

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 01**

MASS GENERAL BRIGHAM INCORPORATED

Employer

and

MASSACHUSETTS NURSES ASSOCIATION

Petitioner

Case 01-RC-345183

DECISION AND DIRECTION OF ELECTION¹

Mass General Brigham Incorporated (the Employer) operates healthcare facilities. The Massachusetts Nurses Association (the Petitioner or the Union) has filed a petition seeking to represent a bargaining unit comprised of approximately 30 registered nurses and nurse practitioners employed in the Occupational Health Department at the Employer's hospital at 55 Fruit Street,² Boston, MA; registered nurses and nurse practitioners employed through the Employer's MGB Enterprise Services Occupational Health Department; registered nurses and nurse practitioners employed in the Occupational Health Department through the Employer's MGB Community Hospitals; and registered nurses and nurse practitioners in the WC³ Clinical Managers Department.⁴

¹ The petition in this case was filed under Section 9(c) of the Act. The parties were provided opportunity to present evidence on the issues raised by the petition at a hearing held before a hearing officer of the National Labor Relations Board (the Board) on July 8, 2024 and July 9, 2024. I have the authority to hear and decide these matters on behalf of the Board under Section 3(b) of the Act. I find that the hearing officer's rulings are free from prejudicial error and are affirmed; that the Employer is engaged in commerce within the meaning of the Act, and it will effectuate the purposes of the Act to assert jurisdiction in this matter; that the Petitioner is a labor organization within the meaning of the Act; that the Petitioner claims to represent certain employees of the Employer; that there is no contract bar or other bar to election in this matter; and that a question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.

² 55 Fruit Street is the main address of Massachusetts General Hospital. However, the clinic at issue here is located nearby at 165 Charles River Plaza.

³ WC appears to stand for Workers' Compensation.

⁴ The Union's proposed unit also includes "temporary employees." In determining the eligibility of temporary employees, the Board has focused on the critical nexus between an employee's temporary tenure and the determination whether he or she shares a community of interest with the unit employees sufficient to qualify as an eligible voter. There is no record evidence suggesting that any temporary employees perform work in the petitioned-for unit; accordingly, there is also no record evidence which allows me to evaluate the eligibility of a hypothetical temporary employee. I have determined that the matter of temporary employees is moot and I will not include them in any unit found appropriate.

The Employer takes the position that the petitioned-for unit lacks a community of interest and that three separate units are appropriate: the first including registered nurses and nurse practitioners employed in the Occupational Health Department at the Employer's main hospital location (the MGH unit); the second including registered nurses and nurse practitioners employed through the Employer's MGB Enterprise Services Occupational Health Department (the Enterprise unit); and the third including registered nurses and nurse practitioners in the Occupational Health Department employed through the Employer's MGB Community Hospitals (the Community Hospital unit).

The Employer further takes the position that the petitioned-for case managers should be excluded from any collective-bargaining unit as managerial employees. In the event that the case managers are not found to be managerial employees, the Employer takes the position that they should constitute a fourth, separate collective-bargaining unit.

Having considered the parties' positions, the evidence, and the entire record, I find that the case managers are not managerial employees and that there is a community of interest among all petitioned-for employees. Accordingly, I find that the petitioned-for unit is appropriate and shall direct an election in that unit.

FACTS

The Employer's Structure and Business

The Employer, Mass General Brigham, provides health care in Massachusetts and New Hampshire through hospital and outpatient services.

Dean Hashimoto is the Employer's Senior Vice President of Workplace Health. Hashimoto reports to the Chief Human Resource Officer, Mary Ellen Schopp. Hashimoto's own direct reports include Executive Director of Administrative Services Marvel Kim, Executive Director for Clinical Services Andrew Gottlieb, Director of Enterprise Services Jean Bernhardt, Director of Community Occupational Health Services Lisa McLoon, and Manager of the Workers' Compensation Division Eric Teitelbaum,

Hashimoto oversees the Employer's Workers' Compensation Division and the Occupational Health Department. The Workers' Compensation Division and the Occupational Health Department are separate divisions under Workplace Health.⁵

The Workers' Compensation Division handles insurance matters related to work-related injuries and diseases of the Employer's workforce. The Employer is both self-insured and entirely self-administered. That is to say, the Employer has internalized the entire workers' compensation insurance process rather than relying on an external administrator. Its Workers' Compensation Division functions as a small insurance company and employs managers, workers' compensation claims adjusters, and workers' compensation clinical case managers.

⁵ The record contains no evidence that any other department is included in the Workplace Health division.

The Occupational Health Department provides clinical support and care for the Employer's workforce. It is comprised of the Mass General Hospital Clinic (an occupational health clinic); seven community hospital occupational health clinics; and Enterprise Clinical Services, a remote unit which focuses primarily on new hire medical clearances and return-to-work issues.⁶

Conditions Common to All Petitioned-for Employees

The Employer has a centralized human resources department which processes applications for hire into all petitioned-for positions. The human resources department creates the wage scales, leave programs, retirement systems, evaluation tools, grievance procedures, and disciplinary policies which apply to all petitioned-for employees.

Director of Enterprise Services Jean Bernhardt is responsible for overseeing occupational health protocols. She convenes meetings to which all occupational health nurses and nurse practitioners are invited regardless of work location. The Employer occasionally holds "town hall meetings" to discuss issues of interest to those in workplace health. All petitioned-for employees are invited to attend these meetings, which the Employer characterizes as "sporadic and voluntary." All petitioned-for employees are likewise invited to attend workplace health holiday gatherings.

The Employer utilizes an electronic medical record system called Agility for all records related to occupational health services. Occupational health visits and tests results are recorded in the system. Accordingly, all petitioned-for employees other than the two workers' compensation case managers use Agility. Agility includes templates designed to capture all necessary information about a patient visit, and employees are required to use these templates.

All petitioned-for employees other than workers' compensation case managers attend monthly or bimonthly protocol meetings at which they discuss guidelines for best practices, such as for testing of an infectious illness.

The Employer provides an off-hours paging services for occupational health issues. All petitioned-for employees participate in the rotational on-call list, including the workers compensation case managers, and all are overseen by Director Bernhardt while acting in their on-call capacities.⁷ The on-call rotation is system-wide; that is, all petitioned-for employees may take calls from any of the Employer's employees regardless of the on-call employee's job title or the calling employee's work location. Maryellen Cotter, who is a nurse practitioner at Salem Hospital's occupational health clinic, testified that the vast majority of her on-call work is comprised of calls from Mass General employees who have been exposed to bloodborne pathogens.

⁶ It appears that the petitioned-for employees and their supervisors are the only employees in the Occupational Health Department.

⁷ The sole exceptions are employees based at Wentworth-Douglass Hospital, who are not part of the rotation.

On-call nurses can switch shifts with one another regardless of the on-call nurses' respective job assignments and work locations. On-call nurses log whatever issue arises (such as a blood exposure) so the nurses at the affected employee's place of work can resume processing the incident during normal business hours. There is no requirement that the on-call nurse speak or interact directly with the local nurse who will handle the situation going forward. However, Cotter testified that anyone who has access to Agility can review her notes to ensure that care plans are standardized, and that nurses based in different locations can and do reach out to each other by phone if they have questions about a care plan. There are standard protocols for all illnesses, injuries, and conditions. Cotter testified that she is responsible for understanding, reviewing, and knowing all protocols regardless of whether she is likely to see a given issue in her day-to-day workload.

Director of Community Occupational Health Services McLoon, Faulkner Hospital Director of Occupational Health Services Jessica Kearns, and Director Gottlieb, along with Director Bernhardt, act as the "clinical support" to the on-call employees. Each of the four directors is available to the on-call employees approximately one week per month, although Director Gottlieb testified that he is available to his workers' comp clinicians and Mass General clinical staff at all times should they need his assistance. Director Gottlieb further testified that as the directors are available as a backup, he has never actually interacted with a clinician who is not his direct report in an on-call clinical support capacity. Cotter, though, testified that she has reached out to various on-call managers for guidance while acting as the on-call nurse practitioner.

Mass General Hospital Occupational Health Clinic

The Mass General Hospital Clinic is an occupational health clinic located on the Mass General Hospital campus in Boston, Massachusetts. Because Mass General Hospital is a major academic medical center with a large research community, there is a high volume of work at the Mass General Hospital Clinic. While the clinic is open to Mass General employees seeking assistance from 7:00 a.m. to 5:00 p.m., the working hours for the clinic staff are 6:45 a.m. to 5:15 p.m.

The eleven petitioned-for nurses and nurse practitioners who work in this location handle work-related injuries and diseases of Mass General employees, including blood exposures. They also monitor unusual exposures and potential treatments related to Mass General Hospital's large research facility.

In addition, the Mass General Hospital Clinic nurses and nurse practitioners administer vaccines and specialized exams, including those required for drivers. They also oversee the testing involved with the Hospital's Anesthesiology Department, which has an extensive and comprehensive drug testing program.

Finally, employees at the Mass General Hospital Clinic are often responsible for initiating new programs, such as a monkeypox medical surveillance program when the first case of monkeypox in the United States was discovered at Mass General Hospital.⁸

The eleven petitioned-for nurses and nurse practitioners who work in this location do not ever work remotely. They are required to be licensed in Massachusetts but not New Hampshire. They are not regularly in contact with nurses at other locations other than in on-call situations.

The staff presently reports to Executive Director for Clinical Services Andrew Gottlieb, because an associate director position is vacant.⁹ Each morning, Director Gottlieb calls a morning huddle at which the nurses and nurse practitioners working at the Mass General Hospital Clinic are expected to be in attendance. One workers' comp case manager, Gael Evangelista-Uhl, attends the morning huddles. Mass General Hospital Clinic nurses also have weekly clinical meetings with the Mass General medical director and periodic meetings with the workers' comp case managers.

The Mass General Hospital Clinic nurses and nurse practitioners are salaried employees. Nurses' pay ranges from \$37 to \$82 per hour and nurse practitioners' pay ranges from \$72 to \$96 per hour. Director Gottlieb ultimately makes individual hiring and salary decisions, although he asks Human Resources to post an open position and Human Resources conducts an initial screening. Successful applicants are hired directly into the Mass General Hospital Clinic. Director Gottlieb also handles other day-to-day supervisory matters.

Community Hospital Clinics

The community hospital occupational health clinics are located at seven of the Employer's hospitals: Brigham and Women's Faulkner Hospital in Jamaica Plain, MA; Cooley Dickinson Hospital in Northampton, MA; McLean Hospital in Belmont, MA; Nantucket Cottage Hospital in Nantucket, MA; Salem Hospital in Salem, MA; Spaulding Rehabilitation Hospital in Sandwich, MA; and Wentworth-Douglass Hospital in Dover, NH. At the time of the hearing, eight petitioned-for employees worked at the seven locations. The position at Spaulding was vacant; two petitioned-for individuals worked at Wentworth-Douglas; one petitioned-for employee was assigned to each of the other five locations; and one petitioned-for employee acted as a floater who worked at multiple locations.

Some community hospital occupational health clinics are located a significant distance from Mass General Hospital. Spaulding Cape Cod Hospital is located about 60 miles south of Mass General Hospital; driving between the two locations takes about 90 minutes. Cooley Dickinson Hospital is located about 100 miles west of Mass General Hospital; driving between the two locations takes about two hours. Nantucket Cottage Hospital is located on an island over 100 miles from Mass General Hospital and must be accessed by ferry or plane.

⁸ Maryellen Cotter, the nurse practitioner at Salem Hospital's occupational health clinic, testified that she has also been involved in monkeypox surveillance.

⁹ Gottlieb also oversees the Workers' Compensation Clinical Case Managers. Through his report Jessica Kearns, Gottlieb oversees the Brigham and Women's Faulkner Hospital Clinic, as discussed below.

Licensing requirements vary from location to location. Some community hospital clinicians must be licensed in New Hampshire, some in Massachusetts, and some in both. For example, Director McLoon asked the Salem Hospital nurse practitioner to obtain a New Hampshire license because of Salem Hospital's geographic proximity to Wentworth-Douglass Hospital. The petitioned-for unit members assigned to community hospital clinics are each assigned to a particular clinic but occasionally cover for one another. They do not, however, perform work at the Mass General Hospital clinic. Their work is mostly performed in person, but they may perform work remotely when covering a different geographic location.

Like the petitioned-for employees working at the Mass General Hospital Clinic, the seven nurses and nurse practitioners assigned to the community hospital occupational health clinics handle work injuries and diseases, blood exposures, and the administration of vaccines for employees of Mass General Brigham. However, the community occupational health clinics see a lower volume of work than the Mass General Hospital Clinic, and complex cases are less likely to arise at the community hospital occupational health clinics. Community occupational health clinics also do not perform certain tests which are available at the Mass General Hospital Clinic. For example, community hospital occupational health clinics are less likely to perform asbestos physicals and, accordingly, do not administer spirometry.¹⁰ There is no onsite drug testing at the community occupational health clinics.

Maryellen Cotter, who is a nurse practitioner at Salem Hospital's occupational health clinic, testified that "whatever comes my way is what I take care of," including preplacement screening, immunizations, injury evaluation and management, worker's compensation evaluations, infectious disease exposures, return-to-work clearances for non-work related issues as well as work related issues, ADA accommodation requests and review, and fitness for duty evaluations. Cotter is also certified as a DOT medical examiner; she acquired that certification while working at Brigham and Women's Hospital, as the certification was a requirement for that position.

Six of the community sites report to Lisa McLoon, Director of Community Occupational Health. The exception is the Brigham and Women's Faulkner Hospital Clinic, which is overseen by Faulkner Hospital Director of Occupational Health Services Jessica Kearns, who reports to Andrew Gottlieb. Director McLoon and Director Kearns are responsible for hiring the community hospital clinic employees in consultation with Human Resources. The current petitioned-for employees started out as staff of the hospitals at which they work and were later transferred into the Employer's occupational health department. Thus, there is an unusual amount of variation in their compensation levels (\$38.40 for the lowest-paid registered nurses and \$86.99 for the highest-paid nurse practitioners). They work 7:30 a.m. to 4:00 p.m. in addition to their on-call coverage hours. Operational days vary from clinic to clinic: Cooley is not open on Wednesdays; McLean is only open Tuesdays and Thursdays; and Faulkner is not open on Thursdays.

¹⁰ Spirometry is a test used to help diagnose and monitor certain lung conditions by measuring how much air the patient can breathe out in one forced breath.

Enterprise Clinical Services

Enterprise Clinical Services is responsible for the majority of medical clearances for new hires and return-to-work clearances for those employees who have been on medical leave for more than five days.¹¹ The Enterprise employees review the onboarding and returning employees' paperwork and contact them to make certain that they meet the criteria to return to work, including by confirming that the employees are not contagious. The Enterprise employees also ensure that documentation, such as doctor's notes, is appropriate and that the returning employees' departments are prepared for their returns. In addition, the Enterprise employees do some ADA paperwork; follow up with laboratory reports; answer employees' questions; schedule vaccinations as needed; and assist at flu clinics. The Enterprise employees contact clinicians to discuss situations as appropriate.

The ten petitioned-for Enterprise employees work remotely. They must be licensed in both Massachusetts and New Hampshire because they are responsible for onboarding employees at a New Hampshire location as well as at the Employer's various Massachusetts locations.

Unlike the other petitioned-for employees, Enterprise employees have no involvement with injured employees. If an onboarding employee needs a vaccine, Enterprise employees help that employee schedule a vaccination appointment in a local clinic. However, unlike the other petitioned-for employees, they do not themselves administer vaccines.

Enterprise employees have occasionally worked at three of the community clinic sites: McLean Hospital, Brigham and Women's Faulkner Hospital, and Salem Hospital. Director Bernhardt estimated that this onsite coverage occurs every six to eight weeks when one of the community hospitals needs to cover a vacancy or an employee's leave. Enterprise employees may cover the other community sites remotely.

Enterprise employees work from Monday through Friday. Most work between 8:00 a.m. and 4:30 p.m.; one clinician each week rotates into a 12:30 p.m. to 9:00 p.m. shift in order to provide coverage for the New Hampshire location, which requires evening availability.

Most Enterprise employees are salaried, but two are in hourly non-benefitted positions because they work fewer than 20 hours per week. Pay ranges from \$59.89 for the lowest-paid registered nurses to \$98.10 for the highest-paid nurse practitioners.

Enterprise employees report to Jean Bernhardt, Director of Enterprise Services. Director Bernhardt hires Enterprise employees in consultation with Human Resources and provides day-to-day supervision.

¹¹ A minority of this work is handled on-site at the clinics. One per diem Mass General Hospital Clinic nurse who desired extra hours performed Enterprise work for several days before choosing to end the arrangement. Three of the current Enterprise employees transferred into their positions from within the Employer, including at least one who is a former Mass General Hospital Clinic clinician and one who is a former community hospital clinic clinician.

Case Managers

The Workers' Compensation Division handles insurance matters related to work-related injuries and diseases. The two petitioned-for nurses and nurse practitioners who work as workers' comp case managers perform most of their work remotely.

Rather than treating injuries, case managers are involved with the insurance management of those injuries. Clinicians in the clinics manage work-related injuries in the acute phase and attempt to help the employees return to work quickly on either light duty or full duty. If the employees are unable to return to work or the case is clinically complex, the workers' comp case managers perform investigations needed to help determine the outcome of the case. They manage the employee's claim until the employee returns to work or until the case proceeds to litigation. They provide as much information as possible to claims adjusters so the adjusters can decide whether to decline or accept a workers' compensation claim. Sometimes case managers offer an opinion as to whether a claim should be accepted.¹² The power to effectuate policy by implementing those recommendations lies with the Employer's Workers Comp Evaluation Division.

Case managers frequently speak to both the injured employee's own manager and to other managers in an attempt to facilitate a light duty assignment. They also meet with the injured employees (usually virtually but sometimes in person) to help those employees navigate their benefits. The case managers sometimes offer lunch-and-learn trainings to clinicians.

One case manager, nurse practitioner Gael Evangelista-Uhl, spends a day in the Mass General Hospital Clinic each week. While she is present in the clinic, though, she generally performs her case management duties rather than the clinical duties performed by the other nurses and nurse practitioners who report to that location. Evangelista-Uhl testified that while she specializes in mental health fitness evaluations, she also administers immunizations (such as tetanus shots), is a certified DOT medical examiner, and is involved in infectious disease surveillance. Evangelista-Uhl emphasized that all members of the clinical staffs manage, diagnose, and treat injuries; she merely does so on a long-term basis while her colleagues do so on a short-term basis.

The case managers are salaried employees. Nurses' pay ranges from \$37 to \$55 per hour. Director Gottlieb ultimately makes individual hiring and salary decisions, although he asks Human Resources to post an open position and Human Resources conducts an initial screening.

There is no evidence of interchange, whether temporary or permanent, between case managers and the clinical nurses in the remaining petitioned-for unit. Case managers do not interact with the other petitioned-for employees outside workers' comp meetings and other conversations with respect to injured employees.

Case managers report to Andrew Gottlieb, Executive Director for Clinical Services.

¹² If a claim is accepted, the Employer has 180 days to manage the claim. If a claim is denied, the claimant may appeal to the Department of Industrial Accidents, potentially opening the Employer to larger financial liability.

ANALYSIS

Managerial Status of Case Managers

Managerial employees are defined as those who formulate and effectuate high-level employer policies or “who have discretion in the performance of their jobs independent of their employer’s established policy.” *General Dynamics Corp.*, 213 NLRB 851, 857 (1974); *Republican Co.*, supra. “Managerial status may not be based on decision making which is part of the routine discharge of professional duties. Only if the activities of professional employees fall outside the scope of the duties routinely performed by similarly situated professionals will they be found aligned with management.” *Montefiore Hospital and Medical Center*, 261 NLRB 569, 570 (1982).

The party seeking to exclude an individual as managerial bears the burden of proof. *LeMoyne-Owen College*, 345 NLRB 1123, 1128 (2005); *Waste Management de Puerto Rico*, 339 NLRB 262, 279 (2003). See *Allstate Insurance Co.*, 332 NLRB 759, 762 (2000) (managerial status defined as the “taking or recommending discretionary actions that effectively control or implement employer policies”).

Here, the Employer argues that the case managers are managerial employees because they work with insurance companies; collaborate with members of management to identify roles to which employees can return to work; offer opinions on whether claims are compensable or not; work with managers to ensure that employees are paid; offer lunch-and-learn trainings to clinicians; and offer input to clinicians on policy compliance, job duty performance, and education.

However, all of these activities align with the “routine discharge of professional duties” contemplated by *Montefiore Hospital and Medical Center*, supra. The case managers are not working independently of their employer’s established policies when they offer advice or training to their colleagues in their area of expertise.¹³ Nor does their mere contact with insurance companies as part of their regular job duties render them managerial employees.

The case managers do offer recommendations to admitted managers with respect to whether a claim is compensable or which roles might be appropriate for an employee who is returning to work. These recommendations are not indicative of control over the Employer’s policies; the power to effectuate policy by implementing those recommendations lies with the Employer’s Workers Comp Evaluation Division.

Based on the record evidence, I find that the case managers do not effectively formulate and effectuate the policies of the Employer, and, therefore, are included in the bargaining unit.

¹³ The Board has consistently held that conducting training does not remove an employee from a bargaining unit. This issue generally arises in the context of alleged supervisory status. In *Sears, Roebuck and Co.* 292 NLRB 753, 754 (1989), the Board held that an experienced employee who instructs new workers is not a supervisor; in *F.A. Bartlett Tree Expert Co., Inc.* 325 NLRB 243 fn. 1 (1997), the Board held that crew foremen who provide on-the-job training to trimmers are not supervisors. The Board has likewise held that troubleshooting software systems, developing computer system policies, and training employees on the computer system are not managerial functions, *Bakersfield Californian*, 316 NLRB 1211 (1995).

Community of Interest in Petitioned-for Unit

The Employer asserts that four smaller units—a Mass General Hospital Occupational Health Clinic Unit, an Enterprise Clinical Services Unit, a Community Hospital Clinics Unit, and a Case Managers Unit—are the only appropriate units in this matter.

Although the Employer takes the position that the Union’s petition violates the Board’s “single site presumption,” no such presumption exists. While a petitioned-for single facility location is presumptively appropriate, the single facility presumption does not apply where a petitioner seeks a multifacility unit, *Capital Coors Co.*, 309 NLRB 322, 322 fn. 1 (1992), citing *NLRB v. Carson Cable TV*, 795 F.2d 879, 886–887 (9th Cir. 1986). Instead, when presented with a petitioned-for multifacility unit, the Board will determine whether the unit is appropriate based on a variant of the community of interest test, examining the following factors: employees’ skills, duties, and working conditions; functional integration of business operations, including employee interchange; geographic proximity; centralized control of management and supervision; bargaining history; and extent of union organizing and employee choice. *Exemplar, Inc.*, 363 NLRB No. 157, slip op. at 2 (2016); see also *Laboratory Corp. of America Holdings*, 341 NLRB 1079, 1081–1082 (2004); *Bashas’, Inc.*, 337 NLRB 710 (2002); *Alamo Rent-A-Car*, 330 NLRB 897 (2000); *NLRB v. Carson Cable TV*, *supra*.

Turning to the appropriate factors, I find as follows:

- Employees’ Skills, Duties, and Working Conditions

Evidence that employees perform the same basic function or have the same duties, that there is a high degree of overlap in job functions or of performing one another’s work, or that disputed employees work together as a crew, support a finding of similarity of functions. Evidence that disputed employees have similar requirements to obtain employment, that they participate in the same employer training programs and/or that they use similar equipment supports a finding of similarity of skills. *Ikea Distribution Servs.*, 370 NLRB No. 109, slip op. at 10 (2021), citing *Casino Aztar*, 349 NLRB 603 (2007); *J.C. Penney Co., Inc.*, 328 NLRB 766, 767 (1999); *Brand Precision Services*, 313 NLRB 657 (1994); and *Phoenician*, 308 NLRB 826, 827 (1992).

All of the petitioned-for employees are nurses and nurse practitioners, and accordingly they have virtually identical education, training, and licenses. They participate in the same training programs.

All of the petitioned-for employees perform the same on-call work.¹⁴ The on-call rotation is system-wide; that is, all petitioned-for employees may take calls from any of the Employer’s employees regardless of the on-call employee’s job title or the calling employee’s work location. On-call nurses can switch shifts with one another regardless of the on-call nurses’ respective job assignments and work locations. All of the petitioned-for employees who work in occupational

¹⁴ The sole exceptions are employees based at Wentworth-Douglass Hospital, who are not part of the rotation.

health clinics handle work injuries and diseases, blood exposures, and the administration of vaccines.¹⁵

The Employer's wage scales, leave programs, retirement systems, evaluation tools, grievance procedures, and disciplinary policies apply to all petitioned-for employees. There is significant overlap in the hourly payrate ranges available to all petitioned-for employees.

There is significant variation in work location, as some employees work remotely and others do not. While Enterprise employees assist at flu clinics and occasionally work in occupational health clinics, their day-to-day work rarely involves working with injured employees; rather, it is dominated by new hire and return-to-work documentation. Case managers' duties are largely related to the insurance management of injured employees. Nonetheless, as whole these factors weigh heavily in favor of a finding that the petitioned-for unit is appropriate.

- Functional Integration of Business Operations, Including Interchange

Functional integration refers to when "employees must work together and depend on each other to accomplish their tasks." *WideOpenWest Illinois, LLC*, 371 NLRB No. 107, slip op. at 7 fn. 16 (2022).

Here, the work of the four groups of petitioned-for employees is heavily interconnected, as all employees are responsible for managing the health and well-being of the Employer's workforce. All four groups of employees do the same on-call work, and may communicate with one another about this work. The initial treatment of a work-related injury is handled by a nurse or nurse practitioner working in the occupational health clinic. If the injury requires investigation and insurance management, that work is performed by the case managers. If the employee must be cleared to return to work, the Enterprise employees are responsible for that process.

The record also reveals some evidence of interchange. Enterprise employees cover shifts for occupational health clinic employees. Multiple employees have also transferred permanently between the petitioned-for groups.

This factor weighs in favor of a finding that the petitioned-for unit is appropriate.

- Geographic Proximity

It is undisputed that there is a significant geographical distance between some of the Employer's community hospitals and Mass General Hospital in downtown Boston. However, because only one individual reports to most of the locations in question (including the most-isolated location, Nantucket Cottage Hospital), the petitioned-for employees working in the community hospitals would have little opportunity to organize if they did not organize with their

¹⁵ The Employer emphasizes that the employees based at Mass General Hospital often work with a higher volume of cases and with more complex cases. Regardless of volume and complexity, I find that the employees are performing the same work.

colleagues who work at other facilities. Indeed, the alternate community hospital unit proposed by the Employer would include the facilities most distant from one another.

In addition, the fact that the Petitioner is seeking a unit of all registered nurses and nurse practitioners employed in the Employer's Occupational Health Department and Workers' Compensation Division supports a conclusion that the petitioned-for unit is appropriate. The Petitioner has not carved out a unit which includes some locations and excludes others; rather, it is seeking to represent an easily definable group of employees in its entirety. The Petitioner seeks a unit which encompasses the Employer's own geographic reach.

Accordingly, despite the physical distance between some of the locations, I find that this factor does not weigh against a conclusion that the petitioned-for unit is appropriate.

- Centralized Control of Management and Supervision

The petitioned-for employees report to several different directors, including Andrew Gottlieb, Jean Bernhardt, and Lisa McLoon. These directors have significant responsibility for hiring and disciplining the nurses and nurse practitioners. However, the directors all work in conjunction with the Employer's centralized Human Resources Department, and they themselves all report directly to Senior Vice President of Workplace Health Hashimoto. Hashimoto bears ultimate responsibility for the Workers' Compensation Division and the Occupational Health Department.

When the petitioned-for employees are acting in their on-call capacities, all are overseen by Director Bernhardt and all may seek out the McLoon, Kearns, Gottlieb, or Bernhardt when those directors are acting as the on-call clinical support.

The petitioned-for employees are all subject to the same policies and procedures, and use the same medical record system in the same way, so that the Occupational Health Department performs efficiently and effectively.

I find that this factor is, at most, neutral.

- Bargaining History and Extent of Union Organizing

Although some of the Employer's other employees are represented by various unions in various bargaining units, there is no bargaining history as regards the petitioned-for employees specifically. I find that these two factors are neutral in my analysis. *Trane*, 339 NLRB 866, 868 fn. 4 (2003) ("complete absence of bargaining history is at most a neutral factor in the analysis").

Thus, I conclude that the petitioned-for unit is appropriate.

Conclusion

In concluding that the petitioned-for unit is appropriate, I find that the following employees of the Employer constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act:

Included: All full-time, regular part-time, and per diem registered nurses and nurse practitioners employed by the Employer in its Occupational Health Department at its Mass General Hospital Clinic, MGB Community Hospitals, MGB Enterprise Services; and all full-time, regular part-time and per diem registered nurses and nurse practitioners employed through the Employer's WC Clinical Case Managers Department.

Excluded: All office clerical employees, confidential employees, managers, guards and supervisors as defined in the Act, and all other employees.

DIRECTION OF ELECTION

The National Labor Relations Board will conduct a secret ballot election among the employees in the unit found appropriate above. Employees will vote whether or not they wish to be represented for purposes of collective bargaining by Massachusetts Nurses Association.

A. Election Details

The election will be a mixed manual-mail election.¹⁶ Bargaining Unit employees at the Mass General Hospital Clinic will vote manually.

The manual portion of the election will be held on **Wednesday, March 5, 2025**, in the 185 CRP Conference room at the Employer's facility, 165 Charles River Plaza, Boston, MA, 02114, between 12:00 p.m. and 2:00 p.m.

For the mail ballot portion of the election, ballots will be sent by U.S. mail to voters employed at locations other than the Mass General Hospital Clinic by National Labor Relations Board, Region 1 on **Wednesday, March 5, 2025, at 4:30p.m.** Voters must sign the outside of the envelope in which the ballot is returned. Any ballot received in an envelope that is not signed will be automatically void.

Voters must return their mail ballots so that they will be received in the National Labor Relations Board, Region 1 office by close of business on March 26, 2025.

Those employees who believe that they are eligible to vote and did not receive a ballot in the mail by **Wednesday, March 12, 2025**, should communicate immediately with the National

¹⁶ The parties are in agreement that the employees at the Mass General Hospital clinic should vote in person, and that the other employees should vote via mail ballot.

Labor Relations Board by either calling the Region 1 Office at (617) 565-6700 or our national toll-free line at 1-844-762-NLRB (1-844-762-6572).

All manual and mail ballots will be commingled and counted at the Region 1 office, 10 Causeway Street, 10th Floor, Boston, MA, 02222, on **Thursday, March 27, 2025, at 2:00p.m.** In order to be valid and counted, the returned mail ballots must be received in the Region 1 office prior to the counting of the ballots.

B. Voting Eligibility

Eligible to vote are those in the unit who were employed during the payroll period ending **Saturday, February 8, 2025**, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. In a mail ballot election, employees are eligible to vote if they are in the unit on both the payroll period ending date and on the date they mail in their ballots to the Board's designated office.

Employees engaged in an economic strike, who have retained their status as strikers and who have not been permanently replaced, are also eligible to vote. In addition, in an economic strike that commenced less than 12 months before the election date, employees engaged in such strike who have retained their status as strikers but who have been permanently replaced, as well as their replacements, are eligible to vote. Unit employees in the military services of the United States may vote if they appear in person at the polls.

Ineligible to vote are (1) employees who have quit or been discharged for cause since the designated payroll period, and, in a mail ballot election, before they mail in their ballots to the Board's designated office; (2) striking employees who have been discharged for cause since the strike began and who have not been rehired or reinstated before the election date; and (3) employees who are engaged in an economic strike that began more than 12 months before the election date and who have been permanently replaced.

C. Voter List

As required by Section 102.67(1) of the Board's Rules and Regulations, the Employer must provide the Regional Director and parties named in this decision a list of the full names, work locations, shifts, job classifications, and contact information (including home addresses, available personal email addresses, and available home and personal cell telephone numbers) of all eligible voters. The Employer shall provide separate election eligibility lists for those voting manually and those voting by mail.

To be timely filed and served, the list must be *received* by the regional director and the parties by **Wednesday, February 19, 2025**. The list must be accompanied by a certificate of service showing service on all parties. **The region will no longer serve the voter list.**

Unless the Employer certifies that it does not possess the capacity to produce the list in the required form, the list must be provided in a table in a Microsoft Word file (.doc or docx) or a file that is compatible with Microsoft Word (.doc or docx). The first column of the list must begin

with each employee's last name and the list must be alphabetized (overall or by department) by last name. Because the list will be used during the election, the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional form for the list is provided on the NLRB website at www.nlr.gov/what-we-do/conduct-elections/representation-case-rules-effective-april-14-2015.

When feasible, the list shall be filed electronically with the Region and served electronically on the other parties named in this decision. The list may be electronically filed with the Region by using the E-filing system on the Agency's website at www.nlr.gov. Once the website is accessed, click on **E-File Documents**, enter the NLRB Case Number, and follow the detailed instructions.

Failure to comply with the above requirements will be grounds for setting aside the election whenever proper and timely objections are filed. However, the Employer may not object to the failure to file or serve the list within the specified time or in the proper format if it is responsible for the failure.

No party shall use the voter list for purposes other than the representation proceeding, Board proceedings arising from it, and related matters

D. Posting of Notices of Election

Pursuant to Section 102.67(k) of the Board's Rules, the Employer must post copies of the Notice of Election accompanying this Decision in conspicuous places, including all places where notices to employees in the unit found appropriate are customarily posted. The Notice must be posted so all pages of the Notice are simultaneously visible. In addition, if the Employer customarily communicates electronically with some or all of the employees in the unit found appropriate, the Employer must also distribute the Notice of Election electronically to those employees. The Employer must post copies of the Notice at least 3 full working days prior to 12:01 a.m. of the day of the election and copies must remain posted until the end of the election. For purposes of posting, working day means an entire 24-hour period excluding Saturdays, Sundays, and holidays. However, a party shall be estopped from objecting to the nonposting of notices if it is responsible for the nonposting, and likewise shall be estopped from objecting to the nondistribution of notices if it is responsible for the nondistribution.

Failure to follow the posting requirements set forth above will be grounds for setting aside the election if proper and timely objections are filed.

RIGHT TO REQUEST REVIEW

Pursuant to Section 102.67 of the Board's Rules and Regulations, a request for review may be filed with the Board at any time following the issuance of this Decision until 10 business days after a final disposition of the proceeding by the Regional Director. Accordingly, a party is not precluded from filing a request for review of this decision after the election on the grounds that it

did not file a request for review of this Decision prior to the election. The request for review must conform to the requirements of Section 102.67 of the Board's Rules and Regulations.

A request for review must be E-Filed through the Agency's website and may not be filed by facsimile. To E-File the request for review, go to www.nlr.gov, select E-File Documents, enter the NLRB Case Number, and follow the detailed instructions. If not E-Filed, the request for review should be addressed to the Executive Secretary, National Labor Relations Board, 1015 Half Street SE, Washington, DC 20570-0001, and must be accompanied by a statement explaining the circumstances concerning not having access to the Agency's E-Filing system or why filing electronically would impose an undue burden. A party filing a request for review must serve a copy of the request on the other parties and file a copy with the Regional Director. A certificate of service must be filed with the Board together with the request for review. Neither the filing of a request for review nor the Board's granting a request for review will stay the election in this matter unless specifically ordered by the Board.

Dated: February 14, 2025



Laura A. Sacks, Regional Director, Region 01
National Labor Relations Board

Attachment: Notice of Election

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 01**

MASS GENERAL BRIGHAM, INC.

Employer

and

MASSACHUSETTS NURSES ASSOCIATION

Petitioner

Case 01-RC-345183

**AFFIDAVIT OF SERVICE OF: DECISION AND DIRECTION OF ELECTION
with NOTICE OF ELECTION attached**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on February 14, 2025, I served the above documents by electronic mail upon the following persons, addressed to them at the following addresses:

Dean Hashimoto
Mass General Brigham, Inc.
399 Revolution Drive, Suite 715
Somerville, MA 02145
dhashimoto@mgb.org

Brian M. Hentosz, Attorney
Holland & Knight LLP
625 Liberty Ave Fl 26
Pittsburgh, PA 15222-3110
Email: bhentosz@littler.com

Morgan S. Dull, Esq.
Littler Mendelson, PC
625 Liberty Avenue, 26th Floor
Pittsburgh, PA 15222
Email: mdull@littler.com

Elizabeth Rilley, Director of Organizing
Massachusetts Nurses Association
41 King Street
Boston, MA 02122
Email: lrilley@mnarn.org

Alan J. McDonald, Attorney
Samantha E. Sinclair, Atty.
McDonald Lamond Canzoneri LLC
352 Turnpike Road, Suite 210
Southborough, MA 01772-1756
amcdonald@masslaborlawyers.com
ssinclair@masslaborlawyers.com

February 14, 2025

Date

Elizabeth C. Person, Designated Agent of NLRB

Name

Elizabeth C. Person

Signature



United States of America
National Labor Relations Board
NOTICE OF ELECTION



PURPOSE OF ELECTION: This election is to determine the representative, if any, desired by the eligible employees for purposes of collective bargaining with their employer. A majority of the valid ballots cast will determine the results of the election. Only one valid representation election may be held in a 12-month period.

SECRET BALLOT: The election will be by SECRET ballot under the supervision of the Regional Director of the National Labor Relations Board (NLRB). A sample of the official ballot is shown on the next page of this Notice. Voters will be allowed to vote without interference, restraint, or coercion. Electioneering will not be permitted at or near the polling place. Violations of these rules should be reported immediately to an NLRB agent. Your attention is called to Section 12 of the National Labor Relations Act which provides: ANY PERSON WHO SHALL WILLFULLY RESIST, PREVENT, IMPEDE, OR INTERFERE WITH ANY MEMBER OF THE BOARD OR ANY OF ITS AGENTS OR AGENCIES IN THE PERFORMANCE OF DUTIES PURSUANT TO THIS ACT SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$5,000 OR BY IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

ELIGIBILITY RULES: Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.

SPECIAL ASSISTANCE: Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.

PROCESS OF VOTING: Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. **DO NOT SIGN YOUR BALLOT.** Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.

CHALLENGE OF VOTERS: If your eligibility to vote is challenged, you will be allowed to vote a challenged ballot. Although you may believe you are eligible to vote, the polling area is not the place to resolve the issue. Give the Board agent your name and any other information you are asked to provide. After you receive a ballot, go to the voting booth, mark your ballot and fold it so as to keep the mark secret. **DO NOT SIGN YOUR BALLOT.** Return to the Board agent who will ask you to place your ballot in a challenge envelope, seal the envelope, place it in the ballot box, and leave the polling area. Your eligibility will be resolved later, if necessary.

AUTHORIZED OBSERVERS: Each party may designate an equal number of observers, this number to be determined by the NLRB. These observers (a) act as checkers at the voting place and at the counting of ballots; (b) assist in identifying voters; (c) challenge voters and ballots; and (d) otherwise assist the NLRB.



United States of America
National Labor Relations Board
NOTICE OF ELECTION



VOTING UNIT

EMPLOYEES ELIGIBLE TO VOTE:

Those eligible to vote are: All full-time, regular part-time, and per diem registered nurses and nurse practitioners employed by the Employer in its Occupational Health Department at its Mass General Hospital Clinic, MGB Community Hospitals, MGB Enterprise Services; and all full-time, regular part-time and per diem registered nurses and nurse practitioners employed through the Employer's WC Clinical Case Managers Department, who were employed during the payroll period ending February 8, 2025.

EMPLOYEES NOT ELIGIBLE TO VOTE:

Those not eligible to vote are: All office clerical employees, confidential employees, managers, guards and supervisors as defined in the Act, and all other employees.

**THIS ELECTION WILL BE CONDUCTED BY MANUAL ELECTION AND PARTIALLY
BY MAIL BALLOT ELECTION**

DATE, TIME AND PLACE OF MANUAL ELECTION

Wednesday, March 5, 2025	12:00 p.m. and 2:00 p.m.	185 CRP Conference Room 165 Charles River Plaza Boston, Massachusetts
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EMPLOYEES ARE FREE TO VOTE AT ANY TIME THE POLLS ARE OPEN.

THE MAIL BALLOT PORTION OF THE ELECTION WILL BE CONDUCTED AS FOLLOWS:

Ballots will be mailed to employees employed in the appropriate collective-bargaining unit who are not assigned to work at the Employer's Mass General Hospital Clinic. Those ballots will be mailed from the office of the National Labor Relations Board, Region 01, at 4:30 p.m. on **Wednesday, March 5, 2025**.

Voters must sign the outside of the envelope in which the ballot is returned. Any ballot received in an envelope that is not signed will be automatically void.

Those employees who believe that they are eligible to vote by mail and did not receive a ballot in the mail by **Wednesday, March 12, 2025**, should communicate immediately with the National Labor Relations Board by either calling the Region 01 Office at (617)565-6700 or our national toll-free line at 1-844- 762-NLRB (1-844-762-6572).

ALL BALLOTS, BOTH MANUAL AND MAIL, WILL BE OPENED, MINGLED AND COUNTED AT THE NATIONAL LABOR RELATIONS BOARD, REGION 01 OFFICE Thomas P. O'Neill Jr. Federal Building, 10 Causeway St, Room 1002, Boston, MA 02222-1001, on **Thursday, March 27, 2025, at 2:00 p.m.** In order to be valid and counted, the returned ballots must be received in the Region 01 Office prior to the count.



United States of America
National Labor Relations Board
NOTICE OF ELECTION



UNITED STATES OF AMERICA
National Labor Relations Board

01-RC-345183

OFFICIAL SECRET BALLOT

For certain employees of
MASS GENERAL BRIGHAM INCORPORATED



Do you wish to be represented for purposes of collective bargaining by
MASSACHUSETTS NURSES ASSOCIATION?

MARK AN "X" IN THE SQUARE OF YOUR CHOICE

YES

☐

NO

☐

IF YOU ARE CASTING THIS BALLOT MANUALLY, AT A POLLING PLACE WITH A BOARD AGENT PRESENT,
follow these instructions:

DO NOT SIGN OR WRITE YOUR NAME OR INCLUDE OTHER MARKINGS THAT WOULD REVEAL YOUR IDENTITY. MARK AN "X" IN THE SQUARE OF YOUR CHOICE ONLY. If you make markings inside, or anywhere around, more than one square,

return your ballot to the Board Agent and ask for a new ballot. If you submit a ballot with markings inside, or anywhere around, more than one square, your ballot will not be counted.

IF YOU ARE CASTING THIS BALLOT BY MAIL: See enclosed instructions.

The National Labor Relations Board does not endorse any choice in this election. Any markings that you may see on any sample ballot have not been put there by the National Labor Relations Board.



United States of America
National Labor Relations Board
NOTICE OF ELECTION



RIGHTS OF EMPLOYEES - FEDERAL LAW GIVES YOU THE RIGHT TO:

- Form, join, or assist a union
- Choose representatives to bargain with your employer on your behalf
- Act together with other employees for your benefit and protection
- Choose not to engage in any of these protected activities
- In a State where such agreements are permitted, the Union and Employer may enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the Union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the Union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

It is the responsibility of the National Labor Relations Board to protect employees in the exercise of these rights.

The Board wants all eligible voters to be fully informed about their rights under Federal law and wants both Employers and Unions to know what is expected of them when it holds an election.

If agents of either Unions or Employers interfere with your right to a free, fair, and honest election the election can be set aside by the Board. When appropriate, the Board provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

The following are examples of conduct that interfere with the rights of employees and may result in setting aside of the election:

- Threatening loss of jobs or benefits by an Employer or a Union
- Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises
- An Employer firing employees to discourage or encourage union activity or a Union causing them to be fired to encourage union activity
- Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or the mail ballots are dispatched in a mail ballot election
- Incitement by either an Employer or a Union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a Union or an Employer to influence their votes

The National Labor Relations Board protects your right to a free choice.

Improper conduct will not be permitted. All parties are expected to cooperate fully with this Agency in maintaining basic principles of a fair election as required by law.

Anyone with a question about the election may contact the NLRB Office at (617)565-6700 or visit the NLRB website www.nlrb.gov for assistance.

United States of America
National Labor Relations Board

**Instructions to Eligible Employees Voting
By United States Mail**



INSTRUCTIONS

1. MARK YOUR BALLOT IN SECRET BY PLACING AN X IN THE APPROPRIATE BOX. DO NOT SIGN OR WRITE YOUR NAME OR INCLUDE OTHER MARKINGS THAT WOULD REVEAL YOUR IDENTITY.
2. IF YOU SUBMIT A BALLOT WITH MARKINGS INSIDE, OR ANYWHERE AROUND, MORE THAN ONE SQUARE, YOUR BALLOT WILL NOT BE COUNTED. YOU MAY REQUEST A NEW BALLOT BY CALLING THE REGIONAL OFFICE AT THE NUMBER BELOW.
3. IT IS IMPORTANT TO MAINTAIN THE SECRECY OF YOUR BALLOT. DO NOT SHOW YOUR BALLOT TO ANYONE AFTER YOU HAVE MARKED IT.
4. PUT YOUR BALLOT IN THE BLUE ENVELOPE AND SEAL THE ENVELOPE.
5. PUT THE BLUE ENVELOPE CONTAINING THE BALLOT INTO THE YELLOW ADDRESSED RETURN ENVELOPE.
6. SIGN THE BACK OF THE YELLOW RETURN ENVELOPE IN THE SPACE PROVIDED. TO BE COUNTED, THE YELLOW RETURN ENVELOPE MUST BE SIGNED.
7. DO NOT PERMIT ANY PARTY – THE EMPLOYER, THE UNION(S), OR THEIR REPRESENTATIVES, OR AN EMPLOYEE-PETITIONER – TO HANDLE, COLLECT, OR MAIL YOUR BALLOT.
8. MAIL THE BALLOT IMMEDIATELY. NO POSTAGE IS NECESSARY. For further information, call the Regional Office at:
(617)565-6700 or by contacting Board Agent Holly Beaverstock at
holly.beaverstock@nlrb.gov

TO BE COUNTED, YOUR BALLOT MUST REACH THE REGIONAL OFFICE

BY Wednesday, March 26, 2025

RIGHTS OF EMPLOYEES

Under the National Labor Relations Act, employees have the right:

- To self-organization
- To form, join, or assist labor organizations
- To bargain collectively through representatives of their own choosing
- To act together for the purposes of collective bargaining or other mutual aid or protection
- To refuse to do any or all of these things unless the union and employer, in a state where such agreements are permitted, enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the union that they object to the use of their payments for non representational purposes may be required to pay only their share of the union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

It is the responsibility of the National Labor Relations Board to protect employees in the exercise of these rights.

The Board wants all eligible voters to be fully informed about their rights under Federal law and wants both employers and unions to know what is expected of them when it holds an election.

If agents of either unions or employers interfere with your right to a free, fair, and honest election, the election can be set aside by the Board. Where appropriate, the Board provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

The following are examples of conduct that interfere with the rights of employees and may result in the setting aside of the election:

- Threatening loss of jobs or benefits by an employer or a union
- Promising or granting promotions, pay raises, or other benefits to influence an employee's vote by a party capable of carrying out such promises
- An employer firing employees to discourage or encourage union activity or a union causing them to be fired to encourage union activity
- Incitement by either an employer or a union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a union or an employer to influence their votes.

The National Labor Relations Board protects your right to a free choice

Improper conduct will not be permitted. All parties are expected to cooperate fully with this Agency in maintaining basic principles of a fair election as required by law. The National Labor Relations Board as an agency of the United States Government does not endorse any choice in the election.



NATIONAL LABOR RELATIONS BOARD
an agency of the
UNITED STATES GOVERNMENT