Cooley Dickinson RNs Picket Over Lack of Safe Staffing, Protection, and Support During COVID-19

page 8
The Challenge of Change

Well I will bet you never anticipated this is what 2020 would look like. If hindsight is 2020, we would have to look back one hundred years to the Spanish flu for this experience. Suffice it to say, the American healthcare system, being a market-driven business model, has not served us well.

Just-in-time staffing and supplies are bad ideas on a normal day, never mind when the entire world is vying for N95 masks. But never underestimate nurses for meeting a challenge when the system is failing. From the moment it became clear that hospitals had inadequate supplies and no way to get them, nurses started finding their own supplies. Is it right that they had to do this? No. But was it necessary? Yes. All of you were, and continue to be, amazing in your fight for what is best for both your patients and colleagues during this once-in-a-century event.

Likewise, did I ever think the MNA would be in the business of procuring PPE? No, but the health and safety staff members here in Canton got up and running quickly to get supplies into the hands of members — particularly when the CDC’s answer was to throw out the standards since the equipment was not readily available. Not a lot of science in that approach.

The COVID-19 pandemic has had, and will continue to have, lasting effects. You need to recognize that, and make sure to take care of yourself accordingly. The MNA staff has worked to create an online resource of support and self-help tools, which is accessible from the MNA’s homepage at massnurses.org. These resources are there to help frontline staff cope with what they dealt with during the first wave of the pandemic, and they will remain available during the second wave that is likely to come this fall.

I would say the pandemic has been a sea-change moment for us to reflect on whether we should continue to tolerate the nation’s market-driven approach to healthcare. So many have argued that employer-based care is well liked by employees and they do not want it taken away. Now millions of employees have lost their healthcare as multiple industries have been decimated in the pandemic. I do not think those same employees are as thrilled with their employer-based healthcare care now. Medicare For All would have covered people who lost their jobs, and it also would have provided a central vehicle for appropriate public health policy in dealing with the pandemic.

At present, we have COVID guidelines that hospitals seem to take great freedoms in interpreting, often with cost as their primary driver. Nearly 1,000 healthcare workers in this country have died from COVID-19, and the current healthcare system and its fractured market-driven approach have been a stimulant, not a deterrent, for healthcare employers to take risks. We should not forget this and use it as motivation to expand Medicare so that all citizens, regardless of age, have full access to healthcare.

And of equal magnitude to the 100-year pandemic, we have witnessed the long overdue acknowledgment of racial injustice in the United States. It has been a deadly plague on our society and with the most recent deaths of George Floyd and Breonna Taylor, as well as too many others, the issue has finally entered our national consciousness. The recognition that Black Lives Matter has brought with it the truth and accountability that our society has not treated black and brown people equally. If we want a just and free society, we as individuals need to change that, and black and brown people have every right to expect that change immediately.

While deaths have created the public vehicle for debate, the day-to-day reality is far more insidious. Unfair treatment is equally egregious for not a particular action that you take against another, but for those actions that you do not have to take because you are white. Meanwhile our black and brown brothers and sisters must make different decisions with a different set of expectations. Innocent until proven guilty is not the perception or experience of all, and until it is, we do not have a racially just and equal society. Change needs to happen and what those changes need to be must be driven by black and brown people in communities throughout the nation, not by platitudes and public relations gimmicks. These changes will make us better humans, better neighbors, and better people. It begins with each of us communicating and stepping up when we see something unjust — no matter who it affects, and no matter when or where it occurs.

For the MNA, another change is on the horizon. We have had the good fortune of enjoying the stability and passion of Donna Kelly-Williams as our president for many years now. Understand that no one comes to the position on MNA president knowing what will unfold during their term, the magnitude of what will be expected of them, or the skills they will need to refine in order to tackle these unknown challenges. Donna took all of that on and mastered it, becoming a skillful and passionate leader for our organization.

I know that many of you have seen her in action over the years, and you know that she has been relentless in her pursuit to move the agenda of frontline nurses and healthcare professionals forward at all levels. There is nothing she has not been willing to learn or to do to help you, the members. Donna cares deeply, and she always fights fiercely for what is right. Her relentless work during these last six months of the pandemic certainly highlights that dedication. She was advocating for you, all of you, at every level around the clock. And it made a tremendous and powerful difference throughout this pandemic.

I know that change provides good and well-deserved things, including for Donna. But it will be an adjustment for me and the organization as a decade of leadership transitions in the coming year. As these last several weeks of her term unfold, recognition for her work, her passion, and her leadership cannot be overstated.

Please remember that although we may be limited in our capacity to be in proximity, we are not limited in our capacity to recognize each other and to step up and fight for what is right, whatever that fight may be.

I am always happy to fight as hard as possible for you and with you … with my mask on of course.
This is the last column I am submitting to the MassNurse Advocate as the very proud president of the Massachusetts Nurses Association.

For the past 11 years, I have had the honor and the privilege to serve the nurses, healthcare professionals, and the profession of nursing in a role that has increased both the visibility of and respect for the organization that has been a very special part of my life for over 40 years.

Over this time, we have passed the assault bill, which increases the penalty for assaulting a healthcare professional, and also set into law a limit on the number of patients assigned to a registered nurse at one time in all ICUs in the commonwealth. Although we did not get the required votes in our last ballot initiative to win safe patient limits in all hospital units, through our truthfulness and integrity we further gained respect and recognition for being a leader in healthcare advocacy for patients and their families. That was showcased again and again these last six months as evidenced by the number of interviews, commentaries, and requests for information that have come to us for sound information during this pandemic. Even the governor, the secretary of Health and Human Services, and the attorney general were watching, listening to, and communicating with us. Our weekly letters to and calls with these key leaders underscored how much the voices and concerns of our frontline nurses and healthcare professionals matter at a time like this.

Early in 2019, the MNA Board of Directors traversed the state engaging members in conversations about the direction of the MNA over the next five years. This included telephone town hall meetings, in-person meetings in the Regions, bargaining unit meetings, and an online survey. This revealed an opportunity for member engagement, education, and organizing which were further discussed at the 2019 MNA annual meeting, as was the supporting annual budget. Little did we know that lurking was a novel virus that would soon escalate and put all future planning either on hold or move it in a different direction.

For as long as I can remember the MNA has been advocating for safe patient care, and over the past few months that need has escalated. Early on during this pandemic we heard from members about the lack of infection control protocols, limited staffing resources, and diminished or absent supplies of PPE. Beyond sounding the alarm, the MNA went into action and cancelled all in-person CEU programs and events. Instead, those resources were used to purchase PPE, including masks for the safety of our healthcare professionals and their patients. Additional donations were gratefully received from other unions and organizations that recognized our desperate situations and our struggle to purchase whatever we could to provide the resources needed. Hospitals and their CEOs should be embarrassed by their greed … providing financially so well for themselves and not providing the resources their workforce needs to stay safe while caring for patients and their families. Then they added insult to injury by claiming that staff who were exposed and/or tested positive somehow contracted the virus in the community!

As a registered nurse I continue to be humbled by the trust and confidence patients and our communities have in us. We have a tremendous obligation to protect the patients entrusted to our care, ourselves, our fellow healthcare professionals, and those seeking our help in creating a more just, safe, and kind world for all.

My deepest gratitude to all the members of Massachusetts Nurses Association, to the MNA Board of Directors, to our executive director, Julie Pinkham, for her brilliance and leadership, and to the dedicated MNA staff members who always help prepare us to face new and unexpected challenges.

Donna Kelly-Williams, RN

President’s Column

As My Term Comes to an End...
On March 10, 2020 Governor Baker declared a state of emergency due to the pervasive spread of the COVID-19 virus. To date, more than (INSERT/EDIT JUST PRIOR TO PRESS) residents of the commonwealth have died due to complications from the virus, and scores more have suffered unimaginable physical, economic, and spiritual losses.

“We will simply be unaware of the toll that this virus is taking on our workforce for years. Physical exhaustion, grief, loss, and an abundance of PTSD are just some of the wounds that our workforce is coping with daily,” (Samah, 2020).

The Massachusetts Nurses Association acknowledges the losses that our members experienced, and will continue to experience during this painful time in our history. While we recognize that there is no way to replace the losses that you or your loved ones are facing, we encourage you to access one or more of the mental health and self-care services that are available on our website massnurses.org/SelfHelp.

Mindfulness and Meditation
The MNA is providing meditation resources, in the form of audio tracks, to help you gain a sense of calm and momentary relaxation whenever you need it most, day or night. You can access these audio tracks, anywhere and anytime, by visiting https://bit.ly/Meditations4Nurses.

Help for Nurses with Substance Use Disorders
The Massachusetts Nurses Association Volunteer Peer Assistance Program is a network of nurses who are in recovery reaching out to other nurses whose life, health, and/or profession are affected by alcohol and/or other drugs.

• Do you have trouble sleeping?
• Are you a nurse who is using alcohol or other drugs to cope with everyday stress?
• Are you a nurse who is self-prescribing medications for pain, stress, or anxiety?
• Would you appreciate the aid of a nurse who understands recovery and wants to help?
If any of the above applies to you, we can offer hope, and help: www.peerassistance.com

Journaling: Written or Digital
The MNA encourages members to document, either through written or recorded journaling, what they are experiencing during the COVID-19 pandemic. Interested in sharing your video journal entries and potentially having them posted on our Facebook page or our COVID-19 page for others to see? Email them to Erin Servaes at eservaes@mnarn.org. Be assured, nothing will be posted or shared without your final review and approval.

Massachusetts Network of Care: A Comprehensive Behavioral Health Directory & the “CALL2Talk” Hotline
This virtual resource is a far-reaching, searchable directory with information on behavioral health services and local treatment options. Learn more at www.massachu-
setts.networkofcare.org. Also available through this newly launched resource: “CALL2Talk Hotline,” which is accessible by dialing 2-1-1. If you, or someone you care about, is feeling overwhelmed with emotions like sadness or anxiety, or if you feel like you want to harm yourself or others, reach out to “CALL2Talk” by dialing 2-1-1.

**The “Helping Nurses Referral List”**

The “Helping Nurses Referral List” was started by therapist Katie Lynch, LICSW, who listened to the needs of her nurse friends and colleagues and wanted to find a way to support nurses facing traumatic stress during and after the pandemic that is easily accessible. This confidential resource provides nurses currently working in some capacity with persons impacted by COVID-19. These services are supported by more than 100 independently licensed, mental health professionals within and beyond the Commonwealth of Massachusetts. These professionals are committed to providing short term, pro-bono therapy via telehealth to any nurse who needs mental health support. If you are interested in receiving a referral to a therapist ready to help, email helpingnurseslist@gmail.com.

Looking for Self-Care Motivation? Join Wishroute’s FREE “Staying Mindful, Moving, and Motivated Program” For Self-Care Inspiration and Support

Wishroute is a text message-based wellness accountability service. Start your day with an inspirational, healthy tip and end your day with a check-in from the Wishroute team, not bots, who will help you stay encouraged and motivated. It only takes a few minutes a day to prioritize self-care in a way that works for you, and Wishroute will keep it fun with surprise rewards. Wishroute is offering our members a free, 90-day subscription. Sign up for Wishroute MNA at https://www.wishroute.com/mna.

The ravages of the COVID-19 pandemic will forever change our lives and our history. The MNA is confident that nurses are ideally positioned to educate, inform, and support our communities through and beyond this crisis. To do that, we must provide care for our own physical, spiritual, and mental health needs, and the MNA is committed to providing you with the support and resources you need to do so.

Together we will emerge from this crisis stronger, wiser, and ready to lead change in and beyond Massachusetts.

References

Overview of Labor Press Coverage

If news outlets cover labor at all, all too often it is in a negative fashion — strikes, pickets, corruption, gangsterism, etc. Other than that, most labor articles appear in the sports section as reports are made about the status of major sports league contract negotiations or arbitrations of players’ salaries.

These news reports often include loaded terminology not seen in coverage of corporate stories, such as: union bosses, aggressive tactics and rabble rousers, labor threats, labor brass, blue collar soap opera, etc.

A University of Illinois’ Chicago Labor Education Program study on the coverage of labor in 386 stories that were published by the Chicago Tribune between 1991 and 2001 found the following:

- 77% of the descriptors used to identify labor were negative
- Researchers counted only 113 positive adjectives in these stories
- Stories about labor disputes were twice as long as stories about labor agreements
- Stories in the sports section were the most frequent type of labor-related stories
- 79% depicted labor in a negative light
- Labor is portrayed as “positive” only when it makes “concessions” at the bargaining table, being a sign of “cooperation” with management
- Any union activity that was viewed as interrupting business interests was given negative coverage
- Labor is consistently accused of “holding up production” and “hurting consumers”
- Critiquing labor leaders as incompetent, uneducated, and not responsive to union membership
- News stories routinely favored non-labor sources

With this type of news coverage, it is not surprising that the public has an extremely negative attitude toward labor unions.

Lack of Labor Journalists

There is another issue that reflects the lack of understanding or objective coverage of labor, and that is the dearth of reporters who cover labor exclusively. Unions end up having to educate journalists about the union’s mission, goals, challenges, and even terminology when covering a story. In 2014 Steven Greenhouse — longtime New York Times labor reporter — retired. This left only one major national daily newspaper (as of 2015), the Wall Street Journal, with a reporter (Melanie Trotmann) dedicated to covering labor. Neither the Boston Globe nor the Boston Herald have reporters assigned to labor. Therefore, there is a huge void of experienced and specialized labor journalists … and the results show.

Broadcast Media

A recent study of the four major TV networks (ABC, CBS, NBC, and CNN) by Dr. Federico Subervi, president of the Association for Latino Media & Markets Communication Research, found:

- More than one-third of every labor story covered a protest or picket
- There was a total of 16 or fewer labor stories on each network during the three-year period of the study
- Fewer than 18% of labor stories covered contract negotiations
- Only 2.8% reported on the charitable and social services that unions provide

The news media is critical in providing objective reporting on all types of news events, but labor is consistently overlooked. One reason for this may be a conceivably unintentional bias that seems to exist regarding the coverage of labor unions and is perhaps due to a lack of priorities and resources in the news rooms and, as stated, the lack of journalists with expertise in organized labor. Another, darker, more insidious reason may simply be that there is a concerted effort to stifle the voice of labor across the country today.
Corporate Ownership of Media Outlets

It is also important to look at the ownership of these news outlets. Forbes magazine reported in 2016 that 15 billionaires own America’s news media companies. They include:

- Rupert Murdoch: 21st Century Fox, New York Post, and his family controls 120 newspapers across five countries
- Michael Bloomberg: Bloomberg News, Business Week magazine
- Jeff Bezos: The Washington Post
- John Henry: The Boston Globe
- Sheldon Adelson: Las Vegas Review-Journal
- Warren Buffett: Regional daily newspapers
- Barbey Family: Village Voice
- Patrick Soon-Shiong: Second largest shareholder in Tribune Publishing Co., owner of the Chicago Tribune and The Los Angeles Times
- Stanley Hubbard: Hubbard Broadcasting, which owns 13 TV stations and 48 radio stations
- Cox Family: Atlanta Journal-Constitution, six daily newspapers, 14 TV stations, one local cable channel, and 59 radio stations

Additionally, the Walt Disney Co. owns the ABC television network.

The inclination of billionaire owners may be to report and reflect on their own class interests and economic status, rather than on typical working-class issues such as organized labor.

Labor’s Response

To address this trend of anti-union or negative reporting, unions in general, and the MNA specifically, have worked to develop relationships with reporters and journalists. This has meant making union officials and leaders available to the media for commentary on and discussions about ongoing issues affecting labor and the community at large. There are also many other types of media sources (Twitter, Facebook, etc.) that unions now utilize to get their own messages out, independent of possible censorship by potentially biased journalists.

The news media may not be the adversary of organized labor, but there must be a greater effort to report accurately and fully on the many aspects of labor unions. There is important union work being done nationally and across the globe that working people should be made aware of and given the opportunity to participate in. We cannot allow working people to be marginalized, oppressed, and silenced by a biased media.

Media Alternatives

There are some union-friendly and labor-informed media outlets out there that factually cover organized labor. These include In These Times, The Progressive Magazine, Labor Notes, and others. The use of digital communication tools and social media platforms have also helped unions to communicate in real time with members with the goal of organizing and influencing change. The teachers’ union strikes of 2018 proved just how effective these tools can be. Moving forward, labor should make use of these methods to positively frame their own stories instead of having to rely on the popular press.
On Aug. 12, MNA nurses at Cooley Dickinson Hospital joined supporters for an informational picket to bring attention to hospital owner Mass General Brigham (MGB)’s failure during the COVID-19 pandemic to properly protect and support staff and patients. Nurses’ key messages at the protest included:

- Hospital management is not learning from and listening to its nurses and frontline support staff.
- MGB, formerly Partners Healthcare, is not safely staffing hospital units while Massachusetts continues to battle COVID-19 and faces a recent uptick in cases and a potential second surge.
- Medical-surgical unit nurses are being assigned additional patients (as many as five or six, rather than the four that research shows reduces negative patient outcomes) even as patient acuity is higher because patients have waited to seek care due to the pandemic.
- There are many new nurses at CDH who are not receiving adequate training. In some cases, newer nurses are training other new nurses.
- Behavioral health patients, especially geriatric-psych patients, have been cared for on the med/surg units because there is nowhere to put them. This is not an appropriate care environment and CDH is not licensed for geriatric-psych beds.
- MGB is failing to provide adequate personal protective equipment (PPE) and continues to insisting nurses and other frontline staff re-use and decontaminate masks against scientific standards.
- Hospital management has not supported adequate screening of all visitors or made sure there is compliance around the number of visitors allowed to enter. There is also not proper oversight to ensure visitors are using masks and practicing social distancing.
- MGB — the most profitable healthcare system in the state and recipient of at least $314 million in COVID-19 relief money — is proposing to freeze CDH nurse retirement contributions and pay.
- The Boston Globe recently reported that MGB executive Dr. Elizabeth Nabel, the president of Brigham and Women’s Hospital, cashed out $8.5 million worth of Moderna stock options in May and July as MGB staff were facing pay and retirement freezes. Moderna, a biotechnology company, is one of the companies vying to develop a COVID-19 vaccine.
- Dr. Nabel’s connection to Moderna as the Brigham participates in a COVID-19 vaccine trial has raised conflict of interest questions, and MGB staff have expressed concerns to the Globe about supporting their families and planning for retirement while Dr. Nabel makes millions of dollars in compensation in addition to her more than $2 million salary.

“We want to call attention to the need for improved patient care and safety conditions at Cooley Dickinson Hospital,”
as well as the lack of support and transparency the hospital has given nurses and other staff,” said Candie St. Jean, CDH RN and chair of the MNA Bargaining Committee. “The disrespect by Mass General Brigham executives despite the dedication and hard work of all frontline staff during this pandemic is appalling and further undermines our broken healthcare system.”

“Our nurses have been sacrificing for our patients, family, and communities throughout this pandemic,” said Michael Batura, CDH RN and member of the MNA bargaining committee. “Nurses have moved out of their homes or isolated from loved ones. Mass General Brigham has responded by ignoring our input and imposing risky visitor and inadequate cleaning policies. Our suggestions for heightened ultraviolet cleaning, visitor temperature checks, and screening for hotspot travel have gone unheeded by executives who are not at the bedside or often even in our hospital.”

“The hospital expects us to help recover revenue lost during the beginning of the pandemic by getting more work done using less overtime, while they managed to spend millions on a frivolous rebranding campaign,” said Danielle Smith, CDH RN and member of the MNA bargaining unit. “Sick people should not make anyone a profit, and our patients deserve more time and care.”

CDH nurses will resume negotiations for a new contract with the hospital later this month after pausing negotiations for several months because of the pandemic. In June, MGB announced plans to freeze pay and benefits for thousands of its employees across the state. The MNA came out strongly against this plan and reiterated the rights of MNA nurses and healthcare professionals under federal labor law and their collective bargaining agreements.

The Mass. Nurses PAC Board of Directors planned to hold its elections at the MNA Annual Convention in October. However, following Governor Baker’s new restrictions on crowd size and public gatherings and the resulting postponement of the MNA’s annual convention, the PAC is reevaluating how and when it will be holding these elections. Please visit massnurses.org regularly for information about this year’s PAC elections.

The positions up for election this year are vice-chair, secretary, and five at-large board seats. Each of these seats is for a two-year term. We also have two vacant seats, each for a one-year term.

The Mass. Nurses PAC is the political action committee (PAC) formed by the MNA to make endorsements in certain local and state elections and raise money to support these candidates. The money raised and spent by the PAC is separate from MNA member dues.

Should you wish to run for a seat on the PAC, please contact Megan Collins for a consent-to-serve form at mcollins@mnarn.org or 781-548-0768.
Two Steward Hospitals Reach TAs After Resuming Contract Talks, via Zoom in a COVID-19 World

Holy Family Hospital Merrimack
Wages:
- Retroactive to first pay period following 11/1/2019, a 2.5% increase, except 3.0% for the top step
- First pay period following 11/1/2020, a 2.0% increase, except 2.5% for the top step
- First pay period following 11/1/2021, a 2.0% increase, except 2.5% for the top step
- First pay period following 11/1/2022, a 2.75% increase to all steps

Other highlights include:
- Health and dental insurance rates and benefits locked in through 2020
- Back contribution to many members’ pensions
- Eliminated the delay in employer’s contributions to members’ pension plan; in the plan, the employer contributes 5% on top of wages (up to 40 hrs./week)
- For per diems: New incentive to voluntarily increase monthly commitments (an extra $2, $3 or $4 depending on the level); per diems also receive the same percentage wage increases as FT and PT (plus the incentive)
- Added Veterans Day as a holiday, effective 11/2021
- New cash-out option: Employees may cash out up to 80 hours of vacation per calendar year in not less than eight-hour increments
- Night differential: 7/2021, increase to $7.50, and on 7/2022 to $8
- Precepting: Increase to $2/hour up from current $1
- New voluntary cross-campus float pool differential: $7/hour for those who volunteer for this pool when they float to Methuen or Andover

Who’s at the Table?
After pausing their contract talks for nearly five months due to the COVID-19 pandemic, many MNA bargaining units recently returned to the table to resume bargaining. All units that are currently in contract talks are using protected web platforms to do so; no face-to-face bargaining sessions are currently being held.

Baystate Home Health (Baystate system); Baystate Noble (Baystate system); Leominster Hospital (UMass system); Saint Vincent Hospital (Tenet system); *St. Luke’s Hospital (Southcoast system); Tobey Hospital (Southcoast); Boston VNA HealthCare Professionals

*M newly organized; first contract

Morton Hospital
Wages:
- Retroactive to 1/1/2020 through 12/31/2020: 2% across the board to all steps except 2.75% for the top step
- 1/1/2021: 2%, except 2.75% for the top step
- For pharmacists, in addition to the above: “Upon Ratification, no pharmacist will be hired below Step 4”

Other highlights include:
- Agreed to add grandchildren to list of immediate family for bereavement leave
- Eliminated the delay in the start of employer contributions to pension plans
- Added new language that helps expedite the grievance process for job protection and class action grievances
- Added language that if the employer places someone on administrative leave they will now be obligated to tell them the reason within 48 hours
- Added language clarifying that if someone works during what was supposed to be their meal break, that time is considered time worked for purposes of calculating overtime
2020 Elections
The Mass. Nurses PAC Board has been hard at work interviewing candidates and making endorsements in races across the state, supporting candidates who support you and your patients! Endorsed candidates undergo a rigorous process, including a written questionnaire and interview before the PAC Board.

Here are the candidates the Mass. Nurses PAC has endorsed for the 2020 elections at the federal and state level.*

Please see the “Important Information for Voting This Year” article below about changes to voting in this year’s elections.

Federal Level
Incumbents
• Congressman Bill Keating - 9th Congressional District
• Congressman Stephen Lynch - 8th Congressional District*
• Congressman Jim McGovern - 2nd Congressional District

Challengers and Open Seats
• Jesse Mermell - 4th Congressional District*
• Alex Morse - 1st Congressional District*

State Senate
Incumbents
• Senator Mike Brady - Second Plymouth & Bristol*
• Senator Nick Collins - First Suffolk*
• Senator Susan Moran - Plymouth & Barnstable
• Senator Patrick O’Connor - Plymouth & Norfolk
• Senator Marc Pacheco - First Plymouth & Bristol
• Senator Walter Timilty - Norfolk, Bristol & Plymouth*
• Senator John Velis - Second Hampden and Hampshire

Challengers and Open Seats
• John Cronin - Worcester & Middlesex

State House of Representatives
Incumbents
• Representative Christine Barber - 34th Middlesex*
• Representative Gerry Cassidy - 9th Plymouth
• Representative Josh Cutler - 6th Plymouth
• Representative Carol Doherty - 3rd Bristol
• Representative Natalie Higgins - 4th Worcester
• Representative Kevin Honan - 17th Suffolk

• Representative Kathleen LaNatra - 12th Plymouth
• Representative John Lawn - 10th Middlesex*
• Representative Joe McGonagle - 28th Middlesex*
• Representative Joan Meschino - 3rd Plymouth
• Representative Jamie Murphy - 4th Norfolk*
• Representative Tram Nguyen - 18th Essex
• Representative Dan Ryan - 2nd Suffolk*
• Representative John Rogers - 12th Norfolk*
• Representative Dan Sena - 37th Middlesex
• Representative Tim Whelan - 1st Barnstable

Challengers and Open Seats
• Jim Dever - 5th Barnstable
• Emmanuel Dockter - 5th Plymouth
• Pat Duffy - 5th Hampden*
• Vanna Howard - 17th Middlesex*
• Denise Hurst - 9th Hampden*
• Meg Kilcoyne - 12th Worcester*
• Mike Kushmerek - 3rd Worcester
• Jake Oliveira - 7th Hampden
• Ted Philips - 8th Norfolk*
• Erika Uyterhoeven - 27th Middlesex*

Voting Resources: www.sec.state.ma.us/ele/eleidx.htm

*Indicates a candidate in a contested primary election. Due to the timing of publication, we will not know who has won these primary elections when the Mass Nurse goes to print.

Please note additional candidates may be endorsed after the Mass Nurse goes to print.

MNA Endorsed Candidates for 2020 Elections

Important Information for Voting This Year

Massachusetts recently passed a law allowing for the expansion of early voting and voting by mail.

You may have already received, or you should be receiving, a mail-in-voting application from the Massachusetts Secretary of State’s office. This application will be pre-addressed; no postage is necessary. If you wish to vote by mail you must return the application and you are encouraged to do it as soon as possible to avoid delays in receiving your ballot (but no later than October 28). You will then be mailed a ballot. To be counted, your ballot must be postmarked by November 3 and back at your local election office no later than November 6. To ensure your ballot is received in time, you should mail it as soon as possible. You may also hand-deliver your ballot to your city or town clerk’s office until 8 p.m. on November 3.

There will also be additional days of early in-person voting this year. Early voting begins on October 17 and ends October 30. Early voting schedules and locations will be posted at www.MassEarlyVote.com at least one week before early voting begins.

You can also vote at the polls on Election Day on November 3 from 7 a.m. - 8 p.m.

THE DEADLINE TO REGISTER TO VOTE FOR THE NOVEMBER ELECTION IS OCTOBER 24
We acknowledge this has been a challenging year for new nurses as many of you jumped into the profession early during your last senior semester to care for COVID patients. Studying for the NCLEX Boards while working full or part-time can be problematic and a flexible online review course might better meet your needs. Your “real-world” experience can make it more difficult to take a “book-world” exam. Additionally, testing sites have limitations and restrictions requiring candidates to wear a mask during the test. The NCLEX Preparation experts like Don Anderson, highly recommend you practice taking the online tests while wearing a mask and has included online practice exams in the program.

MNA is pleased to announce that Test Preparation Specialist and Fitzgerald Health Education Associates have teamed up to offer a discounted rate for their Online NCLEX Preparation Course. For more information please visit:

www.fhea.com/store/GrpWholesaleReg.aspx?id=4F87658EF0

The MNA wishes you the best in your preparation for the NCLEX exam. We offer a host of continuing education program both online and live to assist you in your professional development.