

**UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 20  
SUBREGION 37**

**THE QUEEN'S MEDICAL CENTER**

**Employer**

**and**

**Case 20-RC-359891**

**HAWAII NURSES' ASSOCIATION, OPEIU  
LOCAL 50**

**Petitioner**

**DECISION AND DIRECTION OF SELF-DETERMINATION ELECTION**

The above-captioned matter is before the National Labor Relations Board (the Board) upon a petition duly filed under §9(c) of the National Labor Relations Act (the Act), as amended. Pursuant to the provisions of §3(b) of the Act, the Board has delegated its authority in this proceeding to me. Upon the entire record in this proceeding, I make the following findings and conclusions.

**I. SUMMARY**

Queen's Medical Center (QMC or Employer) operates an acute-care hospital in Honolulu, Hawai'i. The Queen's Health Systems (QHS) is the parent entity to QMC and other health-care related entities. Hawaii Nurses' Association, OPEIU Local 50 (Petitioner), by its petition, seeks recognition as the exclusive bargaining representative of the Respiratory Therapists and seeks to include them in the existing QMC bargaining unit of Radiation Therapists represented by Petitioner.

The Employer argues that the subject unit of Respiratory Therapists is not appropriate for the following reasons: the proposed unit does not share a community of interest with the existing unit of Radiation Therapists and the proposed unit does not constitute an identifiable distinct group of employees. For its part, the Petitioner contends that the proposed unit of Respiratory Therapists is an appropriate voting unit, shares a community of interest with the existing unit, and should be permitted to vote for inclusion in the existing technical unit of Radiation Therapists by way of an *Armour-Globe* election. It further posits that it would be inappropriate to create a separate, residual unit of Respiratory Therapists in light of the Board's Healthcare Rule and its goal of avoiding undue proliferation of bargaining units in acute-care hospitals.

A hearing officer of the Board held a hearing in this matter and the parties orally argued their respective positions prior to the close of the hearing. The parties agree that any unit I find appropriate should exclude all managers, confidential employees, and supervisors as defined by the Act. The parties stipulate that the Employer is a health care institution within the meaning of Section 2(4) of the Act and operates as an acute-care hospital within the meaning of the Board's "Healthcare Rule", 29 CFR § 103.30, 54 Fed. Reg. 16336-16348 (1989).<sup>1</sup>

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<sup>1</sup> The parties also stipulated to the Union's status as a labor organization pursuant to § 2(5) of the Act, that the Employer is engaged in commerce within the meaning of the Act, and that it is

As explained below, based on the record and Board law, I find that the petitioned-for voting unit of Respiratory Therapists constitutes an appropriate voting group suitable for a self-determination election to decide whether they wish to be included in the existing Technical unit of Radiation Therapists.

## II. FACTS

QMC is a health care institution with a facility located at 1301 Punchbowl (also referred to as Manamana)<sup>2</sup> in Honolulu, Hawai'i. Various labor organizations represent certain employees throughout several different bargaining units at the QMC facility. The Petitioner represents an existing bargaining unit of Radiation Therapists employed by the Employer at its Manamana facility. The current collective-bargaining agreement (CBA) between the parties is effective July 1, 2022, to June 30, 2025. QMC does not have any specific labor relations or human resources representatives. Labor relations fall to QHS, the parent entity of QMC. QHS labor relations handles all representational issues, grievances, disciplinary fact-finding investigations, labor-management meetings, and other collective-bargaining obligations.

The Employer employs approximately 68 Respiratory Therapists who work out of the Respiratory Care Department, which is located on the fourth floor of the QMC Manamana's Queen Emma Tower, across from the ICU. The Respiratory Therapists work throughout the Employer's Manamana campus in different patient care units, as needed. They typically interact with doctors, nurses, X-ray technicians, MRI, CT, OBGYNs, and pediatricians in various departments. The Radiation Therapists also work at the QMC Manamana campus, but exclusively in the Radiation and Oncology Department (also referred to as NAEA), in the basement of the Kamehameha wing. The Radiation Therapists do not work throughout the Punchbowl campus because the equipment they use to perform their work is confined to the NAEA department. Radiation Therapists use a CT simulator to measure the size of tumors and administer radiation treatment to patients using a linear accelerator and they monitor any adverse effects. The Radiation Therapists interact with dosimetrists, physicists, radiation oncologists, nurses and MAs. Approximately 90% of the Radiation Therapists' work consists of outpatient care.

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subject to the jurisdiction of the Board. Specifically, they agreed that the commerce facts are as follows:

The Queen's Medical Center is a Hawai'i corporation, with an office and place of business in Honolulu, Hawai'i, and has been engaged in the business of providing healthcare services in the State of Hawai'i. During the past 12 months, a representative period of time, the Employer, in conducting its operations described herein, derived gross revenues in excess of \$250,000, and during the same period, purchased and received goods and supplies in excess of \$5,000 directly from suppliers located outside the State of Hawai'i.

<sup>2</sup> Punchbowl and Manamana are used interchangeably by the parties and in this Decision.

On rare occasions, the Respiratory Therapists may transport a patient, with an ICU nurse, to the Radiation and Oncology Department while providing respiratory care monitoring. Otherwise, the Respiratory Therapists and Radiation Therapists do not interact with one another. They take their breaks in separate breakrooms located within their respective departments. And while Respiratory Therapists work morning and evening 12-hour shifts, every day of the week to provide 24/7 coverage, the Radiation Therapists work 8-hour day shifts, Monday through Friday, with staggered start and end times, which rotate every two weeks. This means that the Radiation Therapists do not interact with night-shift Respiratory Therapists.

The Respiratory Therapists are supervised by Respiratory Care Services Manager Vanessa Echevary and Clinical Operations Manager Gerardo Vazquez. Echevary reports directly to Director of Critical Care Services Jill Slade and does not supervise any other classification. Radiation Therapists have a different line of supervision. They are supervised by Radiation Therapy and Medical Physics Manager Willa Shimomura who oversees the radiation and oncology departments. She supervises all the employees in this department including the Radiation Oncology Nurses, Dosimetrists, Medical Physics, Patient Service Representatives, and Radiation Oncologists and does not supervise any other employees outside of this department. She reports directly to Kristen Chun, the Vice President Women's Health Pediatrics Oncology, who in turn reports directly to Darlena Chadwick, the QHS Chief Operating Officer who oversees operations and clinical programs of the QMC Manamana campus. Both classifications are subject to different interview processes, within their respective departments, and the decision to hire is made at the departmental level. Once a decision to hire is made at the departmental level, it is sent to the QHS Human Resources department for processing.<sup>3</sup>

One commonality between the Respiratory Therapists and Radiation Therapists is that both are required to possess state licensure. However, the certifications and the certifying entities differ for each. The National Board of Respiratory Care (NBRC) is the administering entity for the registered Respiratory Therapist's (RRT) required licensing. To receive the RRT licensure, the Respiratory Therapists are required to, at a minimum, possess an associate's degree and they must also receive continuing education credits to maintain it. The Employer also requires Respiratory Therapists to possess Basic Life Support, Adult Critical Life Support, and Neonatal Resuscitation Program certifications.

The Radiation Therapists are not required to possess or maintain any of these certifications. Instead, they are required to possess state licensure of radiologic technology. American Registry of Radiation Technologies (ARRT) is the national certifying body that issues the radiological technology certifications. It appears that radiographers, radiation therapists, and nuke med techs are the only classifications that are required to possess this certification to practice. In order to receive certification, Radiation Therapists are required to, at a minimum, possess an associate's degree and must also earn continuing education credits in order to maintain certification. All classifications, represented and unrepresented alike, qualify for the Professional Development Reimbursement program which they can utilize for reimbursement of educational and continued learning costs required to maintain various certifications.

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<sup>3</sup> It is unclear to what extent QHS has final approval or decision-making power.

Upon being hired by the Employer, Respiratory Therapists complete an orientation which consist of a two-month training. During this training the Respiratory Therapists are exposed to the different patient care units (e.g. ICU, ER, and various floors). Other new hires in different classifications (e.g. nurses and other departments) may be grouped together for an initial orientation day, but not for formal job training. All Respiratory Therapists are specially trained on how to use ventilators, nonpositive pressure ventilation, nitrous oxide gas machine, RAM cannulas, and high flows to administer aerosol medication and provide respiratory care. No other employees/classifications are trained on the use of that equipment. This equipment is stored near the respiratory care department and only the Respiratory Therapists and Oxygen Technicians are able to access it. Respiratory Therapist utilize the recordkeeping system, Epic, to enter their charting documentation and charges for patient care. They do not use any of the equipment that the Radiation Therapists use to perform their job.

As mentioned above, the Radiation Therapists utilize CT simulators and linear accelerators which are confined to their department. The vendor of the linear accelerator, Varian, trained the Radiation Therapists on how to use the equipment, not the Employer. They are also the only classification trained to do so. The Radiation Therapists do not use any of the equipment utilized by the Respiratory Therapists to perform their work and do not have access to their supply closet. The Radiation Therapists also have access to the Epic recordkeeping system but do not use it to chart or document patient care like the Respiratory Therapists do. The Radiation Therapists use Aria and Varian to document the radiation treatment administered to patients.

Both the Respiratory Therapists and Radiation Therapists are hourly employees. Respiratory employees receive a starting wage rate of around \$33 or \$34/per hour with the 2-hour night shift earning them a \$3/hour shift premium. The starting wage rate of the Radiation Therapists is higher at \$48.93/hour.<sup>4</sup> All QHS employees are subject to the same “house rules” which broadly outlines the Employer’s policy on unacceptable workplace conduct (i.e. destruction of property, disclosing confidential information, physical harm/abuse, discrimination, falsifying documents) which can result in discipline or discharge. The Respiratory Therapists are required to wear blue Employer-issued scrubs, whereas the Radiation Therapists are not required to wear an Employer-issued uniform. The Employer conducts no cross training between the Respiratory Therapists and the Radiation Therapist to perform certain of the other’s job functions. There is also no evidence of interchange between these two classifications.

### **III. BOARD STANDARDS AND APPLICATION TO PETITIONED-FOR UNIT**

#### **A. The Health Care Rule**

The Board’s Health Care Rule (Rule), 29 CFR § 103.30 (1989), provides that except in extraordinary circumstances, there are only eight appropriate units in an acute-care hospital: (1) all registered nurses; (2) all physicians; (3) all professionals except for registered nurses and physicians; (4) all technical employees; (5) all skilled maintenance employees; (6) all business

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<sup>4</sup> This was based on the wage rate encompassed by the Parties’ CBA.

office clerical employees; (7) all guards; and (8) all other non-professional employees; or a combination of any of the above units, except for guards and non-guards. Reported at 284 NLRB 1515, *et seq.* Under the Rule, “acute care hospital” is defined as either a short-term care hospital in which the average length of patient stay is less than 30 days, or a short-term care hospital in which over 50 percent of all patients are admitted to units where the average length of stay is less than 30 days. 29 CFR § 103.30(f). The definition includes those hospitals operating as acute care facilities even if the hospitals provide other services such as long-term care, outpatient care, psychiatric care, or rehabilitative care.

The Rule allows for exceptions to the Board’s eight appropriate units in acute-care hospitals when, like here, there are existing nonconforming units. See *Crittenton Hospital*, 328 NLRB 879 (1999).<sup>5</sup> Thus, the Rule addresses only prospective, initial organizing of units in acute-care facilities, and does not specifically address the situation which exists in the present case, i.e., where an acute-care facility was partially organized and a nonconforming unit or combination of units has already been formed. The Board specifically deferred such situations to adjudication. *St. Vincent Charity Medical Center*, 357 NLRB 854 (2011) citing the Rule at 284 NLRB at 1570-1571.

Moreover, in the healthcare context, a proliferation of bargaining units is disfavored (see, e.g., *Mercywood Health Building*, 287 NLRB 1114, 1116 (1988)), and the Board will consider the potential unnecessary creation of residual units when making unit determinations. See *Mt. Airy Psychiatric Ctr.*, 253 NLRB 1003 (1981) (despite limited evidence of community of interest between nurses and the small remaining number of professional employees, the latter were included in the unit in part to avoid creation of a residual unit).

### **B. *Armour-Globe* Standard as Applied to Residual Units in the Health Care Industry**

A self-determination election, also referred to as an *Armour-Globe* election, is the proper method by which a union may add unrepresented employees to an existing unit if the employees sought to be included share a community of interest with unit employees and “constitute an identifiable, distinct segment so as to constitute an appropriate voting group.” *St. Vincent Charity Medical Center*, 357 NLRB at 855; citing *Warner-Lambert Co.*, 298 NLRB 993, 995 (1990). The petitioned-for employees need not constitute a separate appropriate unit by themselves in order to be added to an existing unit, *Warner-Lambert Co.*, *supra*; *St. Vincent Charity Medical Center*, 357 NLRB at 854. Further, a self-determination election may be appropriate regardless of whether the petitioned-for employees may be found to be a separate appropriate unit. *Great Lakes Pipe Line Co.*, 92 NLRB 583, 584 (1950).

The Board generally finds that a group of employees is an “identifiable, distinct segment” where they share common characteristics such as the same distinct functions, are in the same distinct employee classification, are organizationally included in the same location, and have the

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<sup>5</sup> Neither party disputes that the existing unit of Radiation Therapists is a nonconforming technical unit under the Board's Healthcare Rule.

same supervision. See *St. Vincent*, supra, at 855-856, where a group of phlebotomists was found to be an appropriate voting group that could be added to an existing unit of technical, nonprofessional, skilled maintenance, and business office clerical employees at the employer's acute care hospital. The Board explained that "[a]n *Armour-Globe* self-determination election, which the Petitioner seeks here, undeniably avoids any proliferation of units, much less undue proliferation, because it does not result in the creation of, and election in, a separate, additional unit." *Id.* at 855. See also *Rush University Medical Center v. NLRB*, 833 F.3d 202 (D.C. Cir. 2016) (approving application of *St. Vincent Charity Medical Center* to find that a self-determination election was appropriate to decide whether some, but not all, of the employer's unrepresented nonprofessional employees wished to join a preexisting nonconforming unit consisting of some, but not all, of the nonprofessional and skilled maintenance employees).

In *Crittenton Hospital*, supra, at 880 (1999), the Board emphasized that Section 103.30(c) provides that where there are existing nonconforming units in acute care hospitals, and a petition for *additional* units is filed pursuant to Section 9(c)(1)(A)(i) or 9(c)(1)(B), the Board "shall find appropriate only units which comport, insofar as practicable, with the appropriate unit set forth in [103.30(a)]." *Id.* Indeed, it is well-established that the Board will not permit an election in a separate residual unit unless it includes all of the unrepresented employees residual to the existing unit. See e.g., *St. John's Hospital*, 307 NLRB 767, 768 (1992), citing *Budd Co.*, 154 NLRB 421, 428 (1965), and *McKeesport Hospital*, 220 NLRB 1141 (1975) (the Board would not entertain the incumbent's petition for a separate, residual unit because to do so would cause undue proliferation of units; but found that it would permit the petitioner to *add* skilled maintenance employees to its existing unit). Thus, what the Employer seeks here, the Board will not permit.

### **C. The Board's Community of Interest Standard**

As discussed above, when deciding whether the voting unit sought for a proposed self-determination election is appropriate, the Board considers whether the voting unit constitutes an identifiable, distinct segment and shares a community of interest with existing unit employees. *Warner-Lambert Co.*, supra; *Capital Cities Broadcasting Corp.*, 194 NLRB 1063 (1972). The Board typically evaluates the community of interest between two or more groups of employees by using the test articulated in *United Operations*, 338 NLRB 123, 123 (2002). Under that test, the Board determines:

Whether the employees are organized into a separate department; have distinct skills and training; have distinct job functions and perform distinct work; including inquiring into the amount and type of job overlap between classifications; are functionally integrated with the Employer's other employees; have frequent contact with other employees; interchange with other employees; have distinct terms and conditions of employment; and are separately supervised.

### **D. A Community of Interest Presumptively Exists Among All Technicians In Acute Care Hospitals**

As the Board noted in fashioning its Rule, technical employees at an acute care hospital share a presumptive community of interest with all other technical employees “by virtue of their education, training, and specialized skills.” *Collective-Bargaining Units in the Health Care Industry (the Health Care Rule)*, 284 NLRB 1528, 1553-1556 (1988). In *St. Vincent Charity Medical Center*, 357 NLRB 854 (2011), the Board, in applying the Rule, found that a presumptive community of interest existed among the phlebotomists and all other nonprofessionals in the existing unit, and it directed an election among that group without undertaking the typical community-of-interest analysis set forth in *United Operations, supra*.

In accordance with the Rule and *St. Vincent*, I find that the petitioned-for group of Respiratory Therapists shares a community of interest with the existing Technical unit of Radiation Therapists because both groups are technical employees.

### CONCLUSION

I conclude that the record evidence establishes that the petitioned-for group of Respiratory Therapists constitutes an identifiable, distinct segment of the Employer’s unrepresented technical employees, residual to the existing non-conforming Technical unit of Radiation Therapists. I further conclude, as the Board did in *St. Vincent* and *St. John’s Hospital, supra*, that directing a self-determination election among the Respiratory Therapists will not result in the undue proliferation of bargaining units and that a majority vote in favor of representation would simply add the Respiratory Therapists to the existing technical unit in conformance, insofar as practicable, with the Board’s Rule. Accordingly, I am directing a self-determination election among the Respiratory Therapists to determine whether they wish to join the existing technical unit of Radiation Therapists that is currently represented by the Petitioner.

Based upon the entire record in this matter and in accordance with the discussion above, I conclude and find as follows:

1. The hearing officer’s rulings made at the hearing are free from prejudicial error and are hereby affirmed.
2. The Employer is engaged in commerce within the meaning of the Act, and it will effectuate the purposes of the Act to assert jurisdiction herein. See footnote 1 above.
3. The Petitioner is a labor organization within the meaning of Section 2(5) of the Act and claims to represent certain employees of the Employer.
4. 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.
5. The following employees of the Employer constitute an appropriate voting unit for a self-determination election to determine whether they wish to be included in the existing Technical Unit currently represented by the Union:

All full-time, part-time, and on-call Respiratory Therapists; excluding all other employees, managers, and supervisors as defined by the Act.<sup>6</sup>

## **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 Hawai'i Nurses' Association, OPEIU Local 50. If a majority of valid ballots are cast for Hawai'i Nurses' Association, OPEIU Local 50, they will be taken to have indicated the employees' desire to be included in the existing unit of Radiation Therapists currently represented by the Hawai'i Nurses' Association, OPEIU Local 50. If a majority of valid ballots are not cast for representation, they will be taken to have indicated the employees' desire to remain unrepresented.

### **A. Election Details**

The election will be held on Thursday, April 3, 2025, from 5:30 a.m. to 7:30 a.m. and 5:30 p.m. to 7:00 p.m. at the Employer's Punchbowl Street Conference Center, with the specific room to be determined by the Regional Director.

### **B. Voting Eligibility**

Eligible to vote are those in the unit who were employed during the payroll period ending **March 15, 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.

Also eligible to vote are all employees in the unit who have worked an average of four (4) hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

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

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<sup>6</sup> The parties discussed on the record that there were no on-call Radiation Therapists but were silent on whether there are on-call Respiratory Therapists. The parties agreed that the *Davison-Paxton* formula is appropriate for determining eligibility.



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<sup>7</sup>

As required by Section 102.67(l) 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.

To be timely filed and served, the list must be *received* by the regional director and the parties by March 21, 2025. The list must be accompanied by a certificate of service showing service on all parties. **The Region will not 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](http://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](http://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.

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<sup>7</sup> The Petitioner agreed to waive up to 3 days of the 10-day period to which it is entitled to possess the voter list prior to the election. Thus, Petitioner is willing to have an election 7 days after receiving the voter list.

#### **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](http://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: March 19, 2025

JILL H. COFFMAN  
REGIONAL DIRECTOR  
NATIONAL LABOR RELATIONS BOARD  
REGION 20, BY



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MEREDITH A. BURNS  
OFFICER-IN-CHARGE  
NATIONAL LABOR RELATIONS BOARD  
SUBREGION 37  
300 Ala Moana Blvd Rm 7-245  
Honolulu, HI 96850-7245