Still United,
Still Committed to Securing Safe Patient Limits.
Pride in What We Achieved, Hope for What’s Next

To my fellow nurses and MNA members,

As I write this, looking back over the last two years — and the last six months in particular — of our ballot campaign for safe patient limits, I am filled with both pride and hope.

Every single one of you who advocated for Question 1 and patient safety gave your hearts and souls to this campaign. I am incredibly proud and grateful for everything you have done. There are millions more people today in Massachusetts who know and care about this issue because of the work you put into Question 1, and thousands more patients and their families are now better able to advocate for themselves as a result.

Right now, there are nurses caring for too many patients at one time. And the problem continues to grow every year. The status quo is NOT a solution. The problem continues to grow every year. This issue is now in the public, finally outside the walls of the hospitals. Along the way, hospitals have admitted there is a problem. They just don’t want to be held accountable with limits. All patients deserve a safe standard of nursing care in our acute care hospitals, and with your help we will continue our fight for the safest care for our patients.

Over the next few weeks I will be meeting and debriefing with the MNA Board of Directors, MNA staff, organizers, members of the ballot teams, and bargaining unit committees. I encourage everyone to participate in any of the opportunities to debrief with colleagues and friends as we continue to advocate for our patients and discuss our next steps.

Thank you to every single person who stood up to a $28 billion industry that didn’t want to be held accountable with limits. All patients deserve a safe standard of nursing care in our acute care hospitals, and with your help we will continue our fight for the safest care for our patients.

Thank you to all the bedside nurses who dedicate themselves every day to caring for patients across Massachusetts.

Thank you to our patients and their families. So many of them stood with us and spoke from experience about the importance of safe patient limits.

Thank you to all of those who have worked educating the public on their rights and the need for safe patient limits.

Thank you to nurses in every hospital in Massachusetts who fought for patient safety.

Thank you to nurses from around the country and the globe who followed our efforts and joined in to help.

Thank you to National Nurses United, the American Federation of Teachers, Communication Workers of America, the New York nurses, the Rhode Island nurses, and Pennsylvania nurses, all of whom came here to fight for patient safety.

Thank you also to nurses from Alaska, Oregon, Ohio, California, Australia, Canada, Ireland, and the United Kingdom.

Thank you to our allies from the AFL-CIO, AFSCME, Building Trades, the MTA, Boston Teachers Union, UNITE HERE Local 26, IBEW, United Steel Workers, the Firefighters, the Teamsters, the Pipefitters, and so many others.

Thank you to everyone who voted YES on Question 1 and fought for safe patient limits. We will not give up this fight.

Donna Kelly-Williams, RN

This issue is now in the public, finally outside the walls of the hospitals. Along the way, hospitals have admitted there is a problem. They just don’t want to be held accountable with limits. All patients deserve a safe standard of nursing care in our acute care hospitals, and with your help we will continue our fight for the safest care for our patients.
Question 1: No Solution, No Surrender

We know we did not achieve the outcome we wanted: Passage of safe patient limits in acute care hospitals. We wanted this — and fought for it in the most public of all public arenas — so that our patients could receive the safest standard of nursing care possible without having that care be dependent upon their zip code, but rather their acuity.

So what did we achieve? Well, I’d say for a period of nearly four months we made the topic of safe patient limits THE conversation in all walks of life: at work, on the streets, at gatherings of friends and families, on TV, in the newspapers, on the radio, on social media, on college campuses, and among politicians … and that is a very good thing. We needed the public to understand that this issue is real, with ramifications for people they love.

For those of you who wore a "Yes on 1" button, had a bumper sticker on your car, planted a lawn sign in your yard, or encountered friends and neighbors who simply knew you were a nurse, you were likely asked about Question 1. Most often you were probably asked to explain what Question 1 meant, as well as to advise a person on how they should vote if they wanted to support nurses. People were, for the most part, utterly confused. This statement was common: "I want to be with the nurses, I’m just not sure whether that is a yes or a no!"

The hospital industry spent nearly $30 million on its “vote no” campaign (see page 5 for related financial data), most of it used to saturate the public with misleading TV, radio, and social media ads meant to confuse and frighten voters, all while using the American Nurses Association as its front group. It was, unfortunately, an effective strategy.

In its efforts to defeat Question 1, the hospital industry had the distinction of spending the most money in Massachusetts’ ballot-question history for an opposition campaign. But even those behind the no campaign could not eliminate the relevance and importance of the issue. They could scare people into believing that it was the wrong solution, but they had to admit the problem existed. And it is from that vantage point that we are building from and moving forward with our efforts.

Now the public is aware of the problem and we need to keep them aware. The election book they received prior to November 6 contains the ballot question which specifically outlines what safe nurse staffing should look like. We need to make sure patients and their families demand that level of safe staffing.

We all need to continue to talk with our neighbors and friends, the very same people who were asking you about Question 1 prior to the election. And from those conversations, we need to hold the hospitals accountable.

Across the state, nurses and allies are debriefing on our campaign. I encourage anyone who worked on the campaign to join in one of these conversations. There will be debriefing sessions organized in each Region following the New Year, and we will be sharing dates and details with you very soon. If you are unable to attend one of these meetings, you can email your thoughts, ideas, and suggestion to the MNA’s director of communications, David Schildmeier, at dschildmeier@mnarn.org; Donna Kelly-Williams, MNA president, at dkellywilliams@massnurses.org; or myself at jpinkham@mnarn.org. Let us know, for example, what part of the campaign you thought was the most useful/important/successful; your ideas on how we can best keep this issue in the public spotlight; and/or your suggestions for how we can best move the issue forward to an appropriate resolution.

In my conversations with folks outside of the MNA, many people have commented that the campaign we ran for “Yes on 1” was a positive one; a campaign that the MNA members and our allies should be proud of. All agree the issue is absolutely outside of the hospitals and in the public domain. Likewise, all seem to realize that there is a level of expectation that a resolution is forthcoming. So Question 1 was a means to an end, and it appears that was true whether we won or lost.

Immediately after the election on Nov. 6, the hospital industry indicated awareness of this issue and expressed wanting to find a resolution that improves things for patients and nurses alike. Have YOU seen any of that happening at your hospital? My phone certainly has not started ringing yet, nor have I received invitations from any hospital executives inviting me to work with them on solving this problem.

Please don’t let the lack of an invitation from management deter you from fighting for safe patient limits within the walls of your own hospital. Instead, demand that your voice be heard! You are the experts at the bedside. Ask your hospital executives when, exactly, this conversation will happen. It is, after all, 20 years overdue. Let’s keep this issue out in front both within the hospital and in the public. The patients deserve nothing less.

As for your efforts on the ballot over the last 12-plus months: Thank you for all of your hard work on this campaign. On behalf of patients and the profession, you took this issue outside of your individual facility and supported each other. Whatever our next steps turn out to be, I know that what got us to this important crossroad was using our collective strength. It is what pushed the issue to the public, and it is what will bring this issue to resolution.

I’m still in it to win it.

My deepest regards,

Julie Pinkham

Did you know that more than three quarters of a million people in Massachusetts voted YES on Question 1?

Those numbers prove we succeeded in putting the issue of safe patient limits front and center for the citizens of the commonwealth. Our plan is to build from here, and to bring about the resolution that patients and nurses deserve. Help us do so by participating in a ballot debrief meeting in your Region; dates and details coming soon. Or message dschildmeier@mnarn.org with your post-campaign thoughts, ideas and suggestions.
Support from Nurses Nationwide and Globally

California Nurses Association
Canadian Federation of Nurses Unions
Canadian Nursing Students’ Association
District of Columbia Nurses Association
Haitian Nurses Association
HPAE, New Jersey
HPAE, Local 5118
Illinois Nurses Association
Irish Nurses and Midwives Organisation
Manitoba Nurses’ Union
Mid Ohio District Nurses Association
Michigan Nurses Association
Minnesota Nurses Association
National Nurses United
National Union of Healthcare Workers
Newfoundland and Labrador Association of Public and Private Employees (NAPE)
New Brunswick Nurses Union
New South Wales Nurses and Midwives Association Australia
New York Professional Nurses Union
New York State Nurses Association
New Zealand Public Service Association
Northeast Nurses Association
Nova Scotia Nurses’ Union
Nova Scotia Government and General Employees Union
Ohio Nurses Association
Pennsylvania Association of Staff Nurses & Allied Professionals
Prince Edward Island Union of Public Sector Employees
Prince Edward Island Nurses’ Union
Queensland Nurses and Midwives’ Union
Registered Nurses Union Newfoundland/Labrador
Saskatchewan Union of Nurses
United Nurses of Alberta
ANNF - Victoria Branch
Mass-Care
OCPF Reports Show Just How Far Hospital Industry Went to Defeat Question 1

The state’s Office of Campaign and Political Finance (OCPF) is an independent state agency that administers Massachusetts General Law Chapter 55, the campaign finance law. It is essentially the depository for disclosure reports filed by candidates and political campaigns/committees.

The MNA and its Committee to Ensure Safe Patient Care filed all of the required information on our “Yes on 1” campaign finances. Likewise, the “No on 1” campaign — which was funded entirely by the hospital industry — filed the same information.

What follows are highlights from the hospital industry’s OCPF report(s). They show not only a sampling of who the financiers were (note that not a single individual donated to the “no” campaign), but also the vast money they pumped into advertising, consultants, printed materials, mailings, and more.

In the end, the hospital administrators and CNOs who said they were all about patient care spent nearly $28 million to kill the one initiative that would have vastly improved patient care. And not one cent of that $28 million ever went to helping patients.

Circled above is the total dollar amount that the hospital industry spent (to date) fighting Question 1: Nearly $28 million. The left side of the photo shows a sampling of where this money came from. It continues for an additional 60 on-screen pages, with every hospital and healthcare facility contributing.

An overview of exactly how much the hospital industry spent on certain line items: $18.2 million on advertising, $1.3 million on consulting, $0 on safe patient care improvements.

The results found when searching the hospital industry’s OCPF report for donations from individuals. This search produces “no results,” as in not one person donated to this campaign.
Bringing Question 1 to one of many local fairs and festivals

Phone banking

Going live for Question 1 with an on-camera interview

Volunteers gather at the Region 1 office for a day of campaigning

At the polls on Election Day

Marching for Question 1 in the Holyoke St. Patrick’s Day Parade

Door knocking
At the state Democratic Convention

The R2 Q1 team with Congressman McGovern at “Start in the Street”

A busload of R2ers heading into Boston for the Nov. 1 rally

At the polls, rain or shine

In the Region 2 office making calls for Q1
A Timeline of Our Campaign

December 2018 — Massachusetts Nurse Advocate

— 2016 —

October 13 • Convention vote in favor of ballot campaign

— 2017 —

January • Regional meetings on “ballot education”

March • Activists Assembly with message training for ballot volunteers

May 11 • Annual “State of Nursing Survey” released, again showing nurses’ concern over the quality and safety of patient care due to unsafe staffing

June 6 • Statehouse hearing on bill

— 2018 —

June & July • Strikes at Baystate Franklin (in June) and Tufts (in July); issues include nurse staffing and patient safety

August 2 • Question is filed

September 6 • Question certified by AG

September • Hospital industry files suit claiming question is not legal; suit moves through legal system up to state Supreme Judicial Court (SJC)

May & June • Second round of signatures gathered, nearly ensuring that the question will make it to the ballot

June 18 • Mass SJC rules proposed ballot measure is valid

June • Hospital industry launches first paid ad, which is deliberately misleading

July 9 • Question secured on ballot

July • MNA begins rolling out lawn signs; opposition immediately begins distributing almost-identical signs

December 5 • Required 130,000 signatures submitted, highlighted with Statehouse press event

58x646 — 2016 —

October 13 • Convention vote in favor of ballot campaign

— 2017 —

January • Regional meetings on “ballot education”

March • Activists Assembly with message training for ballot volunteers

May 11 • Annual “State of Nursing Survey” released, again showing nurses’ concern over the quality and safety of patient care due to unsafe staffing

June 6 • Statehouse hearing on bill

— 2018 —

June & July • Strikes at Baystate Franklin (in June) and Tufts (in July); issues include nurse staffing and patient safety

August 2 • Question is filed

September 6 • Question certified by AG

September • Hospital industry files suit claiming question is not legal; suit moves through legal system up to state Supreme Judicial Court (SJC)

May & June • Second round of signatures gathered, nearly ensuring that the question will make it to the ballot

June 18 • Mass SJC rules proposed ballot measure is valid

June • Hospital industry launches first paid ad, which is deliberately misleading

July 9 • Question secured on ballot

July • MNA begins rolling out lawn signs; opposition immediately begins distributing almost-identical signs

December 5 • Required 130,000 signatures submitted, highlighted with Statehouse press event
Our Campaign

**August** • Video shoot for ad campaign at UMass Boston’s nursing lab

**August** • “Get out the vote” (GOTV) campaign gets underway

**August 30** • First of several “Yes on 1” TV ads launch

**September** • “Truth Tour” launches across all Regions which calls public attention to the opposition’s deliberately misleading ad campaign

**September & October** • Endorsements from countless unions, advocacy groups, and local elected leaders continue rolling in

**September 10** • Our cost study proving cost increases will be manageable when Q1 passes; reports expected cost savings as well

**September** • Health Policy Commission (HPC) breaks from past practice and weighs in on ballot measure by releasing an inflated and inaccurate cost study; this was produced in secret at the request of the hospital industry

**September 25** • Sen. Elizabeth Warren endorses “Yes on 1”

**September - October** • Congressmen McGovern and Lynch, Congresswoman Clark, and Senator Markey endorse “Yes on 1”

**September - October** • Congresswomen Ayanna Pressley and Lori Trahan, and Congressman Joe Kennedy endorse “Yes on 1”

**September 26** • MNA files FOIA request around HPC report

**September-November** • Nurse volunteers speak in support of Question 1 at hundreds of public forums across the commonwealth

**October-November** • GOTV ground, phone, and text campaigns in full swing

**October 15** • Marty Walsh endorses “Yes on 1”

**October 29** • Sen. Bernie Sanders endorses “Yes on 1”

**November** • State Office of Campaign and Political Finance reports hospital industry has spent nearly $28 million on its “no” campaign

**November 1** • Hundreds of RNs and their supporters turn out for Nov. 1 “Yes on 1” rally

**November** • GOTV efforts double, then triple, across all parts of the state

**November 6** • Election
To see a complete list of all our union supporters, visit safepatientlimits.org/who-we-are
Bringing the message to the public while supporting Barbara L’Italien (center) on Campagnone Common, Lawrence

A crowded info booth in Lawrence

Outside Peabody City Hall

Supporting our USW friends during their lockout, as they supported us throughout the campaign

Fighting corporate greed alongside Teamsters Local 59

Teamsters out with horns blaring during the Nov. 1 rally
A sea of “Yes on 1” signs at the Nov. 1 rally

Boston Mayor Marty Walsh saying “Yes on 1”

Outside Florian Hall after the firefighters pledge their support for safe patient limits

MNA staff prepping Election Day materials for the GOTV efforts

Support from the Chinese Progressive Association
Massachusetts Nurses Association
Full member (75 percent) of applicable dues rate

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

1. Health professional labor program member—any health care professional, other than a registered nurse, who is represented for purposes of collective bargaining by MNA;

2. Limited hours labor program member—any labor program member who is represented for purposes of collective bargaining by MNA and who has 988 or fewer hours paid in the preceding calendar year.

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

Application for Minimum Hours Reduced Dues Category
Please print clearly and application needs to be received by April 1 to the Membership Division of MNA

Name ___________________________________________  Phone ________________________________________
Address ________________________________________________________________________________________
City ___________________________________  State_____________________  Zip__________________________

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

1. _____________________________________________________________________________________________
2. _____________________________________________________________________________________________
3. _____________________________________________________________________________________________

Signed _________________________________________________________________________________________

Date ___________________________________________________________________________________________

Personal Email Address: ___________________________________________________________________________

Eligibility for the Reduction is verified by MNA with each Employer Confirmation of receipt of this application will be emailed to your MNA email account within 72 hours of receipt.

MNA will set up your email to be forwarded to your home email.

Contact Division of Membership, 781-821-4625, if you need assistance accessing your member email.
Call for Nomination/Consent to Serve for the MNA 2019 Election

I am interested in active participation in Massachusetts Nurses Association, general elections.

Please type or print - Do not abbreviate

Name & credentials (as you wish them to appear in candidate biography)

Work Title ___________________________ Employer ___________________________

MNA Membership Number ___________________________ MNA Region ______________

Address ______________________________________________________________________________________

City ___________________________________ State_____________  Zip __________________________

Home Phone ____________________________  Personal Email ________________________________

Educational Preparation

<table>
<thead>
<tr>
<th>School</th>
<th>Degree</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) Past 5 years only.

<table>
<thead>
<tr>
<th>MNA Offices</th>
<th>Regional Council Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Candidates may submit an emailed statement not to exceed 250 words. Briefly state your personal views on nursing, health care and current issues, including, if elected, what your major contribution(s) would be as a delegate and in particular to the position which you seek. This statement will be used in the candidate biography and published on the Massachusetts Nurses Association website. Statements, if used, must be emailed to mnaelections@mnarn.org., subject: elections. Deadline for receipt of statements is June 7, 2019.

Signature of Member ____________________________  Signature of Nominator (leave blank if self-nomination)

Received Deadline: All nominations/consent forms must be received by 4:30 p.m. on May 31, 2019.

Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021
fax: 781-821-4445/ email: mnaelections@mnarn.org

• Material must be mailed, faxed or emailed to the attention of the MNA staff person for Nominations and Elections Committee
• Acknowledgment of receipt of your submission will be emailed to your MNA webmail account within 48 hours of receipt

• Retain a copy of this form for your records.
• Form also available on MNA Web site: www.massnurses.org, under applications and forms
The MNA Labor School consists of various courses (or tracks) that cover a range of labor related topics. Most tracks have four separate sessions usually scheduled every two weeks dedicated to each topic. Members can attend whichever classes that they are able to, and also in whatever regional location is most convenient for them. The classes run from 5:30 to 7:30 p.m., with a light meal provided at 5 p.m. All classes are held in each of the five regional offices located around the state.

Classes are informal and involve multiple teaching methods including: Power Point presentations; videos; class discussion; role-playing; and exercises. Those who attend also learn from other nurses’ and health care professionals’ experiences who work in different settings, both public sector and private sector – acute care hospitals, schools, visiting nurse associations, and psychiatric facilities. Visit the MNA website or contact your regional office to register.

### Role of the Floor Rep./Grievance Handling & Arb.

<table>
<thead>
<tr>
<th>Region 1</th>
<th>Week #1</th>
<th>Week #2</th>
<th>Week #3</th>
<th>Week #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 2</td>
<td>Thursday, Dec. 6, 2018</td>
<td>Thursday, Dec. 20, 2018</td>
<td>Thursday, Jan. 3, 2019</td>
<td>Thursday, Jan. 17, 2019</td>
</tr>
<tr>
<td>Region 3</td>
<td>Wednesday, Dec. 5, 2018</td>
<td>Wednesday, Dec. 19, 2018</td>
<td>Wednesday, Jan. 9, 2019</td>
<td>Wednesday, Jan. 23, 2019</td>
</tr>
<tr>
<td>Region 4</td>
<td>Tuesday, Dec. 11, 2018</td>
<td>Tuesday, Jan. 8, 2019</td>
<td>Tuesday, Jan. 22, 2019</td>
<td>Tuesday, Feb. 5, 2019</td>
</tr>
</tbody>
</table>

### Contract Negotiations

<table>
<thead>
<tr>
<th>Region 1</th>
<th>Week #1</th>
<th>Week #2</th>
<th>Week #3</th>
<th>Week #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 2</td>
<td>Thursday, Feb. 14, 2019</td>
<td>Thursday, Feb. 28, 2019</td>
<td>Thursday, March 14, 2019</td>
<td>Thursday, March 28, 2019</td>
</tr>
<tr>
<td>Region 3</td>
<td>Wednesday, Feb. 13, 2019</td>
<td>Wednesday, Feb. 27, 2019</td>
<td>Wednesday, March 13, 2019</td>
<td>Wednesday, March 27, 2019</td>
</tr>
<tr>
<td>Region 4</td>
<td>Tuesday, Feb. 19, 2019</td>
<td>Tuesday, March 5, 2019</td>
<td>Tuesday, March 19, 2019</td>
<td>Tuesday, April 2, 2019</td>
</tr>
<tr>
<td>Region 5</td>
<td>Monday, March 18, 2019</td>
<td>Monday, April 8, 2019</td>
<td>Monday, April 22, 2019</td>
<td>Monday, May 6, 2019</td>
</tr>
</tbody>
</table>

### Labor Law

<table>
<thead>
<tr>
<th>Region 1</th>
<th>Week #1</th>
<th>Week #2</th>
<th>Week #3</th>
<th>Week #4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monday, April 15, 2019</td>
<td>Monday, April 29, 2019</td>
<td>Monday, May 13, 2019</td>
<td>Monday, May 27, 2019</td>
</tr>
<tr>
<td>Region 2</td>
<td>Thursday, March 14, 2019</td>
<td>Thursday, April 4, 2019</td>
<td>Thursday, April 25, 2019</td>
<td>Thursday, May 9, 2019</td>
</tr>
<tr>
<td>Region 3</td>
<td>Wednesday, April 10, 2019</td>
<td>Wednesday, April 24, 2019</td>
<td>Wednesday, May 8, 2019</td>
<td>Wednesday, May 22, 2019</td>
</tr>
<tr>
<td>Region 4</td>
<td>Tuesday, April 16, 2019</td>
<td>Tuesday, April 30, 2019</td>
<td>Tuesday, May 14, 2019</td>
<td>Tuesday, May 28, 2019</td>
</tr>
<tr>
<td>Region 5</td>
<td>Monday, May 20, 2019</td>
<td>Monday, June 3, 2019</td>
<td>Monday, June 17, 2019</td>
<td>Monday, July 1, 2019</td>
</tr>
</tbody>
</table>