Talking Points**

***Please note that the following information is based on my point of view, derived from research and my personal and professional values system.*

- If the CNA / NNOC were so great, there would be no arguments or questions – it would be a 'no-brainer' – but it is not – and we must be able to argue smart and raise more questions and doubt to shed some light on the reality of their organization.

- The very essence of nursing is advocating for our patients. Why on earth would you need to pay a group of mostly non-nursing people to advocate for you? If you don't know how to effect change, then maybe you should sign up for an effective communications class or a class on negotiation skills – at least then you will know where your money is going.

- **DO NOT SIGN ANYTHING** – the CNA has been sending flyers to nurses' homes in the Houston area with a perforated card enclosed to sign and return. This card is **NOT** a request for more information nor is it to get on a mailing list. This card does not require an election, but rather is a binding, written agreement that when signed allows the CNA to speak for you at your workplace. You may be asked to sign a card to attend a luncheon or an information meeting – this tactic is undermining and permits the CNA to gain the necessary leverage to possibly hold an election.

- Currently, performance based merit raises are reviewed and distributed annually. This means that much of your annual raise is based on your performance as an employee. Based on first hand experience, in a union hospital, all raises will be the same across the board, regardless of your performance. **This puts every RN on a very flat playing field and is of no benefit to any nurse who consistently meets or exceeds standards**.

- The union cannot guarantee better salaries, improved nurse patient ratios (NPR), or better benefits. If they say they can, **demand that they put it in writing up front**. Remember, the hospital administrators continue to manage and control the hospital's business and do not have to yield to ANY of the demands that the CNA proposes. Also, are you willing to walk away from your patients and go on strike? The CNA has had numerous strikes on record – which is not consistent with goals of patient safety or quality of care. The CNA has one of the worst strike records of any union organizing in healthcare. Are you going to be a part of that?

- Dues:
    - Belonging to the union will always cost you money – when you get a raise, your dues will go up as well.
    - Questions:
        - When was the last time dues were decreased?
        - What is the due money used for? (your dues could be used for anything – according to the LM-2 [Labor Management - Labor Organization Annual Report, from the US Department of Labor], dues and agency fees totalled over $50 million for 2007)

- CNA Leadership:
    - The majority of the CNA employees are NOT nurses nor do they have a known nursing background. The few *upper level* CNA employees that are nurses have inactive licenses. They do have active RNs on their payroll – these are nurses that will go to activities to help persuade or influence you about the CNA.

- TNA – Texas Nurses Association –
  This organization is **nursing for nursing** in the state of Texas – you pay a flat annual fee to belong and you are represented in your own state legislature by your nursing peers.

- If the CNA was so great, why are there hospitals trying to decertify the CNA from representing them? You need to read about this BEFORE you make a decision.

- The California Hospital Association has some very interesting information about the CNA.
    - Check it out - find the link on http://informedrn.googlepages.com/
    - The states own hospital association has had problems with the CNA. Is that the type of group you want to represent you?

- Texas Nursing – **established laws:**
    - Safe Harbor Nursing Peer Review
    - Refusal to Engage in Conduct that Violates NPA or BON Rules
    - Reporting a Patient Concern
    - Reporting Staffing Concerns in Hospitals
    - Reporting a Practitioner or Facility / Agency, Mandatory Reporting of Nurses (Resource: www.texasnurses.org)

CNA says:	**Further research reveals:**
The number of actively licensed RNs in California increased from 246,068 in 1999 to 332,043 as of Jan. 2008.	California Institute for Nursing & Health Care web site - http://www.cinhc.org/ Total # of RNs in California (as of 9/07): 348,718; active 330,196. **Total working: 236,545. (*That is a difference of 95,498 RNs)***
Improved patient care / better quality of care in hospitals with unionized nursing	Sacramento Business Journal, March 24, 2008: "No statistically significant change in either patient falls or bed sores between 2002 and 2006" …according to the California Nursing Outcomes Coalition. Of their ~82 union hospitals in California: 2 hospitals had "Worse than US National Rate" for 30-day death rate for heart failure – St. Joseph's Medical Center of Stockton and Mercy Medical Center Redding. Kudos – two of their hospitals had "Better than US National Rate" for heart failure – Glendale Memorial Hospital and Olympia Medical Center. **AND 4 of the union hospitals in California were not in compliance with JCAHO standards** – Brotman Medical Center, Kaiser San Rafael Medical Center, Kaiser South San Francisco Med Center, Long Beach Memorial Medical Center. **Houston Northwest Medical Center: averages 'No different than the US National rate" for heart failure or heart attack – and we don't have a union. *So how does a union hospital have better quality of care?*** (Researched on www.jointcommission.org)
Increased nursing salaries	**All aspects of a union contract must be negotiated with hospital administration. The hospital administration continues to operate the 'business' side of the hospital.** **The truth is the CNA cannot guarantee anything they promise.**
Nurses will flock to HNMC if unionized (because of higher salaries and improved NPR [nurse patient ratios])	It seems odd that a huge influx of nurses will suddenly appear or even appear over time since the entire nation is facing a nursing shortage. Furthermore, building a productive team is more than just adding any nurse that walks through the door. Warm bodies and lower NPR do not instantly improve the quality of patient care. There are several factors that should be considered in unit staffing which include total hospital volume, nurse / physician relationships, and characteristics of the nurse (skill, education, experience and leadership), patient and hospital. (Texas Nursing Voice, Vol. 2, Number 2, April, May, June 2008, pg. 8). Additionally, it is noted that the union fought for nearly a decade (or more) to get the ratios approved in California – 10+ years – are you going to pay dues for the next several years with no effective change to speak of and no guarantee it will ever happen?