At a Crossroads
RNs lead nation forward to a Main Street contract for America
Letter from the Council of Presidents

A CONTRACT. What does it mean? The contracts we members of National Nurses United are most familiar with are our employment contracts with hospitals that spell out basic things like our salaries, our benefits, and work rules. Contracts exist to make sure nurses are treated fairly and can devote their energy, time, and focus to taking care of patients.

There’s another kind of contract, though, called a social contract. Without getting too philosophical, the rough definition is the agreement between society and its representative government about the rules we all live by. For example, we Americans agree to pay taxes and not break laws. The government agrees to protect the country, enforce the laws, maintain public infrastructure and programs, give us a voice about who’s in charge through the voting process, and in general make sure conditions exist where we can all pursue life, liberty, and happiness as described in the Declaration of Independence, the Constitution, and Bill of Rights.

Looking at the state of the nation today, however, it’s clear that our social contract has been breached. The American people are not in good shape. Many are unemployed, hungry, sick, without homes, without healthcare, without a good education, and, most importantly, without the opportunity to make a better life for themselves.

Meanwhile, the ultra wealthy and big corporations are living large. Their tax burden is the lowest it’s been in decades, but they still cry hardship. The top 1 percent owns as much as the bottom 90 percent!

It’s clear we need a new social contract and it seems from the Madison protests and the mood of the country that people are ready to fight for it. The people need leadership, though, and nurses are just the group to provide it. We have drafted very simple demands: living wage jobs; equal access to quality education; guaranteed healthcare; secure retirement; good housing and protection from hunger; a safe and healthy environment; the right to organize and bargain; a fair tax system where corporations and the rich pay their fair share; and restoration of the American promise of life, liberty, and pursuit of happiness. We call it the “Main Street contract for the American people.”

In the coming months, we will start organizing the public to fight for and win this Main Street contract. If you care like we know you do, you will help us. Learn more about the Main Street contract in this issue.

Also in this issue are reports from all over the country about current battles our RN members are waging. Bargaining has been hard this year, and RNs from California to Massachusetts are preparing to strike for patient safety and to maintain their economic standards. We are pleased to share, however, that RNs at Florida Medical Center near Ft. Lauderdale will be joining our movement since they unionized this April!

As especially our labor and delivery nurses like to say, “Nurses bring you into this world,” and NNU is here to say that we will fight for you while you’re in it. Now is the time to act. See you on the picket line.

Deborah Burger, RN | Karen Higgins, RN | Jean Ross, RN National Nurses United Council of Presidents
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ON THE COVER: With its Main Street contract campaign, RNAs aim to guide the country in a new direction favoring working Americans, not corporations and the wealthy. Photo by cglade | istockphoto.com.
Massachusetts RNs Authorize Strikes, Step Up Fight for Safe Staffing

Massachusetts RNs Authorize Strikes, Step Up Fight for Safe Staffing

EARLY 1,100 Massachusetts registered nurses with Tufts Medical Center in Boston prepared to hold a one-day strike in May, escalating their campaign to improve RN staffing levels at their hospital. Some 740 RNs at St. Vincent Hospital in Worcester had been prepared to do the same, but reached a last-minute tentative agreement on May 4.

At Tufts, management has drawn a line in the sand, stating repeatedly that it has no interest in agreeing to enforceable limits on nurses’ patient assignments in the contract it is currently bargaining with nurses. In the past 15 months, Tufts nurses have filed more than 600 reports of incidents that jeopardized patient care. The 1,100 nurses there have serious objections to the chronic understaffing and failure to adjust staffing based on acuity, as well as the use of mandatory overtime and unsafe floating of nurses to other units to compensate for not having enough nurses on duty.

“Those changes transformed this hospital from being one of the best-staffed hospitals in Boston to the worst-staffed hospital in the city,” said Barbara Tiller, RN and chair of the MNA bargaining unit at Tufts. “With this strike vote, Tufts nurses are sending a strong message that they are ready and willing to take a stand for their patients and their profession.”

Tiller pointed out that Tufts intensive care unit and neonatal intensive care unit RNs are expected to care for three patients—a patient load that is not allowed at other hospitals and is against the law in California.

“I see nurses all over the hospital going home late and in tears over how bad their shift was, and hear that they spend sleepless nights wondering what they missed, or feeling horrible about not being able to provide the level of care they know their patients deserve,” said Tiller.

At St. Vincent Hospital, the RNs had been locked in a 16-month dispute with Vanguard Health Care, the for-profit owner of the hospital, over management’s refusal to include contract language to improve unsafe patient care conditions at the hospital. Over this period, nurses filed more than 1,000 official reports of unsafe conditions.

“We are proud of this agreement as it is the result of our membership’s willingness to take a stand for their patients and their profession,” said Marlena Pellegrino, RN and cochair of the nurses’ local bargaining unit. “The nurses spoke and the hospital was forced to finally listen to us.”

St. Vincent RNs had been outraged that their patients are forced to suffer every day while Vanguard has reaped more than $50 million in profits over the last two years from St. Vincent alone, and just recently spent more than $1 billion to purchase hospitals in other parts of the country. “Vanguard can well afford to provide the safe care the patients in this community deserve,” said Pellegrino. —David Schildmeier
Michigan Nurses Challenge Governor’s Cuts

Randishing red and white signs stating “Some Cuts NEVER Heal,” Michigan Nurses Association members this spring have staged multiple rallies challenging Republican Governor Rick Snyder’s proposed draconian cuts to the working class and poor of Michigan. In his relentless drive to balance Michigan’s deficit budget, Snyder has vigorously recommended decimating various health programs, taxing pensions, removing the earned income tax credit (which will immediately send 14,000 children into poverty), and more.

Nurses at the University of Michigan, represented by MNA, are fighting to keep their collective bargaining rights intact as the governor has strongly recommended making all public workers pay no less than 20 percent of their health insurance premiums while also mandating a 5 percent pay reduction for all public workers. This move undermines the nurses’ collective bargaining contract and is a thinly veiled challenge to bust the union.

To add insult to injury, under Snyder’s plan business taxes will be cut by 82 percent and individual income taxes increased by 31 percent. Michigan citizens are in an uproar as Snyder’s “shared sacrifice” plan looks suspiciously more like robbery of the working class and the poor.

“Our patients are at risk from their own state government,” MNA President Jeff Breslin, RN, exclaimed from the Capitol steps on March 30 during Michigan Nurses MARCH!, MNA’s legislative action day. “Michigan citizens are in danger. These cuts will leave them bleeding and disoriented, wondering what they did to deserve such horrendous treatment. We can speak out. We WILL speak out! This is a time for healing, not for wounding. We cannot let our patients suffer. Some cuts NEVER heal.”

From joining other unions and rallying up north in Marquette to challenging the governor in Ann Arbor at the University of Michigan commencement speech, MNA nurses are taking patient advocacy to the streets. The future of Michigan as a viable state for employment, education, and financial security is at risk. Nurses are rising to the challenge and demanding a better Michigan. —Ann Kettering Sincox
More than 150 registered nurses at Range Regional Health Services (RRHS) pulled their strike notice in late April after significant progress was made on contract talks during a marathon, 12-hour bargaining session. A three-day strike had been scheduled for May 4.

“We are demanding a contract that gives our patients the best, safest, and most effective nursing care possible,” said April Klander, RN, chair of the Minnesota Nurses Association’s bargaining team at RRHS in Hibbing, Minn. “Inside our hospital, nurses have serious concerns about unsafe staffing situations that are putting our patients at risk and that need to be addressed.”

Nurses have been working without a contract since the current agreement expired on Oct. 31, 2010.

“Our proposals are aimed at increasing and improving the safety of our patients by staffing our hospital units properly, making sure our nurses aren’t overwhelmed, and having safe patient assignments,” Klander said. “Our patients deserve the best qualified nurses caring for them in a safe environment, and our nurses are united in seeing this belief reflected in our contract.”

Nurses want contract language that provides for staff nurse input into the delivery of nursing care, RN input regarding staffing levels that includes acuity, or how sick patients are, and a safe work environment, according to Klander. “It is our hope that management will return to the table, bargain seriously, and agree upon a contract that is fair for patients and nurses,” Klander said.

On March 8, the RNs held an informational picket near the front lawn of the hospital. Horns honked and sirens wailed in support of more than 200 nurses who walked the line, creating a sea of red scrubs. RRHS bargaining unit members were joined by MNA members from Duluth, Grand Rapids, and the Twin Cities, along with brothers and sisters from other unions from Range.

In contract negotiations on Feb. 18, MNA nurses had made a settlement offer to management. The offer protected current contract benefits, provided small wage gains in order to prevent the hospital from being competitively disadvantaged in recruitment and retention, and established meaningful staff nurse input into the delivery of nursing care and staffing levels. At that time, however, rather than attempting to resolve the contract issues, management left the bargaining session without responding to the union’s offer.

The MNA committee continues to call upon management to move forward, rather than to ignore problems and to attempt to strip rights and protection from nurses and patients. —Jan Rabbers
California Hospitals Get Yet Another Extension of Seismic Upgrade Deadline

JUST WEEKS AFTER an 8.9 magnitude earthquake and resulting tsunami devastated Japan and on the 40th anniversary of a California earthquake that collapsed two big hospitals, California legislators yet again delayed the deadline by which hospitals were supposed to have made sure their structures could withstand a major seismic event and that they could continuously operate. Studies show that about 40 percent of the state’s hospital structures are at risk of collapse in a large temblor.

SB 90 essentially grants up to a seven-year extension to 2022 for any hospital with a building at risk of collapsing in an earthquake, even those that were previously on track to comply with the law, as long as they meet certain loose and cursory criteria. The California Nurses Association strongly opposed the bill.

This extension comes on top of numerous delays already granted to the California hospital industry, which has gone begging to the Legislature year after year for extensions. In 1994, after the Northridge earthquake, the Legislature gave hospitals until 2008 to retrofit building and until 2030 to rebuild their entire infrastructure. Then in 2000, legislators pushed the 2008 deadline to 2013. In 2006, they again pushed the 2013 deadline to 2015 for hospitals under construction. In 2007, they approved an extension of the 2013 deadline to 2020 if hospitals could show “financial hardship.”

Many hospitals across the state have avoided making progress on upgrading their existing buildings, even while posting hefty profits and dumping money into building glitzy new treatment centers and wings that they believe will make them more money.

Lost in all the lobbying is consideration of public safety, both for hospitals workers and patients, as well as for the wider community, which will need the hospital operational after a big earthquake.

“It’s not a question of if, but when the Big One will hit us,” said Malinda Markowitz, RN and a copresident of the California Nurses Association. “As we all learned from Haiti, the one building that Californians need to keep standing after a major earthquake is their community’s acute-care hospital. We need to stop rewarding hospitals for not complying with the law. They have an obligation for the safety of their patients. It’s another example of profits over the safety of patients, workers, and the community.”

—Staff report
MAINE

Maine nurses met April 9 for the Maine State Nurses’ Association (MSNA) annual conference to discuss and build their knowledge of key nursing areas, to celebrate recent victories, and prepare for challenges ahead. MSNA nurses have settled seven contracts this past year, with all hospital contracts including hard-won language addressing staffing—several with minimum core standards and one with actual ratios. These have not been easy fights, but real progress is being made.

The conference allowed nurses from all over Maine to relay their respective contract wins.

Central to the conference was a series of courses by NNU’s nursing practice department on topics ranging from how best to use professional practice committees and assignment despite objection forms to advocate for patients, to the troubling rise in workplace violence for nurses and how to prevent it.

“There are resources available to improve patient care and protect nurses,” said Cokie Giles, RN, president of MSNA and CNA board member. “It’s important to apply that education to our practice. It’s also helpful for us to learn that we’re not alone, but that nurses all over the state and country face similar challenges.”

In another course, Maria Woodman, a lawyer with experience in healthcare, reminded nurses that the fundamentals of documentation haven’t changed, even in light of advanced technology. “The way you document has certainly changed,” Woodman explained, “but good nursing care is still the same.” She used Maine law and her own experience to inform nurses about the legal disciplinary process, emphasizing clear and accurate documentation as a nurse’s first and best defense.

Nurses were also treated to a course on the right and wrong ways to use Facebook, Twitter, and other social media websites. “Especially in rural communities like eastern and northern Maine, information that might appear indistinct may be enough for other readers to connect the dots and identify patients,” explained Judy Brown, RN, president of the bargaining unit at Eastern Maine Medical Center. Brown covered both the pitfalls of sharing personal and confidential information in a way that can be permanently recorded and forwarded, as well as the positive ways social media can promote health education and public awareness.

Lora Cook, an RN from Portland, Maine, capped the conference off with her story about volunteering in Haiti with RNRN, NNU’s Registered Nurse Response Network. “They appreciated anything we could do for them,” she said about her patients. Despite the cloying sweat and tarantulas, Cook said, “None of us wanted to leave.”

—Jessie Mellott, RN
FLORIDA

Registered nurses at Florida Medical Center, located near Ft. Lauderdale, voted overwhelmingly April 19 to become the newest members of National Nurses Organizing Committee – Florida, an affiliate of National Nurses United.

In an election conducted by the National Labor Relations Board, nurses at the Tenet Healthcare-owned hospital voted 158-32 to join. NNOC-Florida will represent about 250 RNs at the facility.

The election at Florida Medical Center follows a wave of NNOC-Florida election wins late last year at hospitals throughout the state. NNOC-Florida now represents more than 5,000 Florida RNs in 14 hospitals. Nationally, NNU represents more than 3,000 RNs at eight Tenet Healthcare hospitals from California to Florida.

“As patient advocates, we voted yes to have a collective RN voice to enhance positive patient outcomes at our hospital,” said Marlene Foster, a registered nurse who works with heart patients at the hospital.

“Patient safety is our number-one priority!”

“Florida Medical Center RNs want to improve nurse-to-patient staffing in our hospital which will help us retain and recruit experienced nurses,” said Delia Kan, an intensive care RN at the hospital. “RNs are gaining the power to have an effective independent voice in everyday patient care decisions that will improve the quality of care that our patients and our community deserve.” — Staff report

UNIVERSITY RNs STAND VIGIL OVER ER ACCESS

At NNU’s first annual conference for RNs working at university and other academic facilities held this March in Chicago, nurses staged a candlelight vigil at the University of Chicago Medical Center to publicize the lack of emergency care for residents of the city’s south side. Frequent ambulance diversions and unacceptably long ER waits are leading to patient deaths, say RNs.
California
Registered nurses at Sutter Health hospitals in Roseville and Auburn have overwhelmingly voted to ratify new three-year agreements that provide for important gains in patient protections, and compensation, while protecting the nurses’ health coverage and retirement security. The new collective bargaining agreement affects some 850 RNs at Sutter Roseville Medical Center and 250 at Sutter Auburn Faith Hospital.

Florida
At Florida NNU members’ annual organizing conference March 31 in Tallahassee, nurses grabbed an unexpected opportunity to confront Gov. Rick Scott during their march and rally in support of a state staffing ratio bill they are sponsoring. On their way to deliver 3,000 signed cards supporting the Florida Hospital Patient Protection Act to his office, nurses spotted Scott near a side entrance and addressed him, telling him they were visiting to voice support of the safe staffing bill. Scott, who was CEO of giant hospital chain HCA before he resigned in 1997 over a Medicare billing scandal, ignored them and walked away, turning his attention to a group of press and television cameras. The Florida nurses surrounded Scott and held their signs up high. “Trust me, he knew who we were,” said Louise Eastty, RN. After Scott entered the Capitol, the nurses followed and again tried to meet with him at his office. His staff said he could not, so RNs left their 3,000 cards, an informational packet, and this message, “Gov. Scott, the Florida nurses are here to see you!” And that they would be back.

Illinois
Registered nurses with Chicago’s Cook County Health and Hospitals System (CCHHS) are fighting on multiple fronts to limit reductions to patient services stemming from county budget cuts.

On April 22, RNs held a press conference in front of the Fantus clinic with nurses who had been notified with only one day of notice that they were subject to furlough days the county recently imposed. On that day, the first furlough day, the system’s clinics, pharmacies, and some parts of Stroger Hospital were shut down. Many patients, who had previously received messages confirming their appointments for that Friday, were shocked and dismayed to be turned away.

According to a WBEZ radio news report, pharmacy customer Michael Spaulding had spent three hours riding three buses and the train from Chicago’s far South Side to pick up his wife’s lupus medication, only to find the pharmacy closed. Almost crying at the news, Spaulding went on to wait almost four hours for the ER pharmacy to fill the prescription.

On March 21, a strong showing of registered nurses, community members, and patients attended the Illinois Health Services and Facilities Review Board meeting and managed, for now, to save acute-care services at the system’s Oak Forest Hospital. The board was scheduled to vote on whether acute care at Oak Forest, which cares for many long-term care and ventilator patients, would be discontinued.

When RN Tya Robinson-May’s request to speak was denied by the board, it roused the audience to start shouting, “Save our hospital!” while holding up pictures of patients.

Last November, the Cook County Health and Hospital System board, led by CEO Bill Foley, had applied with the state of Illinois to discontinue inpatient services at Oak Forest and turn the facility into a large clinic. The Illinois board, however, seemed skeptical about these plans and with Foley’s ability to provide a concrete timeline for his proposed changes, ultimately voting against the closure.

CCHHS can and most likely will reapply to discontinue services, however, so this victory is only round one of saving a historic and vital hospital.

Veterans Affairs
While in Tampa, Fla., at its quarterly meeting in April, NNU-VA completed a 45-day project to put together proposals for a new national contract, the nurses’ first NNU national master contract with the Department of Veterans Affairs. NNU’s negotiation team consists of NNU-VA Director Brad Burton and NNU-VA Chair Irma Westmoreland, RN as chief negotiators and the following RN members: Bonita Reid, director of Buffalo VA, Jeannelle Forest, director of Tuscaloosa VA, Margaret Thompson, director of Dayton VA, Ken O’Leary, director of Durham VA, Ruby Rose Huthinson, director of Miami VA, and Rhonda Honas, staff nurse and associate director of Dayton VA. The following RN directors are alternates for the team: Cathy Billiter, director of Augusta VA, Linda Salvini, director of Des Moines VA, Barbara Devers, director of Lexington VA, and John Horvat, director of Cincinnati VA. Bargaining sessions are set to start in June. The teams will meet two to three weeks a month until the process is complete. The NNU-VA team is confident they will conclude this process with a better contract and more protections for our VA nurses. —Staff report
Had enough of hearing your employer—or your governor—talk about “shared sacrifice” when all the giveaways are expected from your pension, your health benefits, your paycheck, or your rights? From Maine to California, NNU members are used to standing up to managers, doctors, and insurance companies. They are used to fighting, and winning, for a just contract that raises the bar and protects standards for their patients and themselves.

One hallmark of our national nurses movement, reflected in the stunning growth of the NNU, is nurses taking patient advocacy outside the hospital walls. They see themselves as shop stewards for their patients not only at the bedside but beyond. They see first hand, every day, the corrosive effects of joblessness and a lack of a social system that sustains their patients’ health.

And, increasingly, nurses have had enough of politicians who are all too ready to go along with the Wall Street-inspired paradigm that the solution to our still-pervasive economic crisis is further cuts in the social safety net and major reductions in bedrock programs such as Social Security and Medicare.

If we are going to change national priorities—and we must—it should be clear we cannot rely on Wall Street and those over whom they hold sway.

What we need, NNU has concluded, is a Main Street contract for the American people, an agenda that will reverse some of the disastrous trends of recent decades that have seen wages, income, and savings stagnate or fall for the majority of American families, while large companies ship jobs overseas and make record profits.

That have seen appalling increases in the poverty rate, home foreclosures, and demand for soup kitchens. That have witnessed health insurance premiums soar by 40 percent over the past decade, and the U.S. fall to 22nd among industrial nations in inequality in health well-being for our children, our future. All while Wall Street makes record profits and nearly half of U.S. corporations have paid zero in taxes for two years or more of the past decade.

Our proposed contract is as American as the Bill of Rights. The basic premise is that everyone should be able to have a good paying job at living wages, guaranteed healthcare, equal access to quality education, the ability to retire in dignity, a safe and clean environment, and freedom from want. That is, if we transform national priorities.

What we also know is that there are powerful forces opposing such ideas, and no one is going to hand working families a new deal, a new society, or a new frontier.

We won’t achieve these ambitious dreams by sitting behind closed doors with legislators to be glad handed for cash shakedowns, by walking in the Rose Garden for photo ops with the president, or by signing dishonorable partnership arrangements with Fortune 500 companies or hospital corporations.

If there’s a lesson to be learned from the attacks in state capitals this spring—the repeal of collective bargaining rights, defunding of education and healthcare services for the poor, privatization, slashing of women’s health programs, and deregulation of public protections—it’s that the old ways of doing business don’t work.

The mass protests in Madison, Lansing, Columbus, and other cities signal a very different approach to pursuing social change and fighting for a more just society.

Our challenge remains to rewrite the received wisdom that it was public workers or single mothers on Medicaid who plundered public treasuries, that the supposed solution for budgets bankrupted by Wall Street speculators and bank bailouts is more concessions by those who have already given so much.

Our goal is a campaign that puts our legislators on notice that we expect allegiance to a Main Street agenda, not more corporate handouts; that brings protests to the doors of those who created the economic meltdown.

RN’s and NNU members have been in the forefront of that effort for some time. Nurses have said “We brought you into the world, now we are going to fight for you, for your quality of life, for your children, for our future.” They fight not only for a contract for themselves, but for a contract for all Americans. They demand healthcare for their patients and they fight for Medicare for all. It’s a fight we dare not lose.

Rose Ann DeMoro is executive director of National Nurses United.
Everyone deserves the chance for a better life. How nurses can help restore the dream by leading the charge for a “Main Street” contract for America. A STAFF REPORT
As members of National Nurses United, nurses have fought hard to be covered by a contract that spells out many basic standards: wages, healthcare and retirement benefits, and work rules. RN contracts improve nursing standards and working conditions, and protect and empower nurses to have the practice environment they need to work to their full potential as effective patient advocates.

But, as conditions in recent months throughout the nation and many states have reminded us, patients, their families, and their communities need a contract too.

In recent decades, the nation’s resource allocations have become skewed in ways that undercut general welfare. While workers have become more productive, they have increasingly not shared in the fruits and gains of our society.

Millions of jobs have gone offshore and what work remains all too often fails to provide a living wage. People are unable to find decent jobs to support their families in what is by far the richest country in the world. Safety nets are shredded, schools starved, pensions plundered, and workplace safety rules and environmental protections eroded while poverty, homelessness, and even hunger is on the rise.

The changes in healthcare symbolize the crisis facing far too many American families. The promise of genuine reform that would guarantee healthcare for all, based on patient need rather than on ability to pay, has largely run aground. Rather than adopting the most effective reform, by upgrading and expanding Medicare to cover everyone, the government enacted a flawed law that further entrenches a callous private insurance system with minimal controls over the insurance giants. Millions of Americans remain without access to care, facing bankruptcy from unpayable medical bills, forced to choose between needed care and other basic bills. And the grand goal of a single system of quality care for all continues to elude us.

Talk of “shared sacrifice” conceals the reality that nearly all the sacrifice is demanded from nurses and other working people. Wall Street profits hit a 60-year high in 2010 and disparities in income continue to grow. The top 1 percent own more than the combined wealth of the bottom 90 percent. Taxes are the lowest they’ve ever been not only for the super-rich, but for the biggest corporations, as well. Some 42 percent of companies actually paid no income taxes for two or more years during the period 1998 to 2005. Some even got million-dollar refunds!

In stark contrast, life for working people in this country over the past 30 years has gotten worse. Many working people cannot remember the last time they got a raise, and many have been hit with pay cuts. At the same time, costs for basic necessities—food, gas, utilities, rent, and health insurance—have skyrocketed. Infrastructure and services that ordinary working people rely on are falling apart: our public schools and colleges, roads, parks, libraries, public health programs, and fire and police departments. What few retirement benefits people might expect through Social Security and Medicare are now under steady attack in Washington.

All of these conditions undermine growth and prosperity for the nation as a whole.

Still, this is not enough for some of our elected officials. They want to go even further, setting their sites on a range of institutions that protect working people, especially unions, that do not accept the corporate priority and see ways to fight back in order to restore some balance to the system. And now, as our public coffers are bleeding red ink due largely to regressive tax policies, states, counties, and cities are balancing their budgets by cutting critical safety net programs, like Medicaid and food stamps, instead of requiring corporations and the elites to pay their fair share.

As registered nurses and advocates for quality care for all, nurses see firsthand what these declines bring. They see what happens to abandoned patients and communities when the American people have no effective contract with our government, not just in terms of an individual’s health, but the health of our society overall.

NNU leaders have said it’s time to take a stand, time for Americans to insist on a fair contract for everyone, for Main Street, not just more bailouts and bonuses for Wall Street! We call our campaign the “Main Street contract for the American people.” Judging from the massive protests we have joined in Madison, Wis., and in
“Life for working people in this country over the past 30 years has gotten worse. Many working people cannot remember the last time they got a raise, and many have been hit with pay cuts. At the same time, costs for basic necessities—food, gas, utilities, rent, and health insurance—have skyrocketed. Infrastructure and services that ordinary, working people rely on are falling apart.”

many locations across the country, it seems that growing numbers of people are ready and willing to demand a new contract. But they can’t do it without help and without leadership.

That’s where nurses come in. Why nurses?

First, because registered nurses are patient advocates, with an ethical obligation to care for the afflicted and the suffering, and develop a care plan for restoring them to health. Those are our core values.

Second, because the public trusts and counts on nurses, the life-line that will always act in the interest of the patient, not the hospital or insurance company’s bottom line. It’s no coincidence that year after year the Gallup Poll ranks nursing as the most ethical profession. People depend upon and expect nurses to do the right thing. That means that they will listen to us when we present problems and a means of solution. We recognize that we cannot let them down.

Third, because nurses have the power and experience—especially with the growth of our national RN movement through National Nurses United, a powerhouse voice that is growing and winning all over the country. If we can transform conditions for RNs and patients, we can win victories for our families and communities too.
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