Strike Manual
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INTRODUCTION

This manual has been developed by the Washington State Nurses Association Cabinet on Economic and General Welfare to assist nurses in WSNA local units in the preparation for a strike.

It has been said that the threat of a strike, the ultimate economic weapon a union can use, can be the catalytic agent that causes both parties to reexamine their respective positions. The threat may be as potent a weapon as the strike itself. If the threat is to be taken seriously, the employer must be convinced that every RN is ready, willing, and committed to walk out in support of their contract demands. And in fact, every nurse must be willing to walk out as a united force. To vote to strike without comprehensive preparations, careful assessment, and a commitment to do the work that must be done in order to ensure victory, is a formula for disaster.

WSNA staff is committed and responsible for working with local unit leaders to ensure that the local unit is prepared for the strike. The Cabinet is committed to provide support, resources and solidarity to the Local Unit and its officers. An E&GW Cabinet liaison will be appointed to the local unit when it becomes evident that a strike is possible. The cabinet liaison will help facilitate access to state and national resources, and be a conduit for information to the cabinet.

We, the WSNA Cabinet, have attempted to provide information that will be helpful to each of you as you prepare for this very important event. We hope this guide will answer your questions and offer you support.

STRIKE ASSESSMENT

The strike is an economic weapon. Once initiated, it imposes certain economic pressures on both parties, in the form of lost revenues and lost wages. As the strike continues, those pressures build until either or both parties alter their pre-strike positions and seek an agreement. Despite the difficulties encountered by the parties (and the public), the strike is an accepted and lawful procedure in which the parties themselves work out the terms governing their unique relationship

Power Considerations

Perhaps the most crucial aspect of a strike assessment is the comprehensive examination of the power considerations. “Power” is a fluid concept and will, of course, vary from situation to situation. However, an understanding of the factors present to some degree in every situation will assist in determining the relative power of the local unit and/or association and the employer.

Employer Power Considerations

Fundamental in this determination is the employer’s ability to “take” or withstand a strike. Central to this is the financial position of the employer. The financial position of the employer may be discovered through annual reports, or, in the case of proprietary hospitals, stockholders’ reports. The board of directors or trustees of various institutions may also serve as sources of information, although obtaining information from these sources may be rather difficult.

A potential resource of the employer is the availability of strike replacements. Replacements may take the form of nursing students, nurses from hospital personnel pools, and even non-nurses. The employer is legally free to hire permanent replacements during the strike, although the employer cannot discriminate against those who strike in terms of rehiring.

Another resource of the employer is the complement of RN supervisory staff. The ratio of supervisor nurse to staff nurse is an important consideration. In a strike situation, supervisory nurses will be expected to work with minimum time off. Consequently, the higher the number of supervisors working in the struck facility, the less impact staff nurses will have in withholding their services.
WSNA / Local Unit Power Considerations

Equally as important as the employer’s power considerations is the relative power possessed by the local unit and the WSNA. Perhaps the primary or initial indicator of the potential power of the nurses is the percent of the bargaining unit members voting to strike. The greater the number voting to strike, the greater the probable number who will actually strike and honor the picket line. It must be realized that in order to have impact, a strike must have near total RN support. This includes members and non-members.

The degree of support for the strike will vary among members of the bargaining unit, as will both financial reserves and morale. Absence of a paycheck will most certainly put a drain on financial reserves. Fund raising during strike is discussed later in this manual. With regard to morale, a sense of unity and direction will serve as sustenance for a considerable period of time. This is extremely important and will be discussed subsequently under internal communications.

Commitment to the cause is crucial to sustaining a prolonged strike. Commitment must be viewed as identification with the strike issues, attachment to the profession of nursing, attachment to the job, the Local Unit and attachment to the community. The concept of commitment involves the important difference between striking and resigning. A strike is a positive attempt to alter or change a given situation. For a strike to be successful, every nurse involved will have to contribute, in one way or another, to that objective.

Community Climate

A third major consideration in the assessment in preparation for a strike is what could be referred to as “community climate.” Public attitude toward strikes is often highly correlated with the acceptance of the collective bargaining process in general. Even where there is support for collective bargaining, however, the concept of Registered Nurses striking may be viewed quite differently from the traditional industrial work stoppage. WSNA has had several strikes and numerous near strikes in the last decade. In each of those situations, nurses have experienced tremendous support of the community. This is consistent with polls done by ANA that show Nursing as being one of the most creditable professions, and nurses enjoying excellent support from the public. Nevertheless, community experience with other nonhealth care strike activity will have some bearing on the community’s reaction to a strike by RNs.

Since a strike inevitably inconveniences a segment of the community, the availability of alternative health care may play a role in shaping community climate or public opinion. In situations where alternative health care is not available, favorable community support is dependent upon the success of the nurses in convincing the public that, while there may be short term inconveniences attached to the strike, in the long run, the consumer will be better served through improved health care.

Support Systems

The most immediate support system for collective action by nurses is support by fellow workers at a given facility. These employees may be organized or unorganized. Organized employees are in a better position to offer or lend formal support. Such support may include honoring the nurses’ picket line, not doing nursing work, financial contributions, loans and use of facilities for meetings. However, such relationships are not easily cultivated overnight, and support from other unions may be dependent upon prior relationships, which is why it is critical to build and maintain relations now — not just when you need help. Other organizations, not necessarily only unions, may also be in a position to provide support for nurses’ collective action, such as a union’s sanction of a picket line and refusal to make deliveries across the picket line, willingness to write letters of support to the editor, speak on nurses behalf at Board meetings and community meetings etc.

While unorganized employees in a health care facility are certainly in a position to be supportive, their support may be more difficult to tap because of employer pressure or fear of losing their jobs.

Perhaps the greatest form of support is that given by nurse leaders within WSNA such as the Cabinet on Economic and General Welfare, the Board of Directors, other Local Units, Districts, or by nurses in surrounding states. ANA and the National Federation of Nurses can provide some resources from the national level.

Community and/or religious organizations can often provide support or assistance, such as use of buildings or facilities for meetings and rallies, phone banks, copying, computer support, food donations, etc.
PREPARING TO STRIKE

Strike Vote and Notice

Consult your local unit rules regarding requirements and process for a strike vote. Staff and local unit leaders will strategize together how best to present the outstanding issues to the local unit, what kind of vote should be taken, e.g., “advisory vote,” “vote to informational picket,” etc.

A meeting of all RNs involved should be called, at which an honest and accurate report of negotiations and all the efforts made by the negotiating team to amicably settle the dispute should be presented. A free flow of information should be encouraged at this meeting. After adequate discussion, a vote should be taken on whether or not to strike or engage in other concerted activities (e.g., informational picketing, leafleting in public places, etc.). A careful examination of the attendance at the meeting or meetings is critical. This will help determine areas of strength and areas of weakness. A substantial number of those in the bargaining unit should be present for this important vote, adequate notice of the meeting must be given, and every effort must be made to reach everyone in the bargaining unit.

As you plan, do not forget that Section 8(g) of the NLRA requires a labor organization to give written ten days notice to the health care institution and the Federal Mediation and Conciliation Service of intent to informational picket or strike.

Since the strike is considered to be the ultimate economic weapon a union can use in a contract dispute, it is imperative that thorough planning occur and that all possibilities to reach an agreement have been exhausted before taking a strike vote.

 Committees Which Should Be In Place Before A Strike

NEGOTIATING TEAM

Representatives chosen from the bargaining unit according to the local unit’s rules. The Negotiating Team will be extremely busy at this time and should not attempt to do the functions of the other committees. Delegation is a must and a predictor of whether or not a strike will be successful.

OVERSIGHT COMMITTEE

This committee shall serve as the local unit’s principal overseer for all strike related activities. Membership should include the Negotiating Team and alternates as well as the chairperson or designee of each standing committee. Principal responsibility will be to serve in the administrative capacity with WSNA staff approving all strike related objectives and actions on behalf of the recommendations from other standing committees.

FINANCIAL COMMITTEE

Since WSNA does not have a permanent strike fund, a Financial Committee should be instituted to secure means of raising monies and distributing these to striking RNs in need. There may be RNs who for a multitude of reasons—a large family, family illness, lack of savings, heavy debts—may need assistance at the outset. The most common needs will involve health care, food, rent, and utilities. All members should be informed of the existence of the strike fund to assist any member in need.

Fund-raising can range from bake sales to requests for financial assistance from other SNAs, local units and labor organizations. Some cities require a “charitable solicitation license” to engage in fund-raising events. Before you engage in such fund raising, investigate this.

The Financial Committee will be responsible for establishing criteria and eligibility for disbursement. In most cases, strike benefits are treated as taxable income.

In addition to raising funds and making difficult decisions on disbursement, the committee will be required to engage in financial counseling of members. Committee members must have the ability to talk with nurses in a cordial, patient, and frank manner about their financial problems. The committee members may need to ask questions of assistance applicants that might appear to invade their privacy. Those sensitive to such questions will have to be put at ease.

Part of financial counseling is advising nurses, where applicable, to inform all creditors of the existence of a labor dispute and attempt

HAVE YOU DONE THE FOLLOWING?

(This list is not all-inclusive)

- Consulted your local unit rules for direction?
- Mediation by the Federal Mediation and Conciliation Service (FMCS)?
- Informational picketing done successfully?
- Local unit been informed adequately as to the outstanding issues?
- Contacts with other unions, community organizations, and the media?
- Unit Rep system in place and functioning well?
to work out a deferral of payments. This is necessary to protect credit ratings. The committee should also advise nurses that most credit card companies offer credit card protection at a nominal cost. Nurses should be advised to check if they have this coverage because this insurance will cover monthly payments while on strike, or until fully employed again.

Disbursement should be made on a case by case basis. The Financial Committee should not attempt to duplicate existing assistance programs. While agency names vary from community to community, the following is fairly representative of the types of assistance found in an average size city or county:

- Unemployment office
- Surplus foods
- County chapter of the American Red Cross
- Family service agency
- Various religious agencies, such as the Salvation Army
- Anti-poverty programs
- Legal Aid Society

Not all the members' problems arising out of the strike are financial. Personal or family problems may be heightened during the strike. Such problems should be referred to an appropriate family service agency.

Raffles for weekends at local hotels provide a good relief to pickets. The ability to meet, either directly or by referral, the members' needs is crucial to sustaining morale during the strike. The chair of this committee would automatically be a member of the Oversight Committee.

**STRIKE HEADQUARTERS COMMITTEE**

This committee will be responsible for securing a reasonable location for strike headquarters, and for ensuring that the appropriate communication tools are available. A strike headquarters near the struck facility is preferable; the basement of a home, an RV, an inexpensive motel unit, or an apartment can be utilized. Chairs, tables, computer, fax machine and cell phone are necessary. The Strike Headquarters Committee and WSNA staff should see that the headquarters is staffed around the clock for the duration of the strike. Strike headquarters is the focal point for the transmission and reception of strike information for nurses, the media, the community and other supporters. Chairperson of this committee would automatically be a member of the Oversight Committee.

**RN EMERGENCY STANDBY TEAM COMMITTEE**

This committee will be responsible for soliciting volunteers from bargaining unit RNs who would be willing to care for patients in the hospital if it is determined that an emergency situation exists. The team would be prepared to respond to any emergency need that would threaten the life of any person in the community if such a patient were unable to receive appropriate nursing care due to the strike. Such assistance usually involves patients in the Emergency Department, Operating Room or Critical Care areas of the hospital. It would be expected that at least 25 percent of the income earned in this way would go to the local unit strike fund. The RN Emergency Standby Committee would closely monitor provision of these services on a shift by shift basis, and services would be withdrawn when the emergency is over. The chair of this committee would automatically be a member of the Oversight Committee.

**INTERNAL COMMUNICATION COMMITTEE (RUMOR CONTROL)**

This committee will serve the function of ensuring that speedy communications can be transmitted back and forth between bargaining unit members and the Oversight Committee. Responsibilities will include creation of a telephone tree, e-mail communications network and other communications mechanisms, i.e. voicemail, hotline, and e-mail listserves. Additionally, this committee will serve to monitor rumors and give an appropriate response to such rumors to prevent confusion in the midst of a strike. This committee will also distribute "strike alert" newsletters, e-mail messages, update the 24 hour voicemail hotline, and other communication mechanisms to keep bargaining unit RNs informed of current and upcoming strike related developments. The chairperson of this committee will automatically be a member of the Oversight Committee.

**EXTERNAL COMMUNICATION COMMITTEE (PR)**

This committee will provide strike/negotiations information to the general public, other unions, other local units and SNA’s, the press, and other targeted support groups. The purpose of these communications will be to convey the bargaining unit’s position on issues and to solicit public support. This committee will assist WSNA staff in drafting announcements for newspapers and radio stations, press releases for the news media, informational leaflets for the public and any other matters of public relations. The chairperson for this committee will automatically hold office on the local unit’s Oversight Committee.
CHILD CARE COMMITTEE

This committee will be responsible for researching the availability of reasonable and responsible child care in the community and, if necessary, formulating its own volunteer child care program to assist strikers who are either serving on a committee, the picket line, or employed elsewhere in the community during the strike. The chairperson for this committee will automatically hold office on the local unit’s Oversight Committee.

PICKET LINE COORDINATION COMMITTEE

This committee will organize picket schedules to ensure that a sufficient number of picketers are available for designated picketing times. This committee will oversee all actual picketing activities such as schedules for picketing, designated picket line captains, picket line behavior, community participation (picketing and rallies), records of picket line participation, food and beverages for picketers and support staff, picket signs, monitoring of picket sign wording. The chairperson for this committee will automatically hold office on the local unit’s Oversight Committee.

EMPLOYMENT OPPORTUNITY COMMITTEE

This committee will be responsible for assisting striking nurses in locating reasonable alternative employment during the duration of the strike. The committee will research all available employment opportunities in the surrounding community noting the level of wages and benefits to be paid, as well as any working restrictions. The chairperson of this committee will automatically hold office on the local unit’s Oversight Committee.

PICKETING

The most visible part of any strike activity is the picket line. The purpose of picketing is to affect a shutdown of the employer’s business or at least make entry and exit by other employees and the public psychologically difficult. Picketing creates an atmosphere of solidarity and strength and communicates that to the employer and the public. Furthermore, the presence of a picket line discourages potential replacements from accepting employment.

Interpretations of the First Amendment of the U.S. Constitution, and the National Labor Relations Act, address the right of peaceful picketing to publicize the existence of a dispute. The U.S. Supreme Court has held that peaceful picketing which is designed to inform and persuade the public is within the area of free speech guaranteed by the First Amendment of the Constitution. This right is not absolute, however. There are restrictions on the conduct and the objectives of picketing. WSNA staff will advise you what restrictions may apply in your setting. It is critical for all members to be well informed on these matters as they can have significant legal implications for the bargaining unit and WSNA.

Picketing that is or becomes coercive rather than persuasive may be unlawful. Examples of this would be pickets massed at entrances to the employer’s facility so as to prevent entry through sheer force, or instances in which those who wish to enter picketed premises were prevented from doing so by physical violence or verbal threats. This has never been an issue on a WSNA picket line, and it our belief that RNs enjoy the credibility we enjoy in part because of the “professional” way we conduct ourselves where we work and on the picket lines.

In short, picketing is generally protected as lawful “concerted activity” or a form of free speech when conducted in a peaceful manner, when it is confined to the immediate location of the employer, and when the picketing is not unlawful as described above.

Although peaceful picketing (informational picketing) to inform the public of the Local Unit bargaining position prior to a strike or in conjunction with the strike is clearly protected activity under the Constitution and NLRA, Section 8(g) of the NLRA requires the association to give a ten day notice of intent to the employer and the FMCS.

Pickets should exercise care and caution so as not to trespass or damage private property. Mass picketing and similar demonstrations should be confined to public property. These activities must be planned with consultation and assistance of WSNA staff to ensure the legal requirements are meet.
Picket Signs

The picket sign is the nurses' method of letting the public know about the dispute with their employer. Obvious statements, such as “RNs On Strike,” “Nurses Fighting for Better Patient Care,” are frequently seen picket signs. Having a “picket sign making party” is a great way to involve nurse and build solidarity. This should be done well in advance of the date of the strike, so that at the appointed time, signs are ready. Places for picking them up and returning them should be designated.

Picket Captains

Picket captains should be assigned the duty of monitoring the picket line. The picket captains should be familiar and conversant with the strike issues. Further, picket captains should note and report all picket line incidents to the WSNA staff. It is very helpful, if not essential, that picket captains have cell phones which they can pass from shift to shift. Current up to the minute information is critical for the captains to have because they may be approached by the public, the media, and nurses seeking information. The following should serve as guideline for picket captains:

- Help determine the most effective sites for picketing. Know the limits of public property. Ensure picketers are informed and compliant with the limits.
- Establish a picket schedule. Arrange the schedule in at least two hour blocks (probably the minimum time for which it is worthwhile to come out and the maximum time that many RNs will be able to maintain some enthusiasm). Make sure nurses sign up for shifts and have some way to communicate if they cannot make their shift. Picket times should be viewed like a work schedule; once a commitment is made to picket, it is expected that the nurse will be there or arrange coverage.
- Since most health care institutions are 24 hour a day operations and picketing may occur around the clock, the local police should be requested to make additional patrols to ensure RN safety. Any incidents or threats to safety should be reported to the staff immediately.

Guidelines for Individual RN Pickets

The following should serve as general guidelines for individual nurses in conducting themselves on the picket line:

- Let your picket captain know when you arrive and when you leave. A clearly marked car or strike headquarters should serve as the action center for the facility.
- Wear comfortable shoes and uniform or scrubs if possible. (The media loves it.)
- Smile and show enthusiasm.
- Concentrate around hospital entrances but do not block traffic or prevent people from entering or leaving. Do not block the street either. If participating in a march observe traffic signals.
- Stay on public property.
- Do not argue with anyone — if harassed, have your picket captain notify the WSNA staff immediately.
- If approached by administration, do not discuss issues — refer them to your negotiators.
- If approached by news media for pictures, permit this if you do not object personally. Refer all questions and interviews to the picket captain or media point person.
- If you are questioned by the public, these may serve as helpful short answers:
  a. “We regret the need for this kind of activity, but we cannot accept an offer that does not bring us up to the community standard.”
  b. “The hospital has been unresponsive to the nurses concern that they have a greater voice in determining the level and quality of patient care.”

Make sure you are informed on the issues.
INTERNAL COMMUNICATION

Regular and consistent internal communication is essential to the morale of nurses on strike. Regularly scheduled meetings, appropriately spaced, are an effective means of sustaining morale. Meetings should include a report of the progress of negotiations and should allow the nurses an opportunity to ask questions. Presence of nursing, labor, or community support can be a very positive addition to a meeting or rally. While the media may be near at hand, it is appropriate and permissible to exclude or include the media from various meetings or rallies.

In addition to meetings or rallies, strike bulletins should be published regularly. This may mean daily or two or three times a week, but not less than once a week. Strike bulletins are used to announce and report on meetings or events, report on negotiations, give other facts and dispel rumors.

E-mail updates to bargaining unit members and a media contact is a speedy and cost-free way of communicating. Be sure and get e-mail address any time people are signing in for meetings.

Another vehicle for internal communication is a telephone “strike hotline” with an up-to-date recorded message. The number of the strike hotline should be published in the strike bulletin, or otherwise be made known to the nurses on strike. A strike hotline can be most effective in speedily combating news releases from the employer. It also frees valuable time that would otherwise be devoted to answering the phone. The equipment necessary for setting up a recorded message can be obtained on a temporary basis from the telephone company.

While meetings and strike bulletins are essential elements of internal communications during a strike, members of the negotiating team should, whenever time permits, make themselves available to the nurses on the picket line. This one-to-one contact is a definite morale builder.

The local unit rep system is the most important element for getting information to the members, and a unit-by-unit basis, and for the staff and team to get feed back. There should be a designated rep for each unit and each shift in the facility.

PUBLIC RELATIONS

The local unit External Communications Committee will work closely with the WSNA staff PR person to consult, plan, and coordinate the local unit’s message. Staff will help write press releases, plan for media events, and coordinate media coverage with others around the state and other SNAs.

The need for effective public relations is heightened during a strike. The local unit should take the offensive and not be put into a defensive posture by the employer’s public relations campaign. The local unit should be prepared for a full scale employer campaign.

It is important that the local unit educate the public about the strike issues. This education is essential to creating support and respect for the picket lines and for the strike objectives. Effective public relations is not a substitute for maintaining a strong picket line, however. Rather, it is an essential component of an all out effort to obtain concessions from the employer.

Getting the nurses message to the public can be done in several ways. Local unit nurses are the best public relations spokes-persons for their local unit. Nurses who are part of the community and know the issues and experience the problems that led to the strike have much more credibility than WSNA staff who may be seen as “outside agitators from Seattle.” Staff will work with local unit nurses on working with the media and how to most effectively state your concerns.

The activities below are some of the tools the local unit may use:

- News releases
- News conferences
- On-site news conferences
- Bulletins
- Badges
- Leafleting
- Nurse Speakers Bureau
- Newspaper advertisements
- Talk shows
- Bumper stickers
- Letters to physicians
- Letters to newspaper editors
NOTIFICATION OF CREDITORS

It is important you contact all creditors when it looks like a strike is imminent or at least prior to the time a payment is due. Contact the creditors in person or by phone, and follow up with a written letter. Maintain a record of the time and to whom you spoke. This needs to be done before the payment is due so that your credit rating won’t be affected. Most creditors will make payment arrangements, either a minimum payment or payment of interest only. Keep a copy of all correspondence.

The following is a sample letter you may use to notify a creditor:

Dear Sirs:

I am a Registered Nurse at [name your facility, city and state]. I hold an account with your institution [list your account number].

Our bargaining unit is planning to go on strike ____ (give the approximate dates) or [We have been on strike since______]. I may not be able to make full payments on my account, but would like to arrange a minimum payment schedule during the strike to maintain my account in good standing.

I would be happy to meet with a service representative. Please contact me if this is required.

Thank You

Sincerely

FREQUENTLY ASKED QUESTIONS

Will I lose my job if I go on strike?

You cannot be fired. You can be permanently replaced only after actual notice from your employer that they intend to take action and, then, after the actual hiring of a replacement. This is highly unlikely.

Can I return to my same job and shift?

A “return to work” agreement will be negotiated prior to the conclusion of any strike. We will insist, as part of the “return to work” agreement that each nurse is returned to his/her job, unit, and shift. If nurses stay unified in striking, we are more likely to prevail in negotiations for a “return-to-work” agreement.

What happens if I can’t afford to go on strike?

We have a Jobs Placement Committee working right now to assist you. Also read the information in this booklet on how to notify your creditors.

Will a strike affect the image of nursing in a negative way?

No. We are professionals. We should demand reasonable management practices, a safe environment for both our patients and ourselves, and benefits which reflect our professional status. It is important to conduct ourselves in a professional manner and be informed.

What are my personal obligations if we go on strike?

• DO NOT CROSS THE PICKET LINE!
• Take your share of picket duty and/or strike activity. A strike is not a vacation; it is a very intensive, goal-oriented job.
• Be informed.
• Do not contribute to the rumor mill.

How many nurses will it take for a strike to be effective?

We need a overwhelming majority of all nurses members of WSNA or not, sufficient to prevent the facility from operating as usual.
Who will take care of my patients? Will it be considered abandonment?

The facility will have 10 days in which to move patients to other facilities and to cease taking elective patients. Any patients remaining will be taken care of by managers and strike breakers (scabs). Patients who would normally come to the facility will have to use other facilities. WSNA always offers to provide nurses in emergencies. If a legitimate emergency arises, the emergency will be assessed and the decision to provide RNs will be made.

What are the consequences of crossing the picket line?

Crossing a picket line will undermine our attempts as nurses to provide a better framework for the future growth of our profession and achieve our negotiating goals. It also erodes the camaraderie in the work place, prolongs the strike, and negatively impacts our efforts to work as a team once the strike is settled.

Is there anything I can do to help before we go on strike?

Yes! Volunteer to help, fill out the form on the last page of this brochure. Let your nurse managers know how you feel about WSNA's offer. Always attend bargaining unit meetings and speak your mind.

GLOSSARY OF TERMS

COLLECTIVE BARGAINING: A relationship between a labor organization (WSNA) and the management of various institutions consisting of two major aspects:
1. Contract negotiations (see below)
2. Contract administration, i.e. making sure commitments made in the contract are kept by both parties.

NEGOTIATIONS: A process that affords parties in a collective bargaining relationship an opportunity to exchange ideas and make commitments in an effort to resolve their differences and reach an agreement/contract.

IMPASE: That point in negotiations where one or both parties decide that no further progress toward an agreement is possible.

MEDIATION: Occurs usually after the negotiating parties have reached impasse. An impartial third party, a mediator, works with the parties to facilitate the bargaining process by clarifying issues and helping the parties discover areas of possible compromise. The mediator may offer suggestions, but cannot force either party to agree to anything.

PICKET LINE: A group of employees who patrol outside the employer's premises and carry signs and leaflets to express their message.

INFORMATIONAL PICKETING: Picketing which serves to inform the public of the union's positions on issues and appeal to the public for support. Informational picketing does not attempt to stop employee services or deliveries. Informational picketing IS NOT A STRIKE.

“TEN DAY NOTICE”: By laws, a labor organization must give a health care institution a 10 day advance notice in writing of intent to strike or picket. Ten days will give the facility ample time to scale down operations and to arrange for patient transfer to other facilities, and to stop scheduling elective surgeries. This means you will NOT be abandoning patients.

STRIKE: An organized withdrawal of employee services.

ECONOMIC STRIKE: A strike to put pressure on the employer to meet employee’s economic demands. Economic strikers may be permanently replaced.
COMMITTEE RESPONSE FORM

Please take a minute to review the purpose of each committee and mark any that you would be interested in volunteering for.

THANK YOU FOR YOUR SUPPORT AND DEDICATION! YOU ARE THE VOICE OF WSNA!

I would be willing to serve on the following committees:

- Financial Committee
- Child Care
- Emergency Standby Team
- Internal Communications
- External Communications
- Strike Headquarters
- Job Placement
- Picket Line Coordination
- Other ________________________________
- Other ________________________________

Name

Address

Street                  City            Zip

Home Phone

Message Phone

Best Time to Call

Personal Email

Shift/Hours

Unit