What’s Behind the CNA-NUHW Affiliation:

■ Resist the Attacks on Patient Protections, RN Livelihood, and Professional Practice
■ Oppose the Collusion of UHW/SEIU Managers with Employers to Lower Standards for All Workers, Roll Back Ratios and Force RNs to Strike

CNA has announced an affiliation by the National Union of Healthcare Workers to collectively fight the growing attack on RN standards, livelihood, professional practice, and on all workers’ standards and rights.

The affiliation will further our efforts to uphold existing standards and contract protections and advance our efforts to win improvements for patients, RNs, and all healthcare employees, as well as defending our communities.

In the past few years, we have seen an escalation in hospital employer demands—despite record hospital profits nationally of $52.9 billion, including $4.4 billion in California in 2010 alone—for unprecedented takeaways in contract standards that RNs have fought for decades to achieve. The hospitals have also exploited the environment of broader national attacks on unions, as seen in the recent enactment of an anti-union “right-to-work” law in Michigan.

But in California, they have the special assistance of a professional union buster wearing a union name tag in the quest to erode or destroy union contracts and worker protections, salaries, benefits and pensions. His name is Dave Regan, president of UHW/SEIU.

UHW/SEIU’s Attack on Our Contracts

Regan and UHW/SEIU managers have signed multiple concessionary contracts with hospital CEOs where CNA RNs work that undermined our contracts, and encouraged employers, like Sutter and Children’s Oakland, to take a much harder line in demanding the same takeaways from RNs.

Adding insult to injury, the UHW/SEIU pacts include “me too” language. If CNA RNs stop the takeaways and win improvements, UHW/SEIU automatically gets back what they gave away without a fight.

Additionally, Regan has become a junior partner to the California Hospital Association. The most notable example was his disgraceful attack on CNA’s sponsored nurse-to-patient ratios which have saved the lives of thousands of California patients.

Most recently, in a Regan conference call with other UHW/SEIU leaders, a top Regan lieutenant predicted that RNs were a “dying” profession, expressing their collusion with the hospital efforts to remove RNs as an obstacle to increased profits.

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UHW/Regan — A Trail of Givebacks to Employers

Kaiser Permanente
- Cuts to retiree health
- Imposes a 9 cent per hour “Partnership Tax” on all members
- Increased wage gap
- Subcontracted jobs
- Gave up privacy rights as part of Wellness Plan
- Failed to bridge wage gap between Northern and Central California
- 1,000 layoffs
- Agreed to requirement that Partnership will market Kaiser’s business model

Sutter — Alta Bates Summit
- Two-year wage freeze
- Gave up fully employer-paid PPO plan, receives $30/month rebate if in Wellness program, but foregoes the rebate if employee fails Wellness program obligations
- 5% co-pay on monthly premium for “free” EPO if employee fails to fulfill Wellness program obligations.
- Agreed to language that could bar union representative to access on facility premises for up to two years if “violations” of behavior occur
- Agreed to 100 layoffs after telling members they had blocked all layoffs
- Agreed to require all members to go through a bidding process for their jobs following a seismic rebuild
- Agreed to publicly and privately support the Summit rebuild at public hearings, including meetings with Oakland public officials, and Environmental Impact Report hearings

Sutter — St. Luke’s, CPMC, Lakeside, Santa Rosa
- Elimination of a free PPO plan. Workers now must pay 21% of monthly premiums; increases to 24% in 2014, and 27% in 2015
- Agreed to cancellation of partial shifts
- PTO to be capped with payout now, but in 2014, capped with NO payout
- “Me too” clause if CNA negotiates anything better at St. Luke’s or CPMC (or NUHW at CPMC)
- Testified at hearings in support of Sutter proposal for construction project in San Francisco that undermined CNA RNs and threatened cuts for underserved patients.

Dignity Health
- Surrendered defined-benefit pension plan
- One-year wage freeze
- Cut healthcare coverage for workers’ dependents
- Gave up privacy rights as part of a Wellness Plan

Daughters of Charity
- Layoffs
- Gave up well-funded defined-benefit pension plan
- Agreed to two-tier 403(b) pension plan
- Higher health insurance premiums
- Agreed to Wellness Program that requires 20% premium co-pays for employees who don’t participate

Children’s Hospital Oakland
- Gave up fully employer-paid PPO plan

Alameda Hospital
- Gave up employer-paid family health coverage
- Workers pay more than $2,200 per year for coverage that has been free for more than 40 years

Regan’s Partnership with the California Hospital Industry

Regan has formed a partnership with the California Hospital Association, the multimillion dollar lobbying arm for the California hospital industry, in which he has repeatedly agreed to lobby on behalf of the hospitals, and endorsed multiple CHA business schemes.

- Agreed to a CHA request to lobby the California Legislature and request the endorsement of the California Labor Federation, representing most state unions, to support a suspension of nurse-to-patient ratios “at all times” provision, under the pretext of hospital financial difficulties. Regan’s request was voted down 60 to 2 (only SEIU voted for it), and no legislator agreed to carry the bill.
  — Sacramento Business Journal, June 20, 2012

- Joined with CHA in announcing a statewide “Let’s Get Healthy California” plan. Based on employer “Wellness” programs, the scheme is to replace regular, employer-paid health coverage with plans that tie health benefits to arbitrary lifestyle goals and penalize workers with higher out-of-pocket costs who don’t meet those goals, regardless of chronic conditions or other health history.

- CHA President/CEO Duane Dauner on Regan and UHW/SEIU’s management team: “They are working with us and we are trying to work with them on healthcare policy and . . . labor relations.”