p>Linda Barton</p> <p>Beth Piknick</p> <p>Victoria Pike</p>	<p>Brian Zahn Haruna "Mali" Maliani</p> <p>Region Five</p>
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DIVISION OF NURSING

Director

Judith Parè

Associate Directors

Mary Crotty • Mary Sue Howlett
Carol Mallia • Charlene Richardson
Peg Tayler • Christine Pontus

Associate Directors for Labor Education

Deb Sullivan
Joe Twarog

Ethics Consultant

Sarah Moroney

Department Assistants

Theresa Yannetty • Elizabeth Chmielinski
Susan Clish

During the past year, the Division focused on issues and programs that impact the health and safety needs of frontline nurses amidst the COVID-19 global pandemic.

Sarah Moroney guided the Center for Ethics as a part-time consultant. The Director and Associate Directors continued to investigate and assist in providing resolution regarding issues involving nursing practice. In March 2020, the governor of the Commonwealth of Massachusetts declared a state-wide shut down amidst the growing numbers of persons diagnosed with the COVID-19 virus. Massachusetts was one of the hardest hit states with the number of persons diagnosed and dying of the illness. By the end of the 2019-2020 fiscal year there was an estimated 108,000 persons diagnosed and 7,500 probable cases of COVID-19 across the state. Due to the unique needs of our members and the patients that they care for the Division utilized the expertise of Kevin Kavanaugh MD and Jonathan Rosen.

Kevin is an infectious disease and global health specialist and Jonathan is an industrial hygienist. Their guidance in the development of protocols and the vetting of safe and effective personal protective equipment has been a valuable resource during this global crisis.

Initiatives that continue to receive positive feedback by the membership were:

Free Continuing Education programs are offered to all MNA members and Associate Members. The place-holder fee continues for all MNA programs. This eliminates wait lists and accurately predicts attendance numbers.

The place holder fee structure is as follows: \$25.00 half-day program, \$50.00 full day program and \$75.00 for the annual clinical conference. Members are not charged the place-holder fee if they attend the program. This same fee structure is also implemented for Region programs.

In addition, a fee of \$100.00 is required to register for ACLS with a nonrefundable fee of \$50.00 for the workbook. The MNA has tentatively scheduled a virtual Zoom classroom (August 2020) session for members who are in need of ACLS certification. This will be followed by in person competencies sessions that conform to state restrictions due to COVID-19.

The 15th Annual Clinical Nursing Conference was cancelled due to the COVID-19 pandemic

Region & Online Programs: Prior to the state's shutdown the MNA provided 32 face to face programs that reached 2,245 members. In the fall of 2019, the MNA launched a program focusing on the nursing implications of vaping which has been extremely well-reviewed by members.

Due to the restrictions posed by the shutdown during the spring 2020, the Division shifted to an online modality and increased online the enduring programs to 13 and 160 nurses successfully completed these programs during

the 2019-2020 fiscal year. The topics for these programs were those that our members had previously requested as face to face offerings.

Department Staff: Judith Parè PhD, RN assumed the role of Director in May 2017. Judith staffs the Congress on Nursing Practice and represents the MNA on several initiatives including the Zika Advisory Commission. Mary Sue Howlett has been leading the Division in the shifting of what were to be face to face programs to enduring, online offerings. Carol Mallia and Charlene Verga continue to share their expertise and skills in a variety of clinical practice areas including peer assistance for substance use disorders and the opioid crisis. Mary Crotty continues to provide guidance and support related to legislative and governmental changes. Mary Crotty, Charlene Verga and Peg Tayler continue to actively monitor the activities of the Massachusetts Board of Registration in Nursing which has changed its monthly public meetings to conference calls due to the COVID-19 restrictions.

Consultation: The consultation role for practice issues is a formal/informal process in the Division of Nursing. The Associate Directors are assigned to teams but work together for complex issues. Career Advisement continues to be the responsibility of the Nursing Division. All Nursing Division Associate Directors and the Director respond to Peer Assistant calls. The COVID-19 pandemic has resulted in all staff becoming actively involved in supporting frontline nurses in issues related to health and safety, personal protective equipment, staffing during and beyond the pandemic and supporting the mental health needs of nurses experiencing issues such as PTSD and beyond that have been triggered by the pandemic. This consultation has taken a variety of forms including organizing Zoom meetings, monitoring Facebook, receiving, and outreaching telephone calls and text messages to frontline nurses and their families. Peg Tayler has been providing daily consultation and vetting

along with the staff from the Division of Media and Public Communications to update the COVID-19 resources available on the MNA-website for our members.

The **ANCC Provider Unit:** continues to meet monthly and review the policies and procedures related to the maintenance of the Division's provider unit accreditation.

Labor Education: Mary Sue Howlett provided guidance and mentoring for Joe Twarog and Deb Sullivan during the IACET application process. The application is scheduled to be submitted by August 2020 and if accepted the Division will prepare for site visit during 2021. Joe and Deb completed numerous on-ground labor education programs at various locations throughout the state until the pandemic restrictions caused all educational offerings to be held virtually. The team is preparing to videotape a selection of programs that will provide members enduring opportunities to engage in labor education beginning in the fall, 2020.

On-Line Continuing Education: The Division will begin a new collaboration with Ausmed publishing in November 2020 which will offer a more robust portal for the MNA to offer members online access to CE and labor education programs.

BSN and Graduate Nursing Education

Contracts continue to be active with the following schools with tuition reduction: Bradley University Capella University, Chatham University 20% Emmanuel College 10%, Southern New Hampshire University 15%, St. Joseph's College 15%, Walden University 20% and Drexel University. A new contract was signed with Regis University which will offer members and their families, access to discounts on enrollment in a variety of degree majors. This contract also provides for a full-tuition scholarship for a family member's student who has suffered the loss of a parent as a results of the COVID-19 virus.

The MNA Congresses and Committees of the Divisions of Nursing are as follows; Congress on Nursing Practice, Congress on Health and Safety, Center for Ethics and Human Rights, Education Committee, Board Policy Committee, Awards Committee, Safe Patient Handling, Workplace Violence and Convention Committees. These committees actively pursued their goals with considerable accomplishments throughout the year. (See individual reports)

- The **Convention Committee** has been on hold since the onset of the COVID-19 pandemic. The 2020 Convention was cancelled, and the 2021 event has been rescheduled for October 6-8, 2021 at the Sheraton Boston.
- **Transitions for New Graduate Nurses:** These programs were cancelled due to the COVID-19 restrictions.
- **Career Services has responded to multiple requests throughout the year. Requests in order of priority were; obtaining a position in the still challenging professional market; returning to nursing; refresher courses; selection of a nursing program; assistance with resume development and career options; degree options; nursing scholarships and loan forgiveness.**

Members of the Department of Nursing extend their appreciation to all the volunteers of the MNA structural units and members who have provided vision, knowledge and expertise to projects and programs developed for the Mass. Nurse Association and the nursing community. The Department looks forward to interacting with and assisting the membership during this next year.

Addictions Nursing Council

Members

Donna White, *Chairperson*

Susan Dahl

Adam Barrett

Carol Kowalski

MNA Staff

Carol Mallia

Accomplishments 2019 -2020:

- Promoted the Peer Assistant program through direct mailings as well as live presentations to Bargaining Unit Chairs and Bargaining Unit Facilities
- Maintained a Web site for the Peer Assistance Program: www.peerassistance.com
- Created a new Online CE on Impaired Practice which went live in May 2020.
- Members of the committee presented educational programs on Addictions in Nursing to the MNA Regions, Health Care Facilities and Schools of Nursing.
- Informational requests to the Peer Assistance Support line increased with COVID to an average of 3 - 5 contacts per month.
- Chairperson, Donna White, continued her involvement at the nineteenth Annual Cape Cod Symposium on Addictive Disorders in September 2019.
- Committee member, Adam Barrett, presented on Impaired Practice to the Nursing Leaders at a major teaching hospital.

- Chairperson, Dr. Donna White, has presented at multiple national conferences on subjects related to substance use in nursing.
- Distributed the "Impaired Practice in Nursing: A Guidebook for Interventions and Resources at the Labor Summit and other CE events throughout the year.
- Continued to collaborate with the Massachusetts Chapter of the International Nurses Society on Addictions to promote awareness of resources for nurses with impaired practice.
- Continued to collaborate with Mass Organization for Addiction Recovery (MOAR).
- Committee member Carol Mallia continued to work with the Labor Assistance Professional LAP certification.
- MNA leadership and Carol Mallia met with the acting SARP coordinator and the BORN leadership to share concerns regarding the program's direction and the BORN's decision to eliminate Health Professional Support Groups as a component of the SARP contract. As a result of that BORN decision, all but one support group has unfortunately stopped meeting and SARP candidates do not have Health Professional Support Groups as a resource during their recovery process.

Goals for 2020 / 2021:

- Continue to promote the MNA Peer Assistance Program, particularly in light of the SARP policy change to eliminate Health Professional Support Groups.
- Develop a marketing plan for the New Online CE program and target Schools of Nursing and area facilities.

- Continue to present the “Impaired Practice in Nursing: A Guidebook for Interventions and Resources” at the MNA Convention and other events.
- Continue to distribute the Peer Assistance Program Flyers to healthcare facilities across the state.
- Continue to network with groups involved with Addictions.
- Continue to interface with the BORN – SARP on issues related to addictions and promote collaboration between the agencies.
- Continue to support and monitor the activities of the Peer Support Program.
- Promote membership and involvement, particularly student groups interested in MNA and Addictions Nursing, via attendance at committees, informational visit to the MNA and Addictions work.

Awards Committee

Members

Susan Wright-Thomas, *Chairperson*

Linda Barton

Kimberly Ciampa

P. Karen Duffy

Nathan Fillion

Kay Marshall

Lynne Starbard

Donna Stern

Kelly Williams

MNA Staff

Mary Sue Howlett

Accomplishments 2019 – 2020

- Increased committee membership to ensure broader representation from all MNA regions
- Reviewed, revised and implemented MNA Awards policy, procedures and criteria.
- Reviewed awards criteria to ensure criteria accurately reflects the role of the MNA membership
- Established the Eileen Norton Labor Activist Award, approved by the Board of Directors and to be presented at 2020 Awards ceremony
- Issued Call for Nominations for 2020 MNA Awards.
- Continued electronic submission process for Award nominations.
- Reviewed and evaluated all nominations submitted for the 2020 MNA awards; sent recommendations for award recipients to the MNA Board of Directors.
- Planned Awards presentations in compliance with COVID-19 restrictions and state guidelines.

Goals for 2020 – 2021

- Issue Call for Nominations for the 2021 MNA Awards and process nominations according to Awards Committee policy and procedures
- Revise MNA Awards to reflect current practice and the work of the MNA membership
- Consider continuing remote meeting access to increase participation and limit travel requirements

Center for Ethics and Human Rights

Members

Lola Roland, Ellen Farley

MNA Staff

Sarah Moroney, *Consultant*

Accomplishments 2019 – 2020

- Discussed case studies re: ethics at meetings.
- Reviewed and discussed pertinent literature on the evolving health care system and its' ethical implications.
- Reviewed the MNA CE offerings and identified what provisions in the Code of Ethics for Nurses related to each specific CE offering.
- Provided the MNA continuing education staff with copies of the ANA Code of Ethics for Nurses, highlighting the specific provisions in the Code for Nurses related to its specific offering to be included in the CE offering packet.
- Continued to work on the best way to conduct a survey of the schools of nursing in Massachusetts to determine the type and quantity of ethics in their nursing curriculum.
- Continued to work on a review of MNA policies as stated in the MNA Policy Manual. Conducted a review of all the MNA Position Statements.
- Continued to monitor the search for common ground within the larger nursing community.
- Reviewed and monitored state and national legislation related to the COVID-19 crisis.

- Served as a resource on ethical issues to the MNA Board of Directors and MNA members.
- Participated in zoom meetings with the MNA Board Subcommittee working on a Position Statement on Systemic Racism.

Goals for 2020-2021

- Continue to work on MNA Position Statement on Systemic Racism.
- Hold ethical discussions at meetings.
- Serve as a resource on ethical issues to the MNA Board of Directors and MNA members.
- Monitor developments in the evolving health care system for its ethical implications
- Monitor implementation of the MNA policy which integrates ethics into the MNA continuing education offerings using data obtained in the evaluation form of each program.
- Complete a survey of Massachusetts Schools of Nursing re: how ethics is taught in their programs.
- Continue review of MNA's policies and procedures.
- Continue to monitor the COVID-19 crisis and its' ethical implications.

Congress on Nursing Practice

Members

Linda Barton RN, BS Chairperson

Mary Doyle Keohane RN

Beth Amsler RN

Kathy Goettel RN BS

Linda Winslow RN

Elizabeth Fitzmaurice, RN

MNA Staff

Judith Pare, PhD, RN

Margaret Taylor Careau, RN, MS, M.Ed

Mary Crotty, JD, RN

The Congress is chaired by Linda Barton RN. The members had been meeting monthly at MNA, but the meetings were suspended in March 2020 due to restrictions imposed by the COVID-19 restrictions. The priorities that were achieved during the year were:

- Providing support and mentoring for members working at St. Elizabeth's Hospital in Brighton who were experiencing unsafe staffing incidences and lack of support for AWOHN guidelines to provide safe patient care for mothers and newborns.
- Research and advocacy related to identified "patient-care deserts" that exist in Massachusetts to meet women's health care needs.

Goals for 2020-2021

- Assess clinical practice & educational and mental health support needs for frontline nurses who continue to experience challenges related to COVID-19.

Center for Ethics and Human Rights

Members

Lola Roland, Ellen Farley

MNA Staff

Sarah Moroney, *Consultant*

Accomplishments 2019 – 2020

- Discussed case studies re: ethics at meetings.
- Reviewed and discussed pertinent literature on the evolving health care system and its' ethical implications.
- Reviewed the MNA CE offerings and identified what provisions in the Code of Ethics for Nurses related to each specific CE offering.
- Provided the MNA continuing education staff with copies of the ANA Code of Ethics for Nurses, highlighting the specific provisions in the Code for Nurses related to its specific offering to be included in the CE offering packet.
- Continued to work on the best way to conduct a survey of the schools of nursing in Massachusetts to determine the type and quantity of ethics in their nursing curriculum.
- Continued to work on a review of MNA policies as stated in the MNA Policy Manual. Conducted a review of all the MNA Position Statements.
- Continued to monitor the search for common ground within the larger nursing community.
- Reviewed and monitored state and national legislation related to the COVID-19 crisis.

- Served as a resource on ethical issues to the MNA Board of Directors and MNA members.
- Participated in zoom meetings with the MNA Board Subcommittee working on a Position Statement on Systemic Racism.

Goals for 2020-2021

- Continue to work on MNA Position Statement on Systemic Racism.
- Hold ethical discussions at meetings.
- Serve as a resource on ethical issues to the MNA Board of Directors and MNA members.
- Monitor developments in the evolving health care system for its ethical implications
- Monitor implementation of the MNA policy which integrates ethics into the MNA continuing education offerings using data obtained in the evaluation form of each program.
- Complete a survey of Massachusetts Schools of Nursing re: how ethics is taught in their programs.
- Continue review of MNA's policies and procedures.
- Continue to monitor the COVID-19 crisis and its' ethical implications.

DIVISION OF HEALTH & SAFETY

Director

Judith Parè

Associate Director

Christine Pontus

Associate Director

Peg Tayler-Careau

Department Assistant

Susan Clish

The Division of Health and Safety staff act as a resource, consultant and educator for MNA members, members of the nursing community, healthcare organizations and other staff on a wide variety of health and safety-related topics. During the past year, the Division focused on issues and programs that impact staffing for nurses at the bedside, culture of safety, work-related violence, hostile work environments, bullying, infectious disease, workplace environmental exposures, indoor air quality, respiratory protection workers' compensation.

In early 2020 it was decided to produce 4 educational programs for our public sector members within the State of Massachusetts. Four programs were developed to be presented in three different facilities across the state located in Worcester, Taunton and Northampton through the months of April May and June.

We also developed a continuing education program with Rutgers University titled **Developing Therapeutic Partnerships for Changing Addictive Behavior** to be presented to the Pennsylvania Nurses (PASNAP) in Wilkes Wilkes-Barre PA on April 20, 2020.

Due to the COVID 19 outbreak these planned programs were diverted and our focus changed to meet the

immediate needs of the memberships' educational and personal protective equipment requirements.

Initiatives that continue to receive positive feedback by the membership were:

- **Regional Programs:** The Division of Health and Safety provides educational programs in hospitals and healthcare systems when needed.
- We have participated on the Massachusetts Governor's Executive Committee 511 to continue to bring OSHA safety regulations to the public sector and municipal workers. Staff from the Division has collaborated with OSHA to discuss the problem of workplace violence. We have taken part in the Ergonomic Task Force with DPH for safe patient handling education and were instrumental in developing a conference presented at the Massachusetts Hospital Association. MNA is also involved with prevention initiatives dealing with sharps injuries among health care workers.
- **Division of Health and Safety:**
 - February 2020 a Covid19 Fact sheet was created and distributed for members
 - An MNA White and Position Paper on Reduction of Restraint and Seclusion Related to Staff and Patient Safety Concerns was completed with the Congress on Health & Safety.
 - An MNA Position Paper on how Nurses Play a Key Role in Responding to the Opioid Epidemic is currently being developed.
 - Our "Code Gray" policy and plan for hospitals to customize preventing workplace violence continues to be requested distributed by both member and nonmember facilities.

- Promote and educate using a marketing board for Health & Safety.
- Developed educational programs and materials for Healthcare Worker Resiliency and contributed to providing Domestic Violence to our Unit Seven and other members.
- Continue to distribute the Zika Virus informational pamphlet for the MNA membership to access both online and on paper.
- The workplace Violence Survey conducted by the Workplace Violence Task Force through the Division of Health & Safety in collaboration with the Department of Membership continues to serve as a source of data.
- Developed educational material with called: **"Nursing and Mental Healthcare Worker Resiliency Workshop "**.
- Education on **"The Prevention of Violence,"** presented for both members, Hospitals and other Unions.
- Participate quarterly on the Governor's Task Force Executive Order 511
- Participate on a national advisory board for sharps
- Member of the DPH State Occupational Health Advisory Board
- Member of the Center for the Promotion of Health in the New England Workplace (CPH-NEW) External Advisory board.
- Participate as a board member of the Massachusetts Association of Chemically Injured.
- Member of the State of Massachusetts Safe Patient Handling Stake Holders Group

- Included in the Immunization Coalition in Massachusetts
- Coordination of the Joint Congress on Health & Safety and Prevention of Workplace Violence Task Force
- Support the Congress on Health & Safety
- Support the Prevention of Workplace Violence Task Force
- Provided education to area Colleges and Universities on Health and Safety
- Provided expertise and guidance to the carpenters' union regarding infection control

MNA Safe Patient Handling Legislation was submitted and a hearing scheduled in late October 2019. MNA is compiling a panel of members comprised of individuals from the Safe Patient Handling Task Force and experts in the field to testify in support of the legislation. MNA Health & Safety has been a leader in the role of education and legislative action involving Safe Patient Handling and Workplace Violence Prevention within and throughout the state.

MNA testified in support of our **Workplace Violence Prevention Bill**. The role MNA plays regarding the protection of healthcare workers is recognized both state-wide and nationally.

Bargaining Unit Programs: Requests usually come in through individuals, management (Unit 7) or heads of bargaining units throughout the membership facilities. We offer programs with a continuing education component as well as without awarding continuing education credits.

Virtual Program: MNA offered a virtual live online program on July 15, 2020 called Through the Eyes of the Frontline Workers.

Division of Health and Safety: Provided continuing education to the general membership as part of the ANCC Summer, Fall, Winter and Spring.

Consultation: The Division of Health & Safety is called upon daily by individual MNA members and non-members, MNA labor representatives and others whom MNA affiliates with in one way or another, seeking advice and direction in relation to environmental concerns and working conditions.

The consultation role for health and safety issues is a formal process in the Division of Health and Safety. The Division serves as the primary resource assisting members with work-related issues and concerns, skillfully guiding members through the event process and providing post-event follow-up. We work with Bargaining Unit members to integrate a systems approach to identifying and preventing factors associated with workplace violence and various types of work-related issues such as air quality, infectious disease and other hazardous conditions found at the workplace.

The Associate Director represents the Massachusetts Nurses Association and membership by attending various educational and Public Health forums and meetings throughout the year. Many of these meetings are held monthly or quarterly. Some of the organizations and groups that Health & Safety attend are MassCosh, the Massachusetts Asthma Coalition, MDPH Hepatitis-C Coalition, MDPH Occupational Health Surveillance Program (Advisory Board Member) and a member of a National Needle Stick Advisory Committee. Health & Safety is on the State Safe Patient Handling Stake Holders Group who directs the activities of the State Ergonomic Task Force. We have been invited to be members of the Governor's Task Force on Worker Safety in the public sector overseen by the Department of Public Health.

Department Staff: We would like to acknowledge the contribution and is indebted to all of the nursing staff who represent MNA on various committees outside the organization. Sue Clish works tirelessly to support Health and Safety in all our endeavors.

DIVISION OF OPERATIONS

Director

Shirley A. Thompson

Network Coordinator

Maurice Perry

IS Manager

Leo Kerrigan

Receptionist

Simone Downing

Maintenance Cleaners

Marshall Robbins, Lorena Salazar, William Salazar

Regional Office Manager's

Region 1, Jasmine Rodriguez

Region 2, Carey Zimmerman

Region 3, Patricia Conway

Region 4, Margaret "Peggy" O'Malley

Region 5, Harriett Duggan

DIVISION OF PUBLIC COMMUNICATIONS

Director

David Schildmeier

Associate Directors

Chris Doucette, Graphic Design & Print Production

Jennifer Johnson, *Massachusetts Nurses Advocate* Editor

Joe Markman, Communications Specialist

Erin Servaes, Graphic Design & Print Production

Print Shop Technicians

Tom Lent

Division Assistant

Maggie Sheibley

The Division of Public Communications in 2020 continued to develop and implement communication efforts on behalf of members and the broader nursing community, with a special emphasis in providing messaging to support a number of new contract campaigns, support our legislative issues (workplace violence, workplace development, safe patient handling, and essential services). A major focus of this year's activity was coordinating the organization's communications activity in response to the COVID-19 pandemic. This effort resulted in MNA members and the MNA position on a variety of aspects of the pandemic response appearing daily in media outlets across the Commonwealth, as well as significant coverage in national media outlets, including CNN, USA Today, the Wall Street Journal, Washington Post, CBS Good Morning, etc. During this period the media came to see the MNA as a credible and reliable source for information, which will set us up for more coverage on a variety of issues once the pandemic subsides. We have also played a role with other divisions

in contributing to the planning for a new membership system, with an emphasis on the development of enhanced communications tools – i.e. blast texting and better email communication.

MNA Networks/Local Bargaining Unit Campaigns

The Division, with the support of Jennifer Johnson and Joe Markman, continued its efforts to support the MNA Networks/bargaining units in their contract and local unit struggles through coordinated communications and media planning. This support included:

- Media training and the generation of greater publicity to support contract fights.
- Assistance in developing flyers and newsletters for networks and bargaining units.
- Development of newspaper and radio ads and other materials used to get the MNA message out.
- Participation in strategic planning with network/bargaining unit leadership to incorporate public outreach and media relations into the negotiation process, and/or to address problems and issues between contracts.

More and more bargaining units are involving a member of the Communications Division in their negotiating process, requesting us to sit in on negotiations and consult with negotiating committees as the talks develop. This has resulted in:

- Development of bargaining session updates for immediate distribution.
- Posting on our Facebook page along with the creation of bargaining unit group Facebook pages to support contract fights.
- Email blasts over the MNA email networks.
- Videos to highlight specific issues and struggles, and

Other innovative strategies to move the negotiations forward to a successful conclusion

Below are some highlights of the Division's activity during the past year:

- Continued our work with the Division of Legislation and Governmental Affairs to provide testimony, printed materials, media outreach, videos and social media outreach to promote key pieces of legislation. This included utilizing these efforts to draw attention to hearings on our Workplace Violence Prevention Bill, Essential Services, Workplace Development, Safe Patient Handling, and others. We also provided support by producing printed materials and press releases to promote endorsed candidates.
- Provided extensive support to the nurses at Baystate Franklin Medical Center and Baystate Noble to protect ICU and pediatric services, as well as to a major campaign to oppose the closure of inpatient psych services and their replacement by a for-profit provider with a questionable record.
- Provided extensive support to the nurses of Steward Healthcare, waging a successful campaign to win a new contract for the nurses at Morton, Holy Family, protection of the Norcap Lodge and others. This included developing national stories exposing Steward's practices, which ultimately contributed to Steward committing to a more positive relationship with the MNA.
- We are providing ongoing support to the nurses of St. Luke's Hospital as they negotiate their first contract with Southcoast. We are also supporting a campaign to prevent the closure of the maternity unit by Southcoast at Tobey Hospital in Wareham.

The MNA Print Shop, which operates under the direction of the Division, continues to be one of the most popular

and effective aspects of the organization with nearly every bargaining unit taking advantage of the many tools available by utilizing the services to create flyers, posters, newsletters and more.

REGIONAL COUNCIL 3

Officers

Chair - Deb Caruso, VNA of Cape Cod East Chair
Vice Chair – Patricia Karen Duffy, Signature Healthcare
Brockton Hospital, MNA BOD
Secretary - Janet DeMoranville, Beth Israel
Deaconess/Plymouth Hospital
Treasurer - Joanne Kingsley, Signature Healthcare
Brockton Hospital Designee (elected)

Council Members

Judy Apone, Falmouth Hospital Chair
Barbara Crupi, VNA of Cape Cod West Co-Chair
Sherry DeMoura, Morton Hospital Co-Chair
Cindy Dodge, VNA of Cape Cod (elected)
Suellen Ford, Martha's Vineyard Hospital Designee
Maureen Healy, Good Samaritan Medical Center Co-Chair
Elisabeth Irwin, , Good Samaritan Medical Center Co-Chair
Samantha Joseph-Erskine, Saint Luke's Hospital, MNA
Board of Directors – Labor Region 3
Peggy Kilroy, Cape Cod Hospital – Retired (elected)
Joanne Murphy, Beth Israel Deaconess/Plymouth Hospital
Designee
Dorothy Roberts, Morton Hospital (Acting Chair)
Shannon Sherman, Cape Cod Hospital Chair
Stephanie Stevens, Beth Israel Deaconess/Plymouth
Hospital – Retired (elected)

Staff

Pat Conway, Regional Office Manager
Lisa Field, Community Organizer

Acknowledgements:

Regional Council 3 sends a special thank you and best wishes to Cindy Dodge who retired this year from the VNA of Cape Cod. Cindy was an active member, leader

and great contributor to supporting the efforts of the Regional Council and the MNA organization.

We also celebrate the Region 3 members who received 2019 Awards at Convention in recognition of their contribution to the nursing profession, MNA and their fellow members:

Peggy Kilroy: Retired MNA Member Award

Linda Winslow: Retired MNA Member Award

Eric Kelley: MNA Advocate for Nursing Award

Eileen Norton: Judith Shindul Rothschild Leadership Award

Beth Piknick: Judith Shindul Rothschild Leadership Award

Cynthia Dodge: MNA Excellence in Nursing Practice Award

Accomplishments 2019-2020

Regional Council 3 holds ten (10) Council meetings each year. We are grateful to the representative members from nearly all of the bargaining units/facilities within the region who participate in determining the educational, financial, political and philanthropic goals and agenda for the region. In addition, these Council Members report on the status of the collective bargaining agreements and discuss other workplace-related issues relative to their respective facilities.

The southeastern unit of the MNA has successfully provided education for professional development, promoted regional coalitions and member involvement, organized worthwhile community outreach programs and supported the collective bargaining units in the region through the following activities:

- Provided substantial financial support to the Safe Patient Limits Campaign, the MNF Scholarship Fund, the MNA Convention, the MNA PAC, the Greater Southeastern MA Labor Council and the Plymouth Bristol Labor Council.

- Participated in Safe Patient Limits initiatives and other important local/regional political and labor activities.
- Participated in Regional Summit Meetings with the MNA President and all other Regional Councils to discuss/determine organization-wide issues, policies, programs and ideas to benefit our members in our role as their professional association and union.
- Facilitated a robust Continuing Education program schedule, by hosting an array of programs in the Fall, including the Annual Deb Walsh Memorial OB/GYN Lecture Series, at no cost to members.
- Provided staff support and meeting facilities for bargaining units and union business meetings within the region.
- Hosted the Labor School curriculum to provide educational guidance and support to the bargaining unit leadership and negotiation committees in the region.
- Supported bargaining units and members by offsetting their costs to attend the 2019 Convention, the Labor Leaders Conference and various bargaining unit meetings and morale-boosting forums.
- Continued the tradition of conducting the Rosemary O'Brien RN Memorial Food & Diaper Drive to Benefit Independence House, a community-based organization that provides services to women, men and children who are victims of domestic or sexual abuse.
- Through the MNA AEDs For Life Campaign, provided financial support to numerous non-profits in the region to purchase defibrillators for their facilities.

Goals for 2020-2021

- Provide support services, staff and office facilities to all members as well as nursing professionals at large in the region.
- Encourage the leadership in each Bargaining Unit to actively engage in the ongoing efforts of the Regional

Council, to communicate their needs, and to share their ideas for future progress and having a positive impact on the workplace, healthcare and community issues that are important to our members.

- Continue to serve the members by providing educational programs and sponsor professional development activities and events at little or no cost to them.
- Encourage members to actively engage in the business and mission of their union, including legislative efforts and statewide issues that affect the nursing profession and their practice.
- Welcome members that are new to the region by keeping them informed and encouraging their participation in regional events, programs, and meetings.
- Be responsive to the needs of the members by soliciting their participation and input regarding educational topics of interest, regional office support needs, and the promotion of charitable or political efforts.
- Organize and maintain community projects that provide members opportunities to serve their communities and benefit their fellow citizens.

REGIONAL COUNCIL 5

Officers:

2019-2021: Joan Ballantyne (Norwood Hospital), *Chair*
2019-2021: Barbara Tiller (Tufts Medical Center), *Vice-Chair*
2019-2021: Kathy Reardon (Norwood Hospital), *Secretary*
2019-2021: Dan Rec (Brigham & Women's Faulkner Hospital), *Treasurer*

MNA Board Reps:

2019-2022: Dan Rec (Brigham & Women's Faulkner Hospital)
2017-2020: Joan Ballantyne (Norwood Hospital)

At Large Directors:

2019-2021: Kirsten Ransom (St. Elizabeth's)
2019-2021: Linda Barton (Norwood Hospital)
2018-2020: Karen Coughlin (Retired)
2018-2020: Vacant

Bargaining Unit Representatives:

American Red Cross: Tina Holman
Atrius Health: vacant
Boston Medical Center: Susan Sirrico
Boston VNA: Joan Hurton
Brigham & Women's: Patricia Powers
Brigham & Women's Faulkner Hospital: Kathy Glennon, Dan Rec
CHA Cambridge Hospital: Suzanne Dailey, Jennifer Tynan; Susan Wright Thomas-designee to attend R5 council meetings
CHA Somerville Hospital: Diane Roberto, Lisa Valley-Shah
CHA Whidden Hospital: Carla Cerrato, Sharen Froilan
Carney Hospital: Elaine Graves
Dana Farber Cancer Institute: Stephen Laughlin
Dialysis Clinic, Inc.: Peter Costello

Medford School Nurses: Allison MacGilvray; Karen Roberto-designee to attend R5 council meetings
Newton Public Health: Susan Riley, Linda Sawyers
Newton-Wellesley Hospital: Kameko Gregory, Julie Gordon; Betty Sparks- designee to attend R5 council meetings

Norwood Hospital: Joan Ballantyne, Kathy Reardon
St. Elizabeth's: Christine Kenney, Kirsten Ransom
Tufts Medical Center: Mary Cornacchia, Sandra Keenan
Unit 7 (state facilities): Debra Beaudette

Staff:

Harriett Duggan, Office Manager
Brian Moloney, Community Organizer
Charlene Richardson, Nursing Division Liaison

Accomplishments for 2019 – 2020

- Strengthened bonds of solidarity among participating local units.
- Facilitated (in person and virtual) MNA Region 5 Council meetings. The Council meets the third Tuesday of odd-numbered months. All are encouraged to attend. Participation is important so that Region 5 hears about facilities' interests and needs and regional information is brought back to members at facilities. In 2020 the main focuses of the agendas were to allow time to connect and share about bargaining unit experiences during the pandemic and how MNA can support members. Supported a variety of financial requests of MNA Region 5 bargaining units. Encouraged units to access MNA division support onsite at the facility to build morale and solidarity (e.g. MNA Days, contract distribution, open meetings, etc.).
- Created, mailed* and posted online one issue (December 2019) of the quarterly** newsletter of MNA Regional Council 5. This communication provides the following for its members: bargaining unit updates, Greater Boston Labor Council updates, MNA continuing education in Region 5, MNA labor school education in Region 5;

information on volunteer work of our MNA colleagues, MNA member benefits, dates of council meetings and other events related to MNA and/or MNA Region 5.

*Mailed newsletters via US mail to its members. Emailed electronic editions of newsletter to Region 5 chairs with directions to share electronically, if possible, with bargaining unit members. Newsletters are also archived and accessible online at www.massnurses.org/region5/newsletters.

**Due to COVID-19, MNA R5 ceased production of its quarterly newsletter to allow members to focus on their works of service and their own wellness and self care and to support members during challenging times.

- Maintained a Region 5 web page and encouraged development and maintenance of local unit web pages.
- Maintained participation in Greater Boston Labor Council, the umbrella organization for labor unions in the greater Boston area. GBLC membership includes the opportunity to send delegates to GBLC monthly meetings. Region 5 can network, access outreach opportunities and (in person and virtually) attend solidarity events. Region 5 was represented with attendants at the following GBLC events: Labor Day Breakfast (September); Salute to Municipal Officeholders (November); Legislative Breakfast (April). Region 5 also made direct donations to support COVID-19 related food drives for its members and greater Boston communities.
- Supported and virtually attended the annual Labor Guild Cushing-Gavin Awards Dinner (December).
- Maintained representation on Massachusetts Nurses PAC.
- Maintained level funding for scholarships through the Massachusetts Nurses Foundation.
- Provided regional needs by registering members for MNA's continuing education programs in fall 2019 in Region 5. MNA provided only online and virtual continuing education in 2020.

- Provided regional needs by registering for MNA's Labor School programs in fall 2019 in Region 5. Virtual classes were provided in 2020.
- Encouraged and subsidized membership attendance at MNA continuing education, MNA Labor School, and other MNA events.
- Continued to receive and hold space for donated non-perishable food items for donation to the Greater Boston Food Bank for those in need.

Goals for 2019 – 2020

- To achieve 100% participation by local unit chairs or their designees.
- To expand offerings of educational programs that meet members' needs.
- To maintain successful scholarship program.
- To deepen involvement of members in political action and community affairs.
- To deepen coalition work between local units and other labor/community groups.
- To increase member participation in regional community outreach events. In particular, regain interest and enlarge the number of MNA members to join in marching/riding the MNA mobile unit in the Dorchester Day Parade (June) and the Roslindale Parade (October).
- To promote and support interested MNA members to attend national nursing conferences such as Labor Notes Chicago.
- To continue efforts toward getting legislation for safe staffing numbers for other areas, as done for ICU.