the MNA SM ADVOCATE

for Nurses and Healthcare Professionals

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ VOL. 96 NO. 2

STRIKE!

pages 4-7

July/August 2026

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President's Column

Katie Murphy

Greetings, MNA Family,

The issue of *The MNA Advocate* in your hands covers many topics of interest to all of us. In fact, stories here about the successes and challenges experienced by two of our bargaining units are — and will continue — reverberating across the state, with the strong possibility that all of our working conditions stand to be affected. The standard of "an injury to one of us is an injury to all of us" remains true today.

It has been my distinct honor and privilege to have met many of you, and listened to you, on many picket and strike lines these past few months. It is stunning that I even write that statement, but I did because one thing has become very clear, especially in the wake of our strikes at MGB Home Care and the Brigham: Management is not clear on what bargaining in good faith looks like! But the hours spent on the line, hearing about your experiences, the details of the work you do, the pride you take in that work, have been both exhilarating and sobering.

We know our worth. Our patients and their families know our worth, and it is our task to ensure management knows it. I do believe that management is aware of what we do and how we do it — and of the resources required to do so. But they can look away … look back at their spreadsheets and decide that more patients for an occupational therapist has a positive impact on their bottom line, or that one less nurse on a shift in the emergency department looks better to their board of directors.

We labor know that the boss is never going to support our work without a relentless, coordinated demand for the working conditions our patients require. That is what I heard from so many on the strike lines. The words I heard were all patient-centered, all solution-oriented, and that is what we are called to do every day. Your participation in the process is vital.

I believe that, as frontline caregivers, we always need to remember that the power of the union is in our hands. That our contract protects us as we advocate for our patients, our colleagues, and ourselves. True labor power is in the hands of the workers, us. Our contracts are on the MNA app, so they are always with us.

You will get updates in this issue on where some of the fights stand. You will also see highlights from our powerful strikes and picket lines, as well as contract wins.

Ballots for the MNA's Board of Directors are arriving, and I urge you to review the candidate statements and make sure your ballot is returned. This is also election season across Massachusetts, and we have endorsed candidates in many races. Remember, our elected representatives are our voice on Beacon Hill and in our communities, so elections matter. Take the opportunity to stand out for a candidate by holding a sign or knocking on a few doors. It is these relationships that can affect our contract fights.

Our annual Convention will be September 30 through October 2, and we hope to see many of you there. We are looking forward to a robust discussion of where MNA is headed during these turbulent times. But always remember that union voices from around the country are fighting for democracy. We are a part of that action, and your voice is crucial!

As ever, the work you do is vital, and our patients see that. Now is the time, like no other, to fight for our rights as workers and healthcare professionals.

Thank you for all you do!

Katie

the MNA ADVOCATE
for Nurses and Healthcare Professionals

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MGB Home Care Strikes for First Contract

MGB Home Care clinicians returned to caring for their patients on July, concluding a seven-day strike while pledging to continue fighting for a fair first MNA contract that protects patients and supports the clinicians who provide complex home care throughout eastern Massachusetts.

Approximately 450 clinicians, including registered nurses, physical therapists, occupational therapists, speech-language pathologists, social workers, and dietitians, have been bargaining for a first contract with Mass General Brigham (MGB) for more than a year. They continue seeking safe caseloads, clear and enforceable productivity standards, and competitive wages that recruit and retain experienced caregivers.

"We returned to the patients and families who count on us every day with tremendous pride in what our clinicians accomplished together over the past week," said Shannon Viera, RN, chair of the MGB Home Care MNA bargaining committee. "Our strike showed how deeply our clinicians care about protecting the quality of home care for our patients in the future. We are grateful to every patient, elected official, labor union, Brigham nurse, and community member who stood with us. That solidarity has strengthened our resolve to keep fighting until Mass General Brigham negotiates the fair first contract that our patients and clinicians deserve."

Management Refuses to Negotiate Post-Strike

Despite overwhelming public support from patients, families, community members, labor unions, and elected officials during the strike, MGB executives refused to negotiate when clinicians returned to the table on July 22 — never entering the room and communicating only through a federal mediator.

About MGB Home Care Clinicians

MGB Home Care clinicians provide highly skilled, hospital-level care in patients' homes, allowing many patients to recover safely while avoiding unnecessary hospitalizations. Clinicians perform wound care, administer IV medications, manage chronic diseases, provide rehabilitation following illness or surgery, and coordinate care across multiple providers. They also assess home safety, medications, nutrition, family support, and other factors that are essential to keeping patients healthy and independent. Working one-on-one in patients' homes, clinicians make complex clinical decisions without the immediate support available in a hospital setting.

A fair first contract for the MGB Home Care group is essential to reducing burnout and turnover, improving continuity of care, and ensuring patients receive the time and attention they need. The home care strike dovetailed with the MGB Brigham Hospital strike. Together, the two actions became the largest healthcare labor dispute in Massachusetts history, drawing widespread support from patients, healthcare workers, labor unions, elected officials, and communities across the Commonwealth. ■

lot of things
SHANNON VIERA, RN
COMMITTEE CHAIR, MGB HOME CARE

MGB HOME CARE
FAIR CONTRACT
NOW!
HERE
MGB
PROFITS

ON STRIKE
for Patient Safety
A Fair MGB Home Care Contract
Safe Patient Care
MGB HOME CARE
FAIR CONTRACT
NOW!
HERE
MGB

Jessica Lynn Tahiraj · 1w
We support and miss you guys!!!! MGB needs to give you guys a contract!!!!
Reply Hide
Anne Miceli · 1w
You deserve every bit of support as all nurses do. This is not hard!!!!
Reply Hide
Francine Tunnera · 1w
Home Care clinicians are the best it takes a special person you go girls!!
Reply Hide
Carol-Anne Inza Quinn · 1w
Many visiting nurses came to my parents home and my home over the years. The minute they walked in it was a relief to the patient and myself. They are beyond the best.
Reply Hide
Nancy Moran Cushman · 1w
God bless home care clinicians!
Reply Hide
Madeline Kalotkin · 1w
Thank you for your care
Reply Hide
Cheryl RN · 6d
Yesss Shannon!! Great job!! I support MGB Home Care!!
Reply Send message Hide
Laura Wetzler · 1w
We support you!!
Reply Hide
Kayleigh Farrell · 1w
Y'all are AMAZING!
Reply Hide
View 5 replies
Joanne Ring · 1w
Will be there tomorrow BWH RN!
Reply Hide
View 1 reply

PATIENTS > PROFIT
SAFE

Brigham Nurses Return to Patients Following Historic Strike and Lockout; Fight for Fair Contracts and Safe Patient Care Continues

More than 4,000 registered nurses at Brigham and Women's Hospital returned to caring for their patients on July 13, concluding the largest nurse strike and lockout in Massachusetts history with a powerful solidarity walk into the hospital after Mass General Brigham's (MGB) four-day lockout ended.

Although Brigham nurses returned to work, their contract fight was not over. Nurses continued pressing the billionaires on the MGB Board of Directors and its multi-millionaire executives to negotiate a fair agreement that respects nurses, strengthens recruitment and retention, and protects the quality of patient care at Brigham and Women's Hospital.

"Our fight has always been about protecting patient care," said Kelly Morgan, RN, Chair of the Brigham MNA Bargaining Committee. "We're proud to be back with our patients, but we're equally determined to win the contract they deserve."

Throughout the one-day strike and four-day lockout, thousands of nurses maintained picket lines around the hospital while supporters from across Massachusetts joined them in demanding that MGB return to the bargaining table and negotiate in good faith. Nurses returned to work without a contract and with a commitment to continue bargaining until they secure meaningful improvements in recruitment and retention, competitive wages, affordable health insurance, and patient care protections.

That bargaining resumed on July 21, but MGB once again refused to negotiate key patient care priorities despite the extraordinary solidarity demonstrated by Brigham nurses throughout the historic strike and lockout.

While the union reached tentative agreements on several smaller proposals, MGB refused to make meaningful movement on the issues that led nurses to strike, including proposals to improve recruitment and retention, reduce the hospital's dependence on temporary nurses, strengthen workplace safety protections, preserve affordable health insurance, and improve patient care.

"Brigham nurses returned to the bargaining table ready to negotiate a fair contract that addresses the recruitment and retention crisis facing our hospital and protects the quality of care our patients deserve," said Kelly Morgan, RN, Chair of the Brigham MNA Bargaining Committee. "Unfortunately, MGB once again refused to make meaningful movement on the key issues that brought us to the strike and lockout. Our nurses have demonstrated extraordinary solidarity throughout this campaign, and we remain committed to reaching a fair agreement—but that will require MGB to bargain seriously over the issues that matter most to our patients and our profession."

As this issue of *The MNA Advocate* goes to press, Brigham nurses remain at work caring for their patients while continuing to press MGB to negotiate a contract that supports the nursing workforce and protects safe patient care. The Bargaining Committee remains committed to reaching a fair agreement and has made clear that meaningful progress will require MGB to match its public statements about valuing nurses with meaningful movement at the bargaining table. ■

to return to work.
KELLY MORGAN, RN
CHAIR | BWH BARGAINING COMMITTEE

BOSTON
BWH NURSE
RESPECT NURSES
PROTECT PATIENTS
THEY COVERED THE WINDOWS. NOT THE TRUTH

0% PAY RAISE
$40/DAY TO PARK
MAKE IT MAKE SENSE

Melissa Bellotti Stien · 1w
When my husband had only weeks left to live, he wanted to see his team one more time (he spent over 8 years going to Dana and Brigham for brain cancer) but I couldn't physically get him there. His nurses actually came to our house to see him and say good-bye. It was one of the only times he cried. They took care of him and made sure i was okay as caretaker. I am forever indebted. Fight for what you deserve!
Reply Hide
View 2 replies
Nancy Jarboe · 1w
With you in spirit, retired RN
Reply Hide
View 9 replies
Litty John · 1w
Support from Chicago, can you hear us now?
Reply Hide
Sarah Cleckner George · 1w
I support these nurses. I think more nurses should stand up and fight for what is right and fair. The CEOs and other suit and ties are making millions a year off of the work that the nurses are doing within the hospitals. It's just wrong. Maybe this wi... See more
Reply Hide
View 8 replies
Al McLeod · 1w
In solidarity. Go get 'em nurses!
Reply Hide
Denise Rousseau Michaud · 1w
As a retired ER RN, I hear you and support you! Administrators don't have a clue of what all we do, the constant stress and hyperalert state we stay in for 12-14 hour shifts, to

Workplace Violence Prevention Bill Passes Senate, Heads to Conference Committee

Following a long and successful campaign that included several member-supported initiatives, the Massachusetts State Senate released a version of the MNA's Workplace Violence Prevention Bill on July 9. The bill had previously passed the House unanimously in November 2025. Because each Chamber passed different versions of the bill, it is now in conference committee where a compromise bill will be worked on between now and the end of the legislative session.

In the months leading into both the House and Senate's release of the bill, the MNA worked collaboratively with SEIU 1199 and the Massachusetts Hospital Association — sending a clear message to both the legislature and the public and that preventing violence against those working in healthcare facilities in Massachusetts is a top priority for all three organizations.

On June 15, all three organizations — including healthcare workers, labor leaders and members, hospital representatives, and patients — gathered at the Massachusetts State House to spotlight the crisis of workplace violence in healthcare settings.

As part of the event, organizers displayed 40 medical scrubs on clotheslines, representing the approximately 40 healthcare workers who experience physical or verbal violence each day in Massachusetts healthcare facilities. Each scrub top also featured a message from a healthcare worker who has been a victim of workplace violence. ■

Baystate Franklin Medical Center RNs Hold Press Conference to Announce Filing of DPH Complaint

MNA nurses at Baystate Franklin Medical Center in Greenfield recently filed a formal complaint with the Massachusetts Department of Public Health (DPH) requesting an investigation into Baystate Health's decision to eliminate patient transport services between 6 p.m. and 11 p.m., warning that the cuts were creating serious patient safety risks throughout the hospital.

During a July 16 press conference, MNA nurses said the complaint reflected broader concerns driving their ongoing contract negotiations. They argued that Baystate's decision to eliminate evening patient transport services forced nurses away from the bedside, delayed patient care, reduced staffing on patient units, and highlighted why they continue to seek enforceable contract language to protect safe staffing and patient care.

The complaint stated that Baystate executives had chosen to reduce essential frontline patient care support rather than prioritize investments in the caregivers and services patients depend on every day. Nurses said the elimination of transport services during a critical time period required bedside nurses to move patients throughout the hospital, creating unnecessary delays in treatment and increasing safety risks for both patients and staff.

The DPH complaint came as Baystate Franklin nurses continued contract negotiations focused on safe staffing and protecting local patient care. ■

Contract Wins and Updates

Atrius Health

In mid-July, after 10 months and 17 sessions, the MNA members at Atrius Health settled a two-year agreement with Optum/ United Health Care that includes:

- 3% ATB in each year
- Improved charge differential to $2.75
- Improved severance language
- Significantly improved holiday language
- Access to a host of Optum benefits including $5,250 per nurse, per year for additional tuition reimbursement on top of existing contractual education money for CMEs/CEUs

The MNA committee also successfully fought off takeaway/ aggresive proposals, including:

- 0% ATB increases
- Cutting the RN lunch hour to 30 minutes for no extra pay
- Converting to a deeply flawed PTO plan
- Randomized drug testing
- Eliminating daily overtime
- Making Martin Luther King Day and the day after Thanksgiving "non-core" holidays that management could change as desired
- A union busting change to the union's "Recognition Clause"

Haverhill School Nurses

In late May, the Haverhill School nurses reached an agreement on a three-year collective bargaining agreement with the Haverhill School District. Highlights include:

- 11% across-the-board wage increase over the three years of the contract
- Parity with teachers in terms of the number of school days worked each year.
- Members hired or currently on the first three steps of the agreement will now get a double step increase from step three to step five.
- A new step at the top of the scale, which matches the max. steps of teachers of in the district.
- An 18% increase in summer pay for nurses who elect to work these hours.
- Layoff and recall rights language for the first time.
- Ability to convert unused personal days to sick time for the first time.
- Nurses who are graduates of the Haverhill Public School District will receive a $1,000 one-time bonus.
- Creation of a sick-leave bank.

AJH Women's Health Nurses' First Contract

The Women's Health nurses working at Anna Jaques Hospital in Newburyport reached an agreement for their first-ever contract in May. Highlights include:

- A protected wages scale and guaranteed raises in the next three years.
  - People got between 5.5 and 38% wage increase upon ratification
  - 3% between each step
  - Placement on the scale by license date.
  - 3% wage increases the second and third year
  - Four months of retroactive pay
- Safety Language
- Administrative time for all
- A way to address workplace issues without retaliation
- Protections from unjust firing and discipline
- Protections during layoffs
- Increases in earned time, personal time
- Limits on increases to health care and retirement cost

Dana Farber Cancer Institute

The nurses at Dana Farber Cancer Institute – Boston settled their contract in the spring after eight months of bargaining. The is a two-year agreement includes:

- A total of 6% across the board wage increase for all staff nurses and NPs.
- Year one is a 3.5% increase retro to 1/1/2026; Year 2 is a 2.5% increase effective 1/1/2027
- An additional 2% to the top step, making it a full 5% above Step 20 to be consistent with the other steps on the wage scale.
- Vacation cash out increase to 120 hours, and two calendar-year opportunities to complete.
- Additional floating holiday (prorated for full-time employees) starting January 2027, which can be used in increments.
- A Charge Nurse who takes charge 10 or more hours a week for at least three shifts a month will continue to receive charge differential when using vacation, holiday or sick time.
- Increase from six to eight paid committee members for association activities.

Boston Medical Center Nurses Picket for Fair Contracts, Safe Staffing and Affordable Health Insurance

Nurse members with both the MNA and 1199SEIU picketed outside Boston Medical Center's main campus and BMC Brockton Behavioral Health Center on July 22, calling on hospital leadership to make greater investments in frontline caregivers and the workforce needed to sustain care at two the Commonwealth's essential safety-net healthcare facilities.

The informational pickets highlighted growing concerns over patient safety, chronic staffing shortages, inadequate wages, rising health insurance costs, and workplace violence that nurses said were contributing to burnout and driving experienced caregivers away from the bedside.

More than 160 registered nurses and advanced practice nurses at BMC are represented by the Massachusetts Nurses Association, with another 2,000 RNs and LPNs at BMC's main campus and approximately 80 RNs at BMC-affiliated Brockton Behavioral Health are represented by 1199SEIU.

As nurses across Massachusetts continued to sound the alarm about the growing challenges facing the profession, BMC nurses added their voices, warning that deteriorating workplace conditions and ongoing turnover were making it increasingly difficult to attract and keep experienced nurses.

At BMC — a Level I trauma center that includes New England's busiest emergency department and serves one of the state's largest safety-net patient populations — nurses said the hospital must commit additional resources to filling vacant positions, keeping experienced nurses at the bedside, strengthening workplace safety, and maintaining the level of care patients deserve. Union leaders said management's contract proposals failed to provide the investments needed to stabilize the workforce after more than two months of bargaining with the MNA and five months of negotiations with 1199SEIU.

Nurses said experienced colleagues continued to leave for neighboring hospitals where pay was higher and health insurance costs were lower, making recruitment and retention even more difficult. They also cited increasing violence against healthcare workers and persistent staffing shortages, saying those conditions made it harder to provide safe patient care and placed additional strain on the nurses who remained. Nurses said meaningful investments in staffing, wages, affordable health insurance, and workplace safety are essential to retaining experienced caregivers and ensuring Boston Medical Center can continue providing the high-quality care patients deserve. ■

Legislators on the Strike Line!

Senator Ed Markey

Congresswoman Katherine Clark

Representative Christine Barber

Senator Elizabeth Warren

Representative Marjorie Decker

Senator Nick Collins

Congressman Stephen F. Lynch

Representative Lisa Field

Representative Mike Connolly

District Attorney Marian Ryan

Congresswoman Ayanna Pressley

Representative John Lawn

Representative Dan Koh

Mayor Michelle Wu

Senator Mike Rush (center) with Ravi Simon and Senator Eldridge

City Councilor Ed Flynn

Senator Lydia Edwards

MNA Members Helping Their Communities

Judith Laguerre, RN, Brain Health Equity Fellow, along with Regine Lecorps and Cloe Auguste, RN, from Lewis II Geriatric Psychiatric Unit, CHA, brought their expertise to the community by educating participants on hypertension and its direct link to Alzheimer's disease and other forms of dementia.

Through blood pressure screenings, educational materials, and community engagement, they empowered individuals with knowledge and prevention strategies to support brain health and reduce the risk of vascular dementia, which disproportionately affects Black and Brown communities. ■

Have news to share about MNA members helping their local communities by sharing their skills and expertise? Email jjohnson@mnarn.org.

Code Blue: How MNA Leaders Are Turning Training into Power

This past spring, the MNA executive committee at Beth Israel Deaconess Hospital–Plymouth gathered in a hospital conference room and rolled up their sleeves, ready to get to work. The nurses PTs, OTs, STs and case managers in attendance weren't preparing for surgery: They were preparing to build a stronger, more engaged bargaining unit.

Across Massachusetts, MNA leaders like the Plymouth team are stepping into leadership training programs C offered free by MNA's Labor Educators, both in person and virtually — to strengthen their skills. These trainings equip leaders to defend members against unjust discipline, navigate workplace challenges, run effective contract campaigns, and to build the engagement needed to win real improvements.

For many, the urgency is clear.

"A lot of our members are being underpaid because of problems with the new payroll system. That's not an issue that can wait until we have a new contract," said one MNA committee member.

And it's not a problem that can be solved one grievance at a time.

While members are familiar with escalating campaigns during bargaining, leaders are recognizing the power of using those same strategies between contracts. Addressing issues like payroll errors not only solves an immediate problem, it brings members together, builds confidence, and shows what collective action can achieve. "Some members see the union as something separate and expect leaders to solve problems for them," said another MNA leader.

The only way to cure persistent workplace ailments is with a "Code Blue" — a coordinated, urgent response that energizes the system. Through their leadership training, committee members across Massachusetts are infusing new strategies, engaging members, and building the collective power that proves the union is strongest when everyone takes action together.

"An informed and trained committee is a great committee," said Elizabeth Taylor, chair of the Plymouth Hospital executive committee and MNA Board member. "Knowing the where, why, and how is the most effective way to make sure your voices are heard, help move the mission forward, and ensure that your contract can be enforced."

To learn more, contact your MNA Labor AD / Associate Director for your bargaining unit, or email the Labor Education team with questions: Ron Patenaude, rpatenaude@mnarn.org or Marcy Gelb, mgelb@mnarn.org. ■

MNA Endorsed Candidates for 2026 Elections

2026 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 2026 elections as of July 31st. More endorsements will be made ahead of the November General Election—stay tuned!

STATEWIDE

- Senator Ed Markey

REGION 1

State Incumbents

- Sen. Jake Oliveira
- Rep. Angelo Puppolo

New Candidates

- Tom Hendrickson for State Representative

REGION 2

Federal Incumbents

- Congresswoman Katherine Clark

State Incumbents

- Middlesex District Attorney Marian Ryan
- Sen. Robyn Kennedy
- Sen. Jamie Eldridge
- Rep. Natalie Higgins
- Rep. Mary Keefe
- Rep. David LeBoeuf

New Candidates

- Ravi Simon for State Representative

REGION 3

Federal Incumbents

- Congressman Bill Keating
- Congressman Stephen Lynch

State Incumbents

- Sen. Dylan Fernandes
- Sen. Mike Brady
- Sen. Bill Driscoll
- Rep. Lisa Field
- Rep. Patrick Kearney
- Rep. Michelle DuBois
- Rep. Michelle Badger
- Rep. Jim Hawkins

New Candidates

- Lisa Lopez for State Representative

REGION 4

Federal New Candidates

- Dan Koh for Congress

State Incumbents

- Rep. Francisco Paulino
- Rep. Dru Tarr

New Candidates

- Kate Lipper-Garabedian for State Senate
- John Drinkwater for State Representative

REGION 5

Federal Incumbents

- Congressman Stephen Lynch
- Congresswoman Katherine Clark

State Incumbents

- Middlesex District Attorney Marian Ryan
- Sen. Mike Rush
- Sen. Nick Collins
- Rep Marjorie Decker
- Rep. John Lawn
- Rep. Mike Connolly
- Rep. Bill MacGregor

New Candidates

- Christine Barber for State Senate
- Ben Ewen-Campen for State Representative
- Wil Mbah for State Representative

Important Election Dates

Voter Registration Deadline:
August 22

Early Voting Period:
August 22-28

Vote by Mail Application Deadline:
August 25

Primary Election Day:
September 1

Massachusetts Nurses Association 2026 General Election Ballot

President, Labor, (1 for 3 years)
KATIE MURPHY

Secretary, Labor, (1 for 3 years)
SARAH BESSUILLE

Director, Labor*, (5 for 3 years)- 1 per Region
Region One: (vacant)
Region Two: CARRIE LILL
LYNNE MERRIMAN
Region Three: TANYA REYNOLDS
Region Four: (vacant)
Region Five: NIKKI ROUILLE DUCEY
MEGHAN OSTROSKEY
SEANA SCOPA
FAYDENE SMALL-JONES
CHRISTINE WIGANDT

Director At-Large, General (3 for 3 years)
NIKKI ROUILLE DUCEY
CONNIE GASSETT
LYNNE MERRIMAN
MEGHAN OSTROSKEY
SEANA SCOPA
FAYDENE SMALL-JONES
CHRISTINE WIGANDT

Director At-Large, Labor (4 for 3 years)
MARY HAVLICEK CORNACCHIA
NIKKI ROUILLE DUCEY
CHANTEL FOLEY
LYNNE MERRIMAN
MEGHAN OSTROSKEY
SEANA SCOPAAARON WINSTON
CHRISTINE WIGANDT

Labor Program Member who is a non-RN Health Care Professional (1 for 3 years)
NIKKI ROUILLE DUCEY
SHIRLEY KRAFT

Nominations Committee, (5 for 3 years)-1 per Region

Bylaws Committee, (5 for 3 years)
MICHAEL D'INTINOSANTO
SUSAN WRIGHT THOMAS

At-Large Position in Regional Council (3 years 2 per region)
Region One:
Region Two: HEATHER STIDSEN
Region Three: DEBRA CARUSO
WANDA STOKES
Region Four:
Region Five: CHRISTINE WIGANDT

NENA Delegate (9 for 3 years)
KAREN COUGHLIN
MICHAEL D'INTINOSANTO
ELISABETH ERWIN
CHANTEL FOLEY
MARY HAVLICEK CORNACCHIA
CARRIE LILL
NORA WATTS

General means an MNA member in good standing & does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the labor program.

Bios of candidates for MNA office, 2026

PRESIDENT

KATIE MURPHY, MSN, RN, CCRN

Framingham, MA

EMPLOYMENT: Brigham & Women's Hospital

EDUCATION: MSN, Framingham State University, 2012; BSN, Boston University, 1982; ASN, Vermont College, 1975

PRESENT/PAST: President, Board of Directors

The challenges we face as frontline caregivers remain while at the same time, our voices are raised in support of our patients, our colleagues, and our communities.

We are facing a tornado of headwinds: the federal funding cuts, increased corporatization of healthcare, our own changing demographics, and intransigent suits across the table. It is in this setting that I am humbly asking for your support for another term as president of the Massachusetts Nurses Association.

It is my years as a Board of Director member and two terms as president that I believe form a solid foundation in which to continue in this role. But it is my decades as a frontline nurse at the bedside, as a hands-on caregiver that is the most important skill I bring to the position.

I have formed relationships with healthcare professionals, justice advocates, union activists, elected officials, and stakeholders across the Commonwealth and the nation. These relationships are vital in moving our agenda forward and advocating for our goals. My years at the bedside ground me in the work that we do. It has been said many times that we are with people at their most joyous times and on the worst day of their lives. Our presence is steady and patient-focused yet we keep our emotions inside so we can be there for those we serve.

I believe this knowledge and experience is critical to the role of president of our association and I ask for your vote to continue the work.

SECRETARY

SARAH BESSUILLE, BSN, RN, GRN

Saugus, MA

EMPLOYMENT: Brigham & Woman's Hospital

EDUCATION: Bachelor of Science, Nursing, 2012

PRESENT/PAST: Secretary BOD (present), Secretary, Brigham & Women's Hospital, Political Action Committee At-Large, Vice Chair Region 4 Council

DIRECTOR LABOR

Region 2

CARRIE LILL, MSN, RN

Ashland, MA

EMPLOYMENT: UMass Memorial Health-Milford Regional Medical Center

EDUCATION: MSN, Framingham State, 2017; BSN, UMass, 2015; ADN, Mass Bay Community College, 2006; BS Business, North-

eastern University, 2001

PRESENT/PAST: Board of Directors-Reg2, Region 2 Council, Co-Chair Milford Regional Medical Center

It has been an honor to represent Region 2 on the MNA Board of Directors since being appointed in late 2025. I was a member of the organizing committee and am the co-chair of the bargaining committee at UMass Memorial Health - Milford Regional Medical Center. My work experience includes being a bedside staff nurse on a cardiac telemetry floor for 9 years and a staff nurse in the operating room for the last 11 years. Through my role on our bargaining committee, I advocate for the needs of nurses across our hospital. Sitting on the Board of Directors has given me an even greater perspective of issues faced by nurses and healthcare professionals around the state. As a Board member I am able to use my voice as an advocate for all nurses and healthcare professionals and for the safety of our patients. It would be an honor to continue advocating for each of you. I would appreciate your vote for the position of Director – Region 2.

LYNNE MERRIMAN, RN, CCRN

Hubbardston, MA

EMPLOYMENT: Heywood Healthcare

EDUCATION: AD Nursing, Mount Wachusett Comm College, 2006; BA Geology, Bryn Mawr College, 1995

PRESENT/PAST: Heywood Hospital ICU Union Rep

Region 3

TANYA REYNOLDS, RN

Brockton, MA

EMPLOYMENT: Signature Healthcare Brockton Hospital

EDUCATION: Diploma, Brockton Hospital, 2002

PRESENT/PAST: Co-Chair

My name is Tanya Reynolds, RN from Signature Healthcare Brockton Hospital. I am running for re-election as Region 3 Representative to the Board of Directors because I truly value being a voice for the nurses and healthcare professionals in our region. I believe it's important to keep communication open between the Board and the hospitals I represent, making sure nurses' and healthcare professionals' concerns, ideas, and experiences are heard.

I also believe it's important that members feel connected, informed, and supported. Healthcare continues to face many challenges, and I want to continue advocating for our nurses, healthcare professionals, and patients. I would be honored to continue serving Region 3.

Region 5

NIKKI ROUILLE DUCEY, PT, DPT, GCS

Dedham, MA

EMPLOYMENT: VNA BOSTON

EDUCATION: DPT, Simmons College, 2005; BS, Simmons College, 2003

PRESENT/PAST: Board of Directors, Co-chair Bargaining Committee

MEGHAN OSTROSKEY, BSN, RN, SCRN

Whitinsville, MA

EMPLOYMENT: Brigham & Women's Hospital

EDUCATION: BSN, Northeastern University, 2018

PRESENT/PAST: At-Large General Director, Vice Chair-Reion 5 Council

My name is Meghan Ostroskey and I am a Registered Nurse at Brigham and Women's Hospital in Boston, MA. I am asking for your vote in this upcoming election cycle in order to continue serving on the Board of Directors of the Massachusetts Nurses Association.

It has been my privilege to serve the 23,000+ nurses and healthcare professionals of the MNA as a member of the Board. During my time in this role so far, I have made it my priority to advocate for forward change in the organization.

Historically, the work of the MNA has set the landscape for healthcare workers across the nation. I believe that in order to continue this important work in a constantly evolving healthcare landscape, it is our duty to keep pushing forward. I will continue to advocate for modernization of our current systems, a strong membership approach based in rank and file organizing, and for the prioritization of outreach to newly licensed nurses and healthcare professionals in order to ensure a strong membership base for the future.

I thank you for your time and consideration and hope to continue serving in this role.

SEANA SCOPA, BSN, RN

Braintree, MA

EMPLOYMENT: CHA- Cambridge Hospital

EDUCATION: BSN, MA College of Pharmacy /Health Sciences, 2012

PRESENT/PAST: Vice Chair, Cambridge Hospital

For the past 13 years, I have served as the Clinical Leader of an inpatient adult psychiatric unit at CHA Cambridge Hospital. In this role, I am proud to support a public community hospital dedicated to caring for a diverse, underserved, and both medically and socially complex patient population.

I believe nursing is grounded in compassion, advocacy, accountability, and the ability to provide high-quality care. Nurses serve not only as caregivers, but also as educators, leaders, and voices for patients and families navigating an increasingly complex healthcare system. My experience working in a small community-based hospital has reinforced the importance of teamwork, adaptability, and equitable access to care for diverse patient populations. This has provided me firsthand insight into the challenges patients and nurses face every day, while also strengthening my commitment to patient-centered care.

Healthcare today faces significant challenges, including staffing shortages, workplace violence, burnout, inequities in access to care,

and the growing demand for mental health and community-based services. It is essential that nurses have a strong voice in shaping policies that directly impact patient outcomes, professional practice, and the future of healthcare delivery.

If elected to the Board of Directors, my major contributions would include advocating for safe staffing, promoting professional development, supporting nurse well-being, and encouraging collaborative and transparent communication among healthcare professionals. I would bring a balanced, compassionate, and solution-focused perspective to the role, with a commitment to representing the interests of both nurses and the patients we serve.

FAYDENE SMALL-JONES, DNP, MHA, RN

Randolph, MA

EMPLOYMENT: BWFH/BMC-Brighton

PRESENT/PAST: BMCB, Negotiating Committee; BWFH Negotiating Committee

I am proud to be a member of the Massachusetts Nurses Association for over 25 years, and throughout that time I have remained deeply committed to advancing the rights of nurses, patients, and healthcare workers. My experience includes serving on the Boston Medical Center Brighton (SEMC) MNA Bargaining Unit Negotiation Committee, as well as serving as Treasurer for the Faulkner Hospital MNA Bargaining Unit Committee. These roles have strengthened my understanding of contract negotiations, fiscal responsibility, and the importance of collective advocacy.

My philosophy of care is grounded in equity and dignity. I believe that every person has the right to access the highest quality healthcare, regardless of their socioeconomic status or the zip code in which they live. Affordable healthcare is not a privilege - it is a fundamental human right.

I am committed to creating safe and inclusive spaces where all voices can be heard. Our union must continue to be a place where diverse perspectives are welcomed, respected, and elevated. The MNA has long provided a powerful platform for advocating for safe staffing, quality patient care, and respectful working conditions. I am dedicated to strengthening that mission and ensuring that all members feel empowered to speak, participate, and lead.

I seek this position to continue advocating for our shared values - equity, safety, respect, and excellence in care - while supporting and uplifting every member of our union community.

CHRISTINE WIGANDT, RN, BSN, NREMT-PARAMEDIC

Norwood, MA

EMPLOYMENT: Brigham & Women's Faulkner Hospital

EDUCATION: Bachelor of Science Nursing, UMass Boston, 2024; National Medical Education & Training Center, 2021; Bachelor of Science, Criminal Justice, Salem State, 2015

PRESENT/PAST: BWFH MNA Unit Representative (ED)

As an Emergency Department nurse and union representative at Brigham and Women's Faulkner Hospital, I believe strong nursing advocacy begins with listening, collaboration, healthy dialogue, and accountability.

Before becoming a nurse, I spent years working as an EMT at Boston EMS, and briefly as a paramedic/firefighter on the South Shore. Those experiences taught me how Important teamwork, communication, unity, and trust are in high-stress environments where people rely on one another to function safely and effectively. They also taught me the importance of understanding limits, balancing competing responsibilities, and recognizing what can realistically and safely be carried by frontline staff.

I went through nursing school while raising a newborn, which gave me an even deeper appreciation for the realities many healthcare workers face outside the hospital walls. Balancing school, motherhood, work, and life responsibilities reinforced for me how critical it is for healthcare systems to support their staff in meaningful and sustainable ways.

One of the most important issues facing nurses today is the growing disconnect between frontline staff and operational decision-making. Whether the issue is staffing, workplace violence, payroll accuracy, retention, or safe patient care environments, nurses deserve transparency, respect, and meaningful involvement in the process. Healthcare systems function best when nurses are treated as essential voices.

DIRECTOR AT LARGE, GENERAL

NIKKI ROUILLE DUCEY, PT, DPT, GCS

Dedham, MA

EMPLOYMENT: VNA BOSTON

EDUCATION: DPT, Simmons College, 2005; BS, Simmons College, 2003

PRESENT/PAST: Board of Directors, Co-chair Bargaining Committee

CONNIE GASSETT, RN

Boston, MA

EMPLOYMENT: Retired from MGB

EDUCATION: BSN, University of Delaware, 1973

PRESENT/PAST: BOD

My name is Connie Gassett and I'm running to be reelected to the Board of Directors of the MNA. I have been a nurse for 53 years and worked for the last 50 at Brigham and women's hospital as well as other hospitals around the city. It has always been my greatest pleasure and passion to represent nurses, other healthcare workers and our patients. I was on the Brigham and Women's negotiating committee for over 30 years and then I continued my support of healthcare workers as a member of the Board of Directors. I hope you will allow me to continue to give you that support. We need to fight the good fight now more than ever as the healthcare system in this country is seriously ill. I promise to be there and fight for you

all and our patients.

LYNNE MERRIMAN, RN, CCRN
Hubbardston, MA
EMPLOYMENT: Heywood Healthcare

EDUCATION: AD Nursing, Mount Wachusett Comm College, 2006; BA Geology, Bryn Mawr College, 1995

PRESENT/PAST: Heywood Hospital ICU Union Rep

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EDUCATION: BSN, Northeastern University, 2018

PRESENT/PAST: At-Large General Director, Vice Chair-Reion 5 Council

My name is Meghan Ostroskey and I am a Registered Nurse at Brigham and Women's Hospital in Boston, MA. I am asking for your vote in this upcoming election cycle in order to continue serving on the Board of Directors of the Massachusetts Nurses Association.

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DIRECTOR AT LARGE, LABOR

MARY HAVLICEK CORNACCHIA

Hopkinton, MA

EMPLOYMENT: Tufts

EDUCATION: BSN, Fitchburg State, 1988

PRESENT/PAST: Director at Large Labor, BOD; NENA Delegate -current

NIKKI ROUILLE DUCEY, PT, DPT, GCS

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EMPLOYMENT: VNA BOSTON

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CHANTEL FOLEY, RN

Whitman, MA

EMPLOYMENT: Brockton Hospital

EDUCATION: Associate, Brockton Hospital School of Nursing

PRESENT/PAST: Board of Directors at Large Labor, Treasurer-Brockton Hospital

Nursing has changed a lot over the last few years, and not always for the better.

Nurses are dealing with short staffing, burnout, workplace violence, mandatory overtime, and feeling stretched thin. Despite all of this nurses continue to show up every single day.

I believe nurses deserve to have a voice in healthcare decisions and in the direction our profession is going. My time as a union representative has shown me how important transparency, engagement and member involvement really are. There is still work to do especially when it comes to supporting and engaging nurses at the local level.

If reelected as Director at Large, Labor, I will continue advocating for nurses, encouraging member participation and bringing healthcare worker concerns forward. I will also continue to strengthen connections between nurses and our organization.

I remain committed and would like to keep moving forward together.

MEGHAN OSTROSKEY, BSN, RN, SCRN

Whitinsville, MA

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EDUCATION: BSN, Northeastern University, 2018

PRESENT/PAST: At-Large General Director, Vice Chair-Reion 5 Council

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CHRISTINE WIGANDT, RN, BSN, NREMT-PARAMEDIC
Norwood, MA
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One of the most important issues facing nurses today is the growing disconnect between frontline staff and operational decision-making. Whether the issue is staffing, workplace violence, payroll accuracy, retention, or safe patient care environments, nurses deserve transparency, respect, and meaningful involvement in the process. Healthcare systems function best when nurses are treated as essential voices.

AARON WINSTON, RN, BSN
Gill, MA
EMPLOYMENT: Cooley Dickinson Hospital

EDUCATION: BSN, University of Virginia, 2018; ADN, Piedmont VA Community College, 2016; BSN, University of Mary Washington, 2009

PRESENT/PAST: CDH Organizing Committee-Co-Chair, BOD

Nursing, to me, is both a profession and a collective commitment to human dignity. It is skilled, essential labor that sustains patients, families, and our communities. The American healthcare workplace is defined by deep inequities, corporate consolidation, burnout, and moral injury. Today, we find ourselves stretched thinner than ever. Safe staffing, fair wages, and respect for our work are not luxuries. They are the conditions necessary for quality patient care.

I believe in union power, militancy, and disciplined labor organizing. Real change in health care has never and will never come from the top down. Change comes from workers standing together, speaking with one voice, and refusing to accept conditions that harm both caregivers and our patients. Solidarity is not just a slogan, it is a strategy.

If elected to the board of directors, my contribution would be to center frontline voices and push for bold action. I would advocate for stronger contract enforcement, transparent governance, and deeper member engagement. I would work to build organizing capacity across units and facilities, connecting nurses and healthcare workers in our shared struggle. A better healthcare system is possible, if we're willing to fight for it.

LABOR PROGRAM

NIKKI ROUILLE DUCEY, PT, DPT, GCS

Dedham, MA

EMPLOYMENT: VNA BOSTON

EDUCATION: DPT, Simmons College, 2005; BS, Simmons College, 2003

PRESENT/PAST: Board of Directors, Co-chair Bargaining Committee

SHIRLEY KRAFT, Occupational Therapist

Danvers, MA

EMPLOYMENT: Veterans Home Chelsea

EDUCATION: Bachelor of Science, (OT), 1997; Bachelor of Science, (PSY), 1980

PRESENT/PAST: Labor Program, Ethics Committee & MNF Trustee

Union representation is vital for nurses and healthcare professionals striving for safe working conditions, fair compensation, improved benefits, career development, job security, workload management and Employee Assistance Programs to enhance clinical practice.

I have experience in hospitals, schools, home health, subacute rehabilitation and long-term care settings. I appreciate my colleagues in nursing, physical therapy, speech language therapy, nurse practitioners, social workers, respiratory therapists and medical doctors. I feel privileged to represent nurses and healthcare professionals.

Being a veteran myself, I feel honored to work with residents at the Veterans Home in Chelsea as an Occupational Therapist. I am a proud Union member of Unit 7 with MNA. I currently represent MNA as Secretary/Union Representative, with MNA Ethics Committee, Massachusetts Nurses Foundation and in Labor Program.

I participate with MNA Labor Actions and support nursing and healthcare professionals in a broad range of activities.

I would appreciate your support in allowing me to continue to serve in the Labor Program to meet new challenges while addressing current issues to ensure nurses and healthcare professionals have representation.

NOMINATIONS COMMITTEE

BYLAWS COMMITTEE

MICHAEL D'INTONOSANTO, RN

Winchendon, MA

EMPLOYMENT: Retired

EDUCATION: BSN, Fitchburg State College, 1999; ADRN, Laboure' Jr College, 1984

PRESENT/PAST: Bylaws Committee

SUSAN WRIGHT THOMAS, MSN

Hull, MA

EMPLOYMENT: Quincy College

EDUCATION: MSN, Worcester State University, 2016; Diploma, Brockton Hospital School of Nursing, 1993

PRESENT/PAST: Board of Directors, Region 5 Cambridge Representative

AT-LARGE POSITION IN REGIONAL COUNCIL

Region 2

HEATHER STIDSEN, RN, BSN

Rutland, MA

EMPLOYMENT: UMass Memorial Health

EDUCATION: Bachelor of Nursing, Worcester State University, 2018; Associate of Nursing, Quinsigamond Community College, 2013

Nursing is an invaluable service and profession, but nurses today are increasingly run down and burnt out from constant increases in patient loads, responsibilities, understaffing, and limited resources. Currently my biggest concern is safety for both patients and staff. I have attended two MNA Safety Days on Beacon Hill, advocating directly with State Representatives and Senate leaders about realities nurses face at bedside. As well as representing staff through many committees and counsels at Umass Memorial.

Before nursing, I studied criminal justice and worked in management for nearly a decade. While that path was not where I ulitimately belonged, the justice piece has remained central to who I am. Whether advocating for our Union as a whole or for the nurse sitting beside me, I will always fight for what is right, fair, and safe.

I began my nursing career as a PCA on a med/surg unit while in nursing school and later became an RN on the same unit after completing the new graduate program. After five years in med/surg, I transferred to L&D before eventually finding my home in Mother Baby where I have worked for almost eight years.

If elected as an MNA rep, my major contributions would be strong advocacy for nurse and patient safety, honest communication between staff and leadership, supporting nurses who feel unheard or overwhelmed. I believe my varied clinical background, leadership experience, and commitment to fairness allow me to represent nurses with compassion and determination.

Region 3

DEBRA CARUSO, RN, BSN

Brewster, MA

EMPLOYMENT: Retired-VNA Cape Cod

EDUCATION: BSN, Fitchburg State university, 1974

PRESENT/PAST: Congress on Health & Safety, Safe Patient Handling & Mobility Comm, Workplace

WANDA STOKES, RN

Fall River, MA

EMPLOYMENT: Signature Health-Brockton Hospital

EDUCATION: Associate degree, Roxbury Community College, 2002

PRESENT/PAST: Floor-Rep, Co-chair, Negotiation Committee

I believe nursing is one of the most essential professions in healthcare because nurses play a critical role in promoting patient safety, delivering compassionate care, and supporting recovery. Nurses are often the first to assess patient needs and are responsible for monitoring changes in condition, administering treatments, educating patients, and advocating for quality care. As a result, nursing directly affects patient outcomes and the overall effectiveness of the healthcare system. One of the biggest current issues in nursing and healthcare is workplace violence, particularly in emergency departments and psychiatric settings, where nurses may face verbal or physical aggression from patients or visitors. This creates safety concerns and contributes to emotional stress. Mental health care access is another major issue, as many patients struggle to receive timely treatment due to limited resources and bed availability. In my view, healthcare organizations must address these issues by improving staffing ratios, supporting nurse mental health, increasing workplace safety, and investing in resources that allow nurses to focus on patient-centered care. Supporting nurses is essential to strengthening healthcare overall. If elected to the Regional Council seat, I hope my contribution will center on leadership, advocacy, collaboration, and a commitment to ensuring that nurses have a strong voice in decisions that affect our profession and the quality of care we provide. I would foster unity and mentorship within the member role, listening to colleagues, supporting newer nurses in understanding the union's role, and encouraging active participation. I appreciate your consideration. Wanda Stokes, RN

NENA DELEGATE

KAREN COUGHLIN, RN

Arlington, MA

EMPLOYMENT: Retired-DMH, Taunton State Hospital

EDUCATION: Certificate, Harvard Trade Union, 2017; Associates, Massasoit Community College, 1984

MARY HAVLICEK CORNACCHIA, BSN, RN

Hopkinton, MA

EMPLOYMENT: Tufts

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PRESENT/PAST: Bylaws Committee

ELISASBETH ERWIN, RN

Rockland, MA

EMPLOYMENT: BMC South

EDUCATION: BSN, UMass Boston, 2013

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Whitman, MA

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PRESENT/PAST: BOD Region 2

NORA A. WATTS, RN, BSN

Westborough, MA

EMPLOYMENT: Newton Wellesley Hospital

EDUCATION: BSN, Northeastern University,1975

PRESENT/PAST: Treasurer, Local Unit Co-Chair-NWH

Proposed Amendments to the MNA Bylaws
MNA Annual Meeting - October 1, 2026

The MNA Bylaws Committee present the following Bylaw amendments for consideration for adoption at MNAs Convention October 1, 2026. Members should review these prior to the discussion and voting, which are scheduled to take place during the Annual Business Meeting at Convention on October 1, 2026 at the Four Points Sheraton, Norwood, MA.

Please note that language in ~~**red bolded print with strikethrough**~~ is for **deletion** and language in **blue bolded print with underlining** is for **addition**.

PROPOSED AMENDMENTS NO. 1.		
CURRENT LANGUAGE	**PROPOSED LANGUAGE**	**IMPACT STATEMENT**
Article VI Standing Committees Section 2: Composition (Paragraph b.) b. The Committee on Nominations and Elections and the Bylaws Committee shall each consist of five members, who shall be elected by the membership, with representation from each region. **Article VI Standing Committees Section 5 Responsibilities** b. The Nominations and Elections Committee shall: (5) Report to the Membership and the Board of Directors the list of positions to be elected to each office, for which there are vacancies for which no consents to serve have been submitted, Included in the list shall be candidates for the officers, members of the Board of Directors, Bylaws Committee, and Nominations and Elections Committee.	**Article VI Standing Committees Section 2: Composition** (Paragraph b.) b. The Committee on Nominations and Elections and the Bylaws Committee shall each consist of five members, who shall be ~~**elected by the membership**~~ **appointed by the Board of Directors**, with representation from each region. **Article VI Standing Committees Section 5 Responsibilities** b. The Nominations and Elections Committee shall: (5) Report to the Membership and the Board of Directors the list of positions to be elected to each office, for which there are vacancies for which no consents to serve have been submitted, Included in the list shall be candidates for the officers~~,~~ **and** members of the Board of Directors~~, Bylaws Committee, and Nominations and Elections Committee~~.	**Impact Statement:** If adopted this amendment would change the filling of seats on the Committee on Nominations and Elections and on the Bylaws Committee from elected to appointed. This would remove the restriction of members elected to other positions from serving on these two committees; members who often have agency and experience in these two areas. It will also mitigate the previous shortage of members willing to serve on these committees. **Proposed by** MNA Region Three Council **MNA Board of Directors RECOMMENDS ADOPTION**

PROPOSED AMENDMENTS NO. 1. - Continued		
CURRENT LANGUAGE	**PROPOSED LANGUAGE**	**IMPACT STATEMENT**
Article VII Elections, Section 1: Schedule of elections (Paragraph a.) a. Group A: The President, Collective Bargaining Unit member; Secretary, Collective Bargaining Unit member; Director from each region, Collective Bargaining Unit member; three At-Large Directors, General; one Collective Bargaining unit member who is a non-RN health care Professional; five members of the Nominations and Elections Committee representing each region; five members of the Bylaws Committee; shall be elected in the year immediately following the election of members in Group B. **Article VII Elections, Section 1: Schedule of elections** (Paragraph b.) b. Group B: The Vice President, Collective Bargaining Unit member; the Treasurer, Collective Bargaining Unit member; a Director from each region, Collective Bargaining Unit member; three At-Large Directors, Collective bargaining Unit members; four At-Large Directors, General; five members of the Nominations and Elections Committee representing each region; five members of the Bylaws Committee; shall be elected in the year following a null year with no election.	**Article VII Elections, Section 1: Schedule of elections** (Paragraph a.) a. Group A: The President, Collective Bargaining Unit member; Secretary, Collective Bargaining Unit member; Director from each region, Collective Bargaining Unit member; three At-Large Directors, General; one Collective Bargaining unit member who is a non-RN health care Professional; ~~five members of the Nominations and Elections Committee representing each region; five members of the Bylaws Committee;~~ shall be elected in the year immediately following the election of members in Group B. **Article VII Elections, Section 1: Schedule of elections** (Paragraph b.) b. Group B: The Vice President, Collective Bargaining Unit member; the Treasurer, Collective Bargaining Unit member; a Director from each region, Collective Bargaining Unit member; three At-Large Directors, Collective bargaining Unit members; four At-Large Directors, General; ~~five members of the Nominations and Elections Committee representing each region; five members of the Bylaws Committee;~~ shall be elected in the year following a null year with no election.	

Massachusetts Nurses Association • Policy on Reduced Dues

Consistent with MNA Bylaws and applicable law, any increase in dues rates must be determined by a vote of the membership and must comply with certain procedural safeguards established by law. Accordingly, all increases in the rate of dues are subject to a vote of a majority of members present and voting at a regular convention or at a special convention called in whole or in part for that purpose.

The Association also recognizes that for certain categories of membership reduced dues may be deemed appropriate by the membership.

Any such reduced dues categories established by the Board shall be reduced in writing, approved by the membership at regular convention or special convention called in whole or part for that purpose, presented in the official minutes of the meeting in which the categories were established, and maintained as policy statements of the Board.

1. Authority of the Board

It is the intent of the membership that MNA policies on dues and dues reductions comply with prevailing law. Accordingly, should the Board at any time determine that legal requirements so dictate, it shall have the power to broadly interpret and apply dues reduction policies approved by the membership in a manner that is consistent with both the intent of such policies and with such legal requirements. Any such action taken by the Board in this regard that amends any existing policy shall be presented to the membership for review and approval at the next regular or special convention following such action.

2. Reduced Dues Categories

a. Full Members

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

(1) 75% of the annual dues:

(a) Health professional labor program member – any health care professional, other than a ~~registered~~ nurse, who is represented for purposes of collective bargaining by MNA;

~~(a)~~(b) Nurses who are represented by MNA and employed only in a per diem status (per diem status must be verified).

~~(b)~~(c) 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, and is a *member in good standing.*

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 this 75% dues category by April 1st 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 July1st through June 30th. A member may qualify under only one of the foregoing categories in any given year.

This policy is effective as of July 1, 2008.

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

(2) 50 percent of the annual dues:

(a) Nurses or Health Care Professionals who are not employed.

(b) Registered Nurse or Health Care Professional students in full time study.

(c) Graduates of generic (entry level) nursing ~~programs~~ and health care professional~~s~~ programs for the first two years of membership, if initiated within six months following ~~graduation~~ passage of initial licensure exam.

(d) Members 62 years of age or over who are not yet at full retirement age but earning less than the social security threshold would allow if they were collecting benefits. ~~and not earning more than the Social Security System allows.~~

~~(d)~~(e) Individuals who are at full retirement age and still working in MNA represented position.

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

(3) 25 percent of the annual dues:

(a) Members who are 62 years of age or over and not employed.

(b) Members who are totally disabled.

b. Associate Members

(1) Subject to verification, members who qualify for the following category may elect to pay twenty dollars ($20) per month or two hundred and forty dollars ($240) per year as their annual dues:

(a) Any Registered Nurse who is not covered by an MNA collective bargaining contract.

This policy is effective as of July 1, 2008.

Approved: MNA Membership, Annual Business Meeting – 9/29/05
Reviewed BPC: 10/20/05
Revised and Approved: BOD 10/20/05
Revised: MNA Membership at 2007 MNA Annual Business Meeting
Reviewed: BPC 10/18/07

Notice to members and non-members regarding MNA agency fee status

In private employment under the National Labor Relations Act

This notice contains important information relating to your membership or agency fee status. Please read it carefully.

Section 7 of the National Labor Relations Act gives employees these rights:

- To organize
- To form, join or assist any union
- To bargain collectively through representatives of their choice
- To act together for other mutual aid or protection
- To choose not to engage in any of these protected activities

You have the right under Section 7 to decide for yourself whether to be a member of MNA. If you choose not to be a member, you may still be required to pay an agency fee to cover the cost of MNA's efforts on your behalf. If you choose to pay an agency fee rather than membership dues, you are not entitled to attend union meetings; you cannot vote on ratification of contracts or other agreements between the employer and the union; you will not have a voice in union elections or other internal affairs of the union; and you will not enjoy "members only" benefits.

Section 8(a)(3) of the National Labor Relations Act provides, in pertinent part:

It shall be an unfair labor practice for an employer – …

(3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other statute of the United States, shall preclude an employer from making an agreement with a labor organization … to require as a condition of employment membership therein on or after the thirtieth day following the beginning of such employment or the effective date of such agreement, whichever is the later. If such labor organization is the representative of the employees as provided in Section 9(a), in the appropriate collective bargaining unit covered by such agreement when made…

Under Section 8(a)(3), payment of membership dues or an agency fee can lawfully be made a condition of your employment under a "union security" clause. If you fail to make such payment, MNA may lawfully require your employer to terminate you.

This year, the agency fee payable by non-members is 97% of the regular MNA membership dues for chargeable expenditures. Non-members are not charged for expenses, if any, which are paid from dues which support or contribute to political organizations or candidates; voter registration or get-out-the-vote campaigns; support for ideological causes not germane to the collective bargaining work of the union; and certain lobbying efforts. MNA has established the following procedure for non-members who wish to exercise their right to object to the accounting of chargeable expenditures:

1. When to object

Employees covered by an MNA union security clause will receive this notice of their rights annually in the Mass Nurse. If an employee wishes to object to MNA's designation of chargeable expenses, he or she must do so within thirty days of receipt of this notice. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Employees who newly become subject to a contractual union security clause after September 1, or who otherwise do not receive this notice, must file any objection within thirty days after receipt of notice of their rights.

MNA members are responsible for full membership dues and may not object under this procedure. MNA members who resign their membership after September 1 must object, if at all, within thirty days of the postmark or receipt by MNA of their individual resignation, whichever is earlier.

Objections must be renewed each year by filing an objection during the appropriate period. The same procedure applies to initial objections and to renewed objections.

2. How to object

Objections must be received at the following address within the thirty-day period set forth above:

Massachusetts Nurses Association
Fee Objections
340 Turnpike Street
Canton, MA 02021

Objections not sent or delivered to the above address are void.

To be valid, objections must contain the following information:

- The objector's name
- The objector's address
- The name of the objector's employer
- The non-member's employee identification number
- Objections must also be signed by the objector

Objections will be processed as they are received. All non-members who

file a valid objection shall receive a detailed report containing an accounting and explanation of the agency fee. Depending on available information, the accounting and explanation may use the previous year's information.

3. How to challenge MNA's accounting

If a non-member is not satisfied that the agency fee is solely for chargeable activities, he or she may file a challenge to MNA's accounting. Such a challenge must be filed within thirty days of receipt of MNA's accounting. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Challenges must be specific and must be made in writing. Challenges must be received by MNA at the same address listed above in section 2 within the thirty-day period to be valid. Challenges not sent or delivered to that address are void.

Valid challenges, if any, will be submitted jointly to an impartial arbitrator appointed by the American Arbitration Association. MNA will bear the cost of such a consolidated arbitration; challengers are responsible for their other costs, such as their travel expenses, lost time, and legal expenses, if any. Specifically challenged portions of the agency fee may be placed in escrow during the resolution of a challenge. MNA may, at its option, waive an objector's agency fee rather than provide an accounting or process a challenge. ■

Notice of Dues Rates Review to Members

This notice is to inform all MNA members and agency fee payers that, in accordance with MNA dues policy, the maximum and minimum dues rates have been reviewed.

Following this review, due to the economic uncertainties resulting from the Federal budget cuts to Medicaid and Medicare, and the potential hardship to members, the MNA Board of Directors voted to maintain the current dues rates unchanged. The minimum monthly dues rate will remain at **$77.32**, and the maximum monthly dues rate will remain at **$96.60**.

All related dues categories and fees will continue to be calculated based on these rates. Please note that individual members may experience dues increases as a result of wage increases, even though the minimum and maximum dues rates remain unchanged.

For more information, please contact the MNA Division of Member Services at 781-821-4625 or email membership@mnarn.org.

MNA Massachusetts Nurses Association

CNE

continuing nursing education

For Autumn 2026 Continuing Education Program registration: Members register by signing in to the MNA App/events section or sign in to the website https://mna.yourassociation.org, and click the CE Programs/Events button. Non Members register by contacting: Liz Chmielinski at 781-830-5719 or echmielinski@mnarn.org

IN-PERSON OFFERINGS

REGION 2

Recognize, Respond, Report: Managing Workplace Violence in Healthcare

Date: Tuesday, November 10; 6 - 8 p.m. (registration/dinner 5 - 6 p.m.)
Location: Beechwood Hotel, 363 Plantation Street, Worcester
Description: This program will address workplace violence in healthcare settings and its impact on the safety of healthcare workers and patients. The activity will focus on enhancing the learner's ability to recognize risk factors and early warning signs of workplace violence, implement appropriate response strategies to de-escalate or manage violent situations, and follow established organizational and regulatory reporting procedures.
Presenters: Tyler Michaud, Master-Level instructor for Workplace Violence Prevention and Home Health Care. Workplace Violence Prevention Manager, Lowell General Hospital.
Continuing Nursing Credits will be provided.

REGION 3

Clinical Management of Surgical Complications

Date: Thursday, September 24; 6 - 8 p.m. (registration/dinner 5:30 - 6 p.m.)
Location: Massachusetts Maritime Academy, 101 Academy Drive, Beechwood Conference Center, Buzzards Bay
Description: This program is designed for post-surgical and medical-surgical healthcare professionals seeking to acquire or strengthen their understanding of the mechanisms of surgical complications as well as their recognition and response to improve patient outcomes.
Presenter: Kristen Cleary-Campbell, MSN, BS, RN, CPAN, CAPA
Continuing Nursing Credits will be provided.

REGION 4

Licensed to Care-Safeguarding Your Nursing Credentials

Date: Tuesday, October 20; 6 - 8:15 p.m. (registration/dinner 5:15 - 6 p.m.)
Location: Danversport Yacht Club; 161 Elliot Street, Danvers
Description: This program is designed for practicing nurses seeking to enhance their understanding of professional accountability and the protection of their nursing credentials. In an evolving healthcare landscape, it is crucial for nurses to stay informed about the regulatory, legal and ethical standards that govern their practice. Strategies to identify, mitigate, and manage risks associated with nursing practice, focusing on avoiding potential disciplinary actions and malpractices claims.
Presenter: Charlene Verga, MSN, RN, CEN, LNC, CARN
Continuing Nursing Credits will be provided.

REGION 5

Forty-Four Years and Counting to the Half-Century Mark: The Evolution of HIV Care from 1981-2025

Date: Wednesday, October 14, 2026; 6 - 8 p.m. (registration/light dinner: 5:30 - 6 p.m.)
Location: MNA Headquarters; 340 Turnpike Street, Canton
Description: HIV has evolved in our lifetime from a frightening and misunderstood illness to its status as a manageable chronic health condition. This program will address HIV from the beginning of the epidemic through the development of effective treatment strategies and address modalities to stem the spread of HIV.
Presenter: Mary Linda O'Reilly, RN
Continuing Nursing Credits will be provided.

GENERAL CNE MNA

Advanced Cardiac Life Support (ACLS)

Dates: **Certification:** Tuesday, October 22 and Tuesday, October 29
Time: 8:30 – 9 a.m. (registration); 9 a.m. – 5 p.m. (light lunch provided)
OR **Recertification:** Tuesday, October 29
Time for Session 1: 9 a.m. - 12:30 p.m.
Time for Session 2: 1 - 4:30 p.m.
Location: 340 Turnpike Street, Canton
Description: This AHA course provides information on the clinical management of medical emergencies through a case-study approach. This is a two-day certification and a one-day recertification course. **This challenging course is best suited for nurses working in acute or critical care areas. Must be proficient in dysrhythmia interpretation and requires three-steps of pre-course work to achieve certificate of completion in order to confirm registration place holding.**
Fee: $50 (member/associate member); $250 (non-member)
Contact Hours: *WILL **NOT** BE AWARDED FOR THIS PROGRAM*
Registration Contact: Liz Chmielinski, 781-830-5719

Committed to Care: Ensuring Patient Safety and Nursing Compliance

Date: TBD; 9 a.m. - 4 p.m. (lunch will be provided)
Location: 340 Turnpike Street, Canton
Description: This all-day program is designed for nursing professionals seeking to enhance their understanding of patient safety and the regulatory frameworks governing nursing practice. Participants will gain a comprehensive understanding of their legal and ethical duties as nurses. The program will address key topics such as regulatory compliance, license defense, proper documentation, policy compliance, safe medication handling, substance use protocols, managing unsafe assignments, Workplace violence and responding to workplace injuries.
Presenters: Carol Mallia, MSN, RN, LAP-C; Charlene L. Verga, MSN, RN, CEN, LNC, CARN; Lori Burke, MPH, COHN-S/CM, FAAOHN; Theresa Hudson, BSN, RN; Denise Soccio, DNP, RN
Continuing Nursing Credits will be provided.

Breaking Barriers: Innovating Strategies for Nursing in Addiction Care

Date: Tuesday, September 1; 9 a.m. - 4 p.m. (registration 8:30 a.m.; lunch will be provided)
Location: 340 Turnpike Street, Canton
Description: This all day continuing professional develop.m.ent program is designed for nursing professionals seeking to deepen their understanding of addiction issues and enhance their skills in providing effective care. As healthcare professionals, we see the impact of addictions on our patients and the potential impact to our colleagues.
Presenters: Donna White, PhD, RN; Carol Mallia, MSN, RN, LAP-C; Hugo Vieira, RN
Continuing Nursing Credits will be provided.

VIRTUAL OFFERINGS

REGION 1

Substance Use Disorder: Humane Approaches, Medications Utilized in Treatment, and Innovative Approaches to Sustain Recovery

Date: Tuesday, September 8; 6 - 8 p.m. (log-in access 5:30-6 p.m.)
Location: Live Virtual
Description: The program will provide an overview of best practices to work with those who are diagnosed with a substance use disorder. The review will entail a comprehensive approach for nurses to address the care and treatment of this complex disorder. Medications utilized in treatment will be discussed.
Presenter: Donna White, PhD, RN, CNS, LADC 1
Continuing Education Credits will be provided.

Beyond the Scales: Evidence and Practice for Obesity Medications

Date: Thursday, November 19; 6 - 8 p.m. (log-in access 5:30 - 6 p.m.)
Location: Live Virtual
Description: Participants will examine the evolving landscape of obesity pharmacotherapy with a spotlight on the cardiovascular benefits of modern anti-obesity medications. The session will review current and emerging agents, summarize key clinical trials, and highlight evidence showing improvements in cardiovascular outcomes, including reductions in major adverse cardiovascular events, benefits in heart failure (especially HFpEF), and favorable effects on cardiometabolic risk factors such as blood pressure, lipids, inflammation, and glycemic control.
Presenter: Hailey Choi, PharmD, BCACP, CDCES
Continuing Education Credits will be provided.

REGION 2

Understanding Autism Spectrum Disorders

Date: Tuesday, October 27; 6 - 8 p.m. (log-in access 5:30 - 6 p.m.)
Location: Live Virtual
Description: This continuing nursing education activity is designed to enhance the nurse's understanding of Autism Spectrum Disorders (ASD). The activity will focus on defining ASD, recognizing common characteristics and presentations, and identifying the impact of ASD on communication, behavior, and healthcare experiences. Learners will explore evidence-based, patient-centered approaches to support individuals with ASD and their families, with an emphasis on promoting safe, inclusive, and effective care in healthcare settings.
Presenter: Shannon Sousa, MS, CC-SLP, ATP Director of Assistive Technology for the Community Autism Resource Center, Taunton, MA
Continuing Education Credits will be provided.

REGION 3

OB Virtual CNE: Post-Partum Mood and Anxiety Disorder: How to Identify and Refer Appropriately

Date: Tuesday, September 29; 6 - 8 p.m. (log-in access 5:45 - 6 p.m.)
Location: Live Virtual
Description: This course will provide an overview of perinatal mood and anxiety disorders (P.M.ADs), including how they present across pregnancy and postpartum and how to differentiate between expected emotional changes and clinically significant symptoms. Participants will learn how to identify risk factors, recognize warning signs, and understand the impact of P.M.ADs on both parent and infant functioning. The course will also outline best practices for timely, appropriate referral to perinatal-specific mental health services with a focus on reducing barriers to care and improving outcomes.
Presenter: Liane Dupuis, LICSW, P.M.H-C
Continuing Education Credits will be provided.

REGION 3

No One Actually Gets Eight Hours of Sleep: Real-World Resilience for Real World Health Care Professionals

Date: Tuesday, November 10; 6 - 8 p.m. (log-in access 5:45 - 6 p.m.)
Location: Live Virtual
Description: In a profession where resilience is pushed to its limits every shift, this session offers a refreshingly honest look at what it actually takes to bounce back, presented by a fellow MNA member, 22-year EMS veteran, and mental health professional. You will explore a practical framework for understanding where you truly are, whether you are thriving, surviving, or struggling, and walk away with tools built specifically for healthcare professionals, not the general public. From the science of sleep and the surprising role nutrition plays in your mental health and longevity, to the power of hope and daily habits that actually stick, this talk focuses on working with the resilience you already have and making it stronger.
Presenter: James Broomhower, LMHC-A, MS, FP-C, NR-P, C-NPT, CCISM
Continuing Education Credits will be provided.

REGION 4

Digital Fluency for Nurses: AI, Social Media, and the Future of Patient Care

Date: Wednesday, November 18; 6 - 8:15 p.m. (log-in access 5:30 - 6 p.m.)
Location: Live Virtual
Description: This program will explore the essential digital fluency skills needed to practice safely and effectively in a rapidly evolving healthcare environment. Participants will learn how technology, mobile platforms, and social media shape clinical decision-making, patient communication, and professional reputation. The role nurses play in the introduction of new technology in your setting will also be discussed.
Presenter: Deena Brecher, MSN, RN, ACNS-BC, CEN, CPEN, FAEN
Continuing Education Credits will be provided.

REGION 5

Beyond the Scales: Cardiometabolic Benefits of Today's Anti-Obesity Agents

Date: Wednesday, October 7; 6 - 8 p.m. (log-in access 5:30-6 p.m.)
Location: Live Virtual
Description: Participants will examine the evolving landscape of obesity pharmacotherapy with a spotlight on the cardiovascular benefits of modern anti-obesity medications. The session will review current and emerging agents, summarize key clinical trials, and highlight evidence showing improvements in cardiovascular outcomes, including reductions in major adverse cardiovascular events, benefits in heart failure (especially HFpEF), and favorable effects on cardiometabolic risk factors such as blood pressure, lipids, inflammation, and glycemic control.
Presenter: Hailey Choi, Pharm-D
Continuing Education Credits will be provided.

GENERAL CNE MNA

Breaking the Silence: Menopause, Perimenopause, and Sexual Health Education

Date: Tuesday, September 15; 6-8 p.m. (log-in access 5:30 - 6 p.m.)
Location: Live Virtual
Description: This comprehensive continuing education program is designed to equip nurses and healthcare workers with the knowledge and skills necessary to effectively support women experiencing menopause and perimenopause. As healthcare providers, nurses play a crucial role in addressing the physical, emotional, and sexual health concerns associated with these life transitions.
Presenter: Lara Simondi, APRN, CNM, MPH, MCPS
Continuing Education Credits will be provided.

OTHER IMPORTANT DATES

MNA Convention

Date: Wednesday, September 30, 2026-Friday, October 2, 2026
Location: Four Points Sheraton, Norwood, MA

Our Moment Our Movement

CONVENTION 2026

MNA Massachusetts Nurses Association

October 1-2

Four Points by Sheraton Norwood

Registration deadline: August 31

Norwood, MA

Convention 2026 brings together MNA members from across Massachusetts for two energizing days of inspiration, connection, learning, celebration, and action as we shape the future of our union.

From inspiring conversations to fun social events, this year's Convention promises to be one of our most dynamic, engaging, and memorable gatherings yet.

FREE for MNA Members (in good standing):

- **Hotel lodging FOUR POINTS SHERATON for two nights**: MNA has reserved 100 rooms at the Four Points on a first-come, first-served basis. 100% reimbursement of lodging costs in a shared double-occupancy room, or 50% of the cost of single rooms. *See back for instructions.*
- **Meals**: Breakfast, lunch and snacks (Thursday and Friday); banquet dinner (Thursday);
- **Continuing Education contact hours** for educational sessions on Friday.
  MNA is accredited as a provider of nursing continuing professional development through the American Nurses Credentialing Centers Commission on Accreditation. All Programs meet the CNE contact hour requirements of the MA Board of Registration in Nursing for re-licensure and specialty certification.

Convention Registration:

Sign into the MNA App/events section or the website: https://mna.yourassociation.org and click on the CE Programs/Events button. **Nonmembers/Questions:** Contact Liz Chmielinski at 781-830-5719 or echmielinski@mnarn.org

Reserving hotel accommodations:

Members will be reimbursed for lodging after the convention (100% of lodging costs in shared double-occupancy rooms, or 50% of the cost of single rooms.)

Reserve your lodging at Four Points by Sheraton: Contact Lucy Finnerty at 781-255-3118 or Lucy.finnerty@hobbsbrook.com, or call the hotel at 781-769-7900. Reference the MNA Convention Meeting to get the discounted rate. Rooms at Four Points are available on a first come, first served basis.

For overflow accommodations: Contact the Courtyard by Marriot, Boston-Norwood by going to https://tinyurl.com/4d4azku3.

For questions regarding hotel reservations: contact Liz Chmielinski at 781-830-5719 or echmielinski@mnarn.org/