

Nurses may join big union

State's locals seek lobbying power

By [Robert Weisman](#)

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Unionized nurses in Massachusetts are moving toward affiliating with their counterparts in California and more than 20 other states to create the largest nurses union in US history, a 150,000-member powerhouse that would lobby lawmakers for higher staffing levels and an overhaul of the nation's health care system.

The move could give the state's nurses more bargaining power with hospitals and aid organizing efforts at nonunion health care providers such as Massachusetts General Hospital and Beth Israel Deaconess Medical Center in Boston. But it is being opposed by some nurses at Brigham and Women's Hospital and elsewhere who do not want to pay the added dues needed to finance the organization.

Local backers of the new alliance, National Nurses United, contend it would help patients by pushing for state laws mandating more nurses on duty. "This is an opportunity for nurses to work together to be more effective in safeguarding patients," said Donna Kelly-Williams, a Cambridge Hospital nurse who took over this month as president of the 23,000-member Massachusetts Nurses Association, which represents the vast majority of nurses at Massachusetts hospitals.

Hospital managers fear that dealing with a new national union would slow their efforts to boost efficiency and cut costs by introducing technology and reducing staff. "Hospitals are responsible for patient safety, so they're not going to do something terrible" to affect the quality of care, said Jeff Toner, a labor consultant for Dietz Associates in Kennebunk, Maine, who works with health care providers in the region. "But there's also the issue of productivity, and hospitals want to be able to transfer nurses between departments."

Officially, the state's hospitals, many of which have been trimming payrolls in response to government and insurers' efforts to stem rising health care costs, won't comment on the national union drive. "It's a union decision on how to organize themselves," said Catherine Bromberg, spokeswoman for the Massachusetts Hospital Association, reflecting the reluctance of hospital officials to speak on the issue.

At an Oct. 1 Massachusetts Nurses Association meeting in Brewster, nurses approved the plan to join the National Nurses United, which has scheduled a December founding convention in Phoenix. But because the state nursing union's bylaws allowed only those attending the meeting to vote, the measure passed on a 390-124 vote, representing a small fraction of the membership.

Nurses who oppose joining the national union say the bylaws are unfair. They hope to reverse the outcome by rejecting a dues increase in a mail-in vote that began this month and is set to be completed in early November. Unlike the affiliation vote, association bylaws allow members to decide on a dues increase by mail. Without the higher dues to finance the costs of affiliating, it would be up to the association's board to decide next month whether it could afford to join National Nurses United.

The push for a national union grew out of a 15-year-old rift within the American Nurses Association, a professional trade group. Many rank-and-file nurses believed the group favored supervisors and managers who also were members, and in 1995 the California Nurses Association broke away from the association. It was followed by the Massachusetts Nurses Association in 2001.

California's union created a national nurses organizing committee that waged successful union campaigns in Illinois, Ohio, Texas, Nevada, and other states. Massachusetts would join with those unions and nurses in 17 other states - who are now represented by another group, United American Nurses - to form the new union.

"These unions know what they want," said David Schildmeier, spokesman for the Massachusetts Nurses Association, ticking off a list of issues he said the national union would lobby for on Beacon Hill and Capitol Hill. "They want mandated staffing levels, they want universal health care for everyone, they want protection for whistleblowers to be able to report unsafe conditions and speak out for patients."

A dissenting group of registered nurses, led by emergency department workers at Brigham and Women's in Boston, have spoken at association meetings in opposition to the National Nurses United plan. In a memo to their bargaining unit, the largest in the Massachusetts Nurses Association, they warn of a loss of autonomy and say the affiliation would divert resources from the state group. In particular, they object to the proposed dues increase - up to \$3 a week, depending on a nurse's salary.

Nurses at the Brigham and Women's and other major Boston teaching hospitals typically earn more than the state average, partially because of parking costs and other expenses related to working in the city. "The way they calculated the dues increase, the Brigham nurses would be paying a higher share than other nurses," said Meredith Scannell, a Brigham nurse who voted against aligning with the national union.

Several thousand members, including nurses at Brigham and Women's, met a late September deadline to request ballots for the dues vote. The ballots will be counted by an independent election monitor and results made known by Nov. 10, according to Schildmeier.

The affiliation process has made some nurses bitter. Some accuse association leaders of attempting to limit the vote turnout by holding it in Brewster. "At the information meeting I was at, we were insulted," Scannell said. "When we asked questions, we were told to grow up, get our heads out of the sand, and get on board."

If the state association joins the national union, she said, disenchanted members will run for state union offices next spring in an effort to oust the group's current directors. Judith Shindul-Rothschild, associate professor at the Boston College School of Nursing and a past president of the state nurses association, said the national union opponents are "a pretty vociferous group" but don't represent the views of most nurses in Massachusetts.

"We need to have a unified voice," Shindul-Rothschild said, citing data showing more robust staffing levels at hospitals reduce the number of falls, cases of hospital-acquired pneumonia, and other health problems.

"If your loved one has a heart attack in a hospital, they are more likely to survive at a hospital that has more registered nurses," she said.

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