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Article published December 14, 2009

Unified, yes; united, no

As the new nursing union behemoth—the National Nurses United—is unveiled, some of its new members aren't exactly jumping for joy

By Joe Carlson

Posted: December 14, 2009 - 5:59 am EDT

Editor's note: This story has been updated to correct that the executive director reports to organization's three co-presidents.

The day that she became the first executive director of the nation's largest nurse union, Rose Ann DeMoro took to the microphone at the group's inaugural rally and pointed to a nearby statue of a famed Native American historical figure.

"This is the first group of people who were told that labor-management partnerships would work for them," DeMoro declared to the enthusiastic union crowd assembled with protest signs outside the Arizona Hospital and Healthcare Association, according to her own recounting of the anecdote afterward.

The comment equated American pioneers known for their brutality and broken promises with modern hospital administrators who have increasingly been using written agreements between labor and management to quiet the discontent of the unionization process. It was the kind of DeMoro-esque comment that thrills many union nurses and sends shivers of emotion through healthcare executives.

"The people who have their hands on the levers of power here don't have ideas that we would consider mainstream ideas," said management labor consultant Chris Cimino, president and CEO of Chessboard Consulting. "There is some very radical ideology that is in charge of driving the NNU."

"The NNU" is National Nurses United, the latest acronym to officially enter the organized labor lexicon after its 134 delegates—representing as many as 154,000 registered nurses—cast unanimous votes Dec. 7 in favor of merging three pre-existing nurse groups. Experts on all sides say it appears to be the largest nurse union ever formed in the U.S.

However, it's an open question whether the group can hold itself together amid its tough tactics and strong anti-management rhetoric, not to mention its unusual three-party leadership structure that detractors say is only designed to obscure the fact that the NNU is really just a nationalization of the California Nurses Association.

“This is definitely going to shake things up in healthcare. There's going to be a lot of fallout because there's a lot of nurse unions that are not on this bandwagon,” said management labor lawyer Stephanie Dodge Gournis, a partner with Drinker Biddle & Reath in Chicago.

Slightly less than half of the new group's members come from two organizations: the 23,000-member Massachusetts Nurses Association and the United American Nurses, whose 45,000 members belong to a federation of more than 20 state-based nurses associations. One leader from both groups was selected to serve as a co-president in the NNU, with the third coming from the California nurses. DeMoro, the executive director, reports to the three co-presidents.

Meanwhile, 86,000 members came from the California Nurses Association/National Nurses Organizing Committee, which under DeMoro's leadership became the first state association to defect from the American Nurses Association, in 1995, with the goal of taking a more confrontational approach to hospital management.

Hard-nosed rep

The California-based association has since garnered a reputation among healthcare executives and rival unions as being one of the most hard-nosed labor groups to deal with across the bargaining table and on the picket line—a characterization DeMoro does not dispute.

“We wear it as a badge,” DeMoro said in a phone interview from an airport terminal in Phoenix. “We are the Freedom of Employment Act for union-busters.”

Among the more controversial positions being adopted by the NNU, in addition to the aforementioned opposition to labor-management agreements, is the NNU's explicit endorsement of a national nurse-to-patient ratio bill styled after the one that the California nurses have taken credit for passing and defending in their home state, the only one of its kind in the country. The NNU also opposes the American Nurses Association's Magnet Recognition Program—“it puts nurses in a position to advocate for a corporation, and nurses should be the advocates for the patients,” DeMoro said. NNU favors strong federal legislation on whistle-blower protections for nurses and safe-lifting practices.

The tactics and aggressiveness of the California organization have left it at odds not only with hospital administrators, but also with other unions.

The Illinois Nurses Association, for example, is ostensibly now a member of the NNU by virtue of its membership in the UAN. But the Illinois nurses have a lawsuit pending in U.S. District Court in Chicago seeking to prevent the UAN from joining the NNU.

Elwood R. Thompson, a program director with the Illinois Nurses Association, said his group's members oppose the NNU because of the top-down, unilateral control structure it appears to espouse. For example, the founding documents for the NNU explicitly state that DeMoro would become the new group's executive director, regardless of which co-presidents and vice presidents were ultimately elected to serve in the union's hierarchy.

“As we see it, it's just a bigger branch of the California Nurses Association, because that's who dominates this,” Thompson said. “INA will not go with this structure. They will not accept what's being imposed on us.”

So far, a federal judge assigned to the case has tossed out the Illinois nurses' request for a temporary injunction to stop the UAN's participation in the merger. Thompson said the association intends to continue the fight, including an appeal if necessary.

“Just because they were defeated at the TRO level, doesn't mean they don't have a basis for a lawsuit,” said management labor lawyer Joe Ragaglia, a partner with Morgan Lewis Bockius in Philadelphia,

referring to a temporary restraining order. “However, these kinds of lawsuits tend to be decided in favor of the larger organization, as opposed to the breakaway groups.”

Ann Converso, who has long served as president of the UAN and who became a plaintiff against the UAN along with the Illinois nurses, struggled to summon the right tone when she was asked for a comment on how her lawsuit fits into the larger drive for nurses' rights: “If the NNU works out as great and wonderful as the hopes and aspirations, that's a great thing. I mean that sincerely,” Converso said. “There are certainly NNU affiliates who don't want to participate.”

Splintering?

Jean Ross, the UAN designate to the three-member Council of Presidents for the NNU, acknowledged that the UAN appeared to be splintering in the weeks leading up to the NNU formation and that some state organizations may eventually secede. The Michigan and Minnesota nurses' associations were the staunchest NNU supporters and also brought the biggest number of members, with a combined membership of 32,000. But the future is unclear for the UAN's 13,000 members in other states that were more skeptical of the NNU, such as Alaska, Florida and Illinois.

“We have members who are supportive, but unfortunately their leadership has been difficult,” Ross said. “I still hope that the nurses in those other states will take some control ... and say, ‘As much as we don't like some of this stuff, we have to stick together.’”

Once upon a time, the various state nurses associations were virtually all members of the American Nurses Association, but the decision by California's nurses to blaze their own path inspired others to break away as well, observers say. In the 15 years since the nurse-union landscape has grown, it has become highly Balkanized as groups jostle for membership and power.

The Service Employees International Union has been aggressive in courting nurses to its 85,000-member Nurse Alliance, which previously was a contender for the largest nurse-only unit in the country. However the SEIU includes more than 1 million healthcare workers drawn from every department in the hospital organization chart, causing critics to say nurses' unique needs—and comparatively higher salary dues—got lost within the giant international union.

This year also saw the formation of another state-nurse organization, the National Federation of Nurses, representing about 70,000 nurses from the state nurses associations in Montana, New Jersey, New York, Ohio, Oregon and Washington (Nov. 16, p. 24). However, observers say that given its stated emphasis on self-governance and sovereignty and its aversion to battling other unions directly, it remains to be seen if the NFN will be aggressive enough in the long term to stay together in the face of a challenger like the NNU.

Employers were highly reluctant to talk directly about developments in the union world. Numerous hospital executives declined to comment or return calls for this story. A spokeswoman for 469-bed Provena St. Joseph Medical Center in Joliet, Ill., said in an e-mail, “in our view, the issue is internal to the unions involved. Provena remains committed to working with the union which represents our nurses at Provena St. Joseph Medical Center.”

Association executives say a new large union isn't likely to change relations between hospitals and nurses. Carla Luggiero, who is a senior associate director with the American Hospital Association and an RN, said hospitals and nurses will continue their mutual focus on patient care, whatever disagreements they may have. “We've always had nurses unions, even back when I graduated from nursing school way back in the last century. It's not new, it's just a reconfiguration,” she said. “Hospitals and unions have coexisted for a long time.”

From John Rivers' vantage up on the ninth floor of an office building in Phoenix, the NNU's inaugural rally didn't do much to change his views of healthcare labor unions. Rivers is president and CEO of the

Arizona Hospital and Healthcare Association, the ostensible target of the NNU gathering where DeMoro delivered her remark comparing oppressed Native Americans with modern hospital nurses.

Rivers said the formation of the NNU should not change the strategies that nonunion hospitals continue to use to keep their nurses happy and union-free: competitive compensation, financial transparency and the collaborative decisionmaking process. He quoted an old friend and AHA lawyer who once said, "If you get a union, you probably did something to deserve it."

He said that more than anything, the steadily declining number of union numbers in hospitals and all industries was driving the apparent trend of union consolidation. "I'm not anti-union because I understand what they've contributed to society over the years, but I would be rethinking what business I'm in if I were in their shoes," Rivers said. "In purely business terms, they're losing market share, and that's a red flag for anyone."

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