

What to Expect

When We're Organizing

One-liners you may hear from UHS

1

"With DCNA, you won't be able to talk directly to your manager or supervisor."

RNs are encouraged to approach their managers directly when issues arise. If you can't reach a satisfactory resolution, **it is your choice** to get assistance from the union.

2

"DCNA can't do anything about staffing & patient care."

Nurse staffing committees have been negotiated into union contracts that promote advancement in patient care and staffing issues. We will have the authority to document unsafe practices and the power to make real changes. **A union will hold UHS accountable.**

3

"DCNA will make you go on strike."

DCNA can not and will not force you to go on strike **It's our decision.** A strike can only happen when voted for by an overwhelming majority of GW nurses during a secret-ballot vote.

4

"DCNA is a third-party outsider."

WE, the nurses, are the union! We are partnering with DCNA, but **our union** will be led by the GW nurses we elect to represent us. **WE** will decide what is included in **OUR** contract proposal, and we will be able to vote to accept/reject the resulting contract.

5

"Union dues are too expensive."

If UHS is concerned about our financial health, they should applaud unionizing! Per the Bureau of Labor Statistics, unionized workers earn 10.2% more than non-unionized workers. Unionized nurses in NYC, MN, CA & DC recently negotiated significant base pay raises.

6

"Unionizing will adversely affect the ancillary staff."

When RNs gain a collective voice and the right to negotiate, we can bargain improvements in patient care issues that can positively affect both the RNs and ancillary staff.

7

"Management doesn't have to agree to anything."

When we negotiate a first contract, we start with our current pay and benefits and build on them. Once unionized, UHS is **legally prohibited** from unilaterally cutting salary or premium pay or decreasing benefits.