



**Labor Unions and Collective Bargaining
Journal Literature, Books, Videos and Web Sites
Selected Reading List
2004 to 2006**

The following are selected resources intended to provide an overview on the topic and current trends regarding labor unions. These resources represent literature cited in several databases along with the National Library of Medicine's PubMed database, currently published books and videos as well as Web sites. This bibliography is not intended to be a comprehensive reference to all the resources or Web sites published on this topic. Selections with asterisks* indicate items of high interest.

PubMed, <http://www.nlm.nih.gov/hinfo.html> a service of the National Library of Medicine, provides links to many sites providing full text articles and other related resources. For further reading or research, or to obtain articles or books cited here, readers should refer to the research and document delivery services of their institution's medical library.

Journal Literature – January 2004-August 2006

1. *American Journal of Health Promotion*. 2005 Mar-Apr 19(4):297-303. “**A New Channel for Health Promotion: Building Trade Unions.**” Barbeau EM, Goldman R, Roelofs C, Gagne J, Harden E, Conlan K, Stoddard A, Sorensen G. Center for Community-Based Research, Dana-Farber Cancer Institute, 44 Binney Street, SM268, Boston, MA 02115, USA. Elizabeth_Barbeau@dfci.harvard.edu
ABSTRACT:
PURPOSE: Labor unions largely are an unevaluated channel for health promotion interventions for working class populations who are at increased risk for smoking and poor diet. We conducted qualitative and quantitative research to understand the meaning and function of union membership in workers' lives and applied this information to health promotion intervention design. RESULTS: The vast majority of survey respondents held strong positive views of their union. Focus group findings revealed the meaning of the union in members' daily lives, how members view information from the union and their perceptions of the union's limitations. CONCLUSIONS: The findings provide a compelling rationale for considering unions as a channel for health promotion interventions. PMID: 15768924.

2. **American Journal of Nursing*; 2006 Apr; 106(4):22-22. “**Nursing Unions Create a Cooperative Alliance.**” Kennedy, Maureen Shawn
ABSTRACT:
This article reports on the creation of a cooperative alliance by nursing unions in the United States. Eight unions announced on February 23, 2006, that they were forming a committee, RNs Working Together in order to enhance their strength and resources for organizing, lobbying and bargaining. The alliance will have its own staff and budget and will act as a center for sharing resources. ISSN: 0002-936X.

3. *American Medical Association*. 2006 May 15; 49(19):14-15. “**Some New York Physicians Join the Teamsters**” *American Medical News*, May 15, 2006. Sorrel, Amy Lynn
ABSTRACT:
Nearly 300 Central New York physicians are seeking a new ally to help them level the playing field in a fight for control over patient care against the area's dominant managed care network - the Teamsters Union. ISSN: 0001-1843.

4. *American Medical News*. 2004 Aug 9; 47(30):5-6. **“Study Hits Physician Collective Bargaining.”** Albert, Tanya. American Medical Association. (AMA)
ABSTRACT:
The AMA disagrees with the Federal Trade Commission (FTC) and the Department of Justice’s reiteration of its stance that collective bargaining by independent physicians would have a negative impact on competition. AMA is looking for support for the Health Care Antitrust Improvements Act of 2003. Moreover, this measure also calls for limiting the amount physicians would have to pay in damages if they're found to have violated antitrust laws. ISSN:0001-1843.
5. *Aust Nurs J*. 2005 Dec; 2006 Jan; (6):12-5. **“Igniting Change.”** Mogg M.
PMID: 16496795
6. *Aust Nurs J*. 2005 Apr; 12(9):25. **“Pathway to Activism in Nursing.”** Todd A.
PMID: 16496809
7. *Behavioral Health Management*. 2005 May/June; 25(3):18-20.
“Unions' Role in Behavioral Health Organizations.” Jamieson, Jess
ABSTRACT:
The US workforce of the 21st century is expected to face a very different set of opportunities and challenges than faced by previous generations, according to the Workforce Challenges and Opportunities for the 21st Century Forum, hosted by the GAO in April 2004. These observations certainly apply to the behavioral health and social services field. As Jamieson discusses, in the health and behavioral health field, professional practitioners are taking a serious interest in forming their own unions, they are also or in pursuing various types of affiliations with existing unions to enhance their professional autonomy, to be involved in making decisions that affect their careers, and for greater professional and personal stability. ISSN: 1075-6701.
8. *Benefits & Compensation Digest*. 2005 Jan; 42(1):32-35.
“Pay for Performance in the Public Sector.” Susseles, Elliot R. Magid, Marcia
ABSTRACT:
Addresses some of the best practices associated with implementing a pay-for-performance program in the public sector. It also discusses the importance of involving employees in the development and implementation of a pay-for-performance system; forms of rewards that can be used to compensate employees; an issues that need to be considered in setting a realistic benchmark standards for rewards. INSETS: Implementing a Public Sector Pay-for-Performance System; Checklist for Success.
ISSN: 1550-4190.

9. **Choice*. 2005 March; 42(7):1273. **“The Changing Role of Unions: New Forms of Representation.”** Hogler, R.L.
ABSTRACT:
The Changing role of unions: new forms of representation, edited by Phanindra V. Wunnava. M.E. Sharpe, 2004. 402p bibl indexes. ISSN: 0009-4978.
10. *Dissent*. 2004 Summer; 51(3):71-77. **“Unions and Health Care Reform”**. Sciacchitano, Katherine
ABSTRACT:
With healthcare the number two priority of voters--behind jobs but still before the terrorism--hopes are riveted on the 2004 election for reform that would extend coverage to forty-five million uninsured and safeguard the care of those lucky enough already to have the coverage. Sciacchitano comments that defeating George W. Bush, even if it can be done, won't correct the course. In the long run, reform depends on the results of any election than on the reinvigoration of the organizational resources, numerical strength, and moral force of labor. ISSN: 0012-3846
11. **Fortune*. 2005 Nov 14; 152(10):75. **“The Doctor Is Out.”** Colvin, Geoffrey
ABSTRACT:
October 17, 2005, will be regarded in the future as a tipping point, the historic moment when, at last, it became impossible for any U.S. employer to offer meaningfully generous medical benefits to any significant number of retirees. If your company doesn't offer such benefits, you must assume it never will. If it does offer them, but you're not yet retired, assume you'll never see them in their current form. And if you're retired and receiving medical benefits - even if they're specified in a union contract - you should assume they may now be considerably reduced. Oct. 17, was, of course, the day General Motors and the United Auto Workers agreed to a substantial cut in the medical benefits GM gives its UAW retirees, who will soon have to make co-payments for visits to the doctor and pay about about a fifth of the cost of their coverage. ISSN: 0015-8259.
12. **Health Affairs (Millwood)*. 2005 May-June; 24(3) 885. Comment on: Health Affairs (Millwood). 2005 Jan-Feb; 24(1):228-33. **“Labor Union Role in Patient Safety.”** Sleigh SR.
PMID: 15886188.

13. **Hospital and Healthcare Networks*. 2006 May; 80(5)32-7, 2. **“The New Union Strategy.Turning the Community Against You.”** Haugh R.
ABSTRACT:
 They're called corporate campaigns, and unlike traditional union organizing efforts, their aim is to tarnish a hospital's relationship with its community by questioning its mission, tax-exempt status and quality of care. The campaigns can be brutal and relentless, and as hospital executives from Connecticut to California will attest, they can even get personal. PMID: 16773878.
14. **HR Focus*. 2005 Apr; 82(4)9. **“Collective Bargaining Outlook: Expect a Hard Line on Benefits.”***
ABSTRACT:
 Provides an outlook on the use of collective bargaining with union employees in 2005. employment issues that will be discussed by employers with their subordinates; priority of management negotiators; and strategy used by negotiators in discussing healthcare cost concessions. ISSN: 1059-6038.
15. *HR Magazine*. 2005 Jan; 50(1):48-53. **“Good-Faith Bargaining.”** Tyler, Kathryn
ABSTRACT:
 Discusses labor agreement negotiations. Role of human resource (HR) professionals in negotiating labor agreements with labor unions; Advice for HR professionals on how to prepare for a negotiation; structure of negotiations; and importance of trust and honesty among the negotiating parties in conducting labor agreement negotiations. ISSN: 1047-3149.
16. *International Journal of Health Care Finance Economics*. 2004 March 4(1):65-89. **“Competition or Coordination in Hospital Markets With Unionised Labour.”**
 Brekke, KR. Department of Economics, University of Bergen, Programme for Health Economics, Bergen (HEB), Fosswinckelsgt. 6, N-5007 Bergen, Norway. kurt.brekke@econ.uib.no
ABSTRACT:
 This paper studies labour market responses to hospital mergers. The market consists of two hospitals providing horizontally and vertically differentiated services. Hospitals compete either in price and quality or just in quality (non-price competition). To provide medical care, hospitals employ healthcare workers (e.g., physicians, nurses). The workers collectively bargain wages either at a central level, firm level or plant level. Anticipating wage responses, hospitals decide whether or not to merge. The main finding is that the bargaining structure, the nature of competition and the patient copayment rate have a crucial impact on the profitability of hospital mergers. PMID: 15170965.

17. *J Health Law*. 2006 Winter; 39(1):117-41. **“The Summer of Union Discontent Portends a Season of Employer Discomfort.”** Bridgesmith LW, Gerth JE. Waller Lansden Dortch & Davis, LLP, Nashville, Tenn., USA.

ABSTRACT:

The recent splintering of the unions of the Change to Win Coalition from the AFL-CIO has received a great deal of attention in the media. Few have watched these developments with greater interest than employers in a broad variety of employment settings. As union prospects in the manufacturing industries have dwindled, employers in the service industries such as healthcare have become especially sensitive to changes in the labor movement and the opportunities to organize. This article explores the philosophical differences responsible for the AFL-CIO schism, the likely effect this division will have on union organizing efforts in the healthcare industry and the negative consequences these organizing efforts could have on employee free choice within the industry. In addition, this article outlines some of the steps healthcare employers can take to protect their ability to communicate freely and directly with their employees.

PMID: 16761385

18. *J Health Law*. 2004 Summer; 37(3):473-92. **“Is Ten Days" Really Ten Days?--The National Labor Relations Act's Strike Notice Requirement in the Healthcare Industry.** King GR, Winchester JD, Rossman EM. Jones Day, USA.

ABSTRACT:

Nearly 30 years ago, Congress amended the National Labor Relations Act and provided employees of healthcare institutions with the right to strike and picket. At the same time, Congress added a new Section 8(g) requiring a labor organization to provide a healthcare institution with 10 days notice before engaging in various types of concerted activity--primarily strikes and picketing--against the institution. Thus, Section 8(g) is an important statute for healthcare employers. But since the time Congress added Section 8(g), the National Labor Relations Board has taken various views on Section 8(g) and whether "10 days" is really 10 days. This note explores the purposes of Section 8(g), as well as the reach and limits of its language, noting areas in which the board may wish to reconsider its application of the statute. Ultimately, the note provides a checklist for healthcare employers to keep in mind with respect to Section 8(g) PMID: 15648538

19. *Journal of Labor Research*. 2005 Fall; 26(4):641-668. **“What Do Unions Do?”** The 2004 M-Brane Stringtwister Edition. Freeman, Richard B.

ABSTRACT:

What Do Unions Do? (Book)

Abstract: This article considers the corrections, revisions and changes to the book [What Do Unions Do?] by Richard Freeman and James Medoff including if the M-brane string theory works. There were the errors of omission in the book: it dealt exclusively with the U.S., as if the rest of the capitalist world had no unions; it dealt solely with private sector unions.

The book gave cursory treatment to the effect of unions on growth and dynamics. Areas of additional knowledge are: determination of what workers and management want from labor institutions and labor laws; forms of unionism to deliver collective voice and other services to workers outside of collective bargaining; and illuminating the road toward institutional reform is the link between the economic and social environment and union performance. ISSN: 0195-3613 Accession Number: 19031846.

20. *Journal of Labor Research*. 2005 Summer; 26(3):365-392 “**Organized Labor's Political Scorecard.**” Masters, Marick F., Delaney, John T.

ABSTRACT:

This article discusses the political activities of labor unions in the U.S. In chapter 13 of their book, Richard Freeman and James Medoff (F&M) observed that like other interest groups, labor organizations operate in the political sphere as well as in the economic marketplace, seeking as best they can to obtain outcomes beneficial to their members and, in their view, to society as a whole. Over the two decades since F&M made their assessment, political action arguably has become more salient to organized labor as union membership and bargaining power have declined significantly. Since the election of U.S. President George W. Bush in 2000, the U.S. economy has lost nearly 3 million manufacturing jobs; American firms have capitalized on productivity improvements to meet market demand with fewer workers; and the government has adopted a host of public-policy initiatives hostile to union workers, such as the narrowing of eligibility for overtime pay, imposition of onerous union financial disclosure requirements and waiver of union rights in large parts of the federal service. ISSN: 0195-3613.

21. *J Nurs Admin*. 2004 Mar; 34(3):120-4. “**The "New Age" of Union Organizing.**” Forman H, Grimes TC. Raymond F. Mickus and Associates, Bannockburn, Ill., USA. nformanrn@aol.com PMID: 15024238.

22. *J Nurs Adm*. 2005 Jan; 35(1):29-34. Comment in: *J Nurs Adm*. 2005 Apr;35(4):157; author reply 157.”**Running a Successful Campaign Against Unionization.**” Block VJ, Jamerson PA. St. Louis Children's Hospital, One Children's Place, St. Louis, MO 63110, vblock@bjc.org

ABSTRACT:

Unions, once rare in healthcare, are now targeting hospital employees as potential members. In an industry that has seen an increase in regulations, mergers and acquisitions, rising financial pressures and changing working conditions, it is easy to understand why discontented employees are being targeted by unions now more than ever. Hospital leaders must look to lessons learned in other organizations to develop strategies that will ensure a successful campaign. In 2003, St. Louis Children's Hospital defeated the Missouri Nurses Association/United American Nurse with a 77 percent no vote. The authors describe an overview of unionization in healthcare and the strategies they used to successfully win this union election. PMID: 15647666

23. *J Okla State Med Assoc.* 2004 Mar; 97(3):114-7. **“Factors Which Influence Physicians to Join Labor Unions.”** Wine CJ, O’Hair HD. Oklahoma State University School of Medicine, USA.
ABSTRACT:
 As members of a fiercely independent and individualistic profession, physicians have historically resisted the lure of organizing into collectives and have steadfastly maintained their autonomy. With the advent of managed care, the conditions of work have been altered and many of the assumptions guiding unions and collective bargaining have taken on renewed interest. Proponents of organizing physicians argue that unions can act as representative agents for health care providers to negotiate effectively with managed care organizations (MCO), insurance companies and government for conditions of work to help make their practice of medicine better for patients.
 Many physicians who previously rejected the notion of unions have reconsidered their entrenched positions and are beginning to weigh the costs and benefits associated with union membership.
 PMID: 15088814.
24. *Kentucky Nurse.* 2006 Apr-June; 54(2):14. **“Defending Nurses Rights and Responsibilities.”** Riggs B. PMID: 16646540.
25. *Massachusetts Nurse.* 2005 Apr; 76(3):p6-6. **“The NLRB: What Is It and How It Impacts Workers.”** Twarog, Joe
ABSTRACT:
 The article presents information on the U.S. National Labor Relations Board (NLRB). The National Labor Relations Board is a federal agency that administers the National Labor Relations Act, the law that governs collective bargaining in the private sector. The NLRB has 33 regional offices located throughout the country, with Region 1 being in Boston, Massachusetts. The NLRB's primary activities include conducting elections to determine whether or not employees want union representation, and investigating and remedying unfair labor practices by employers and unions. ISSN: 0163-0784.
26. *Ment Health Today.* 2005 Jul-Aug; 16-7. **“User-Workers United.”** O’Sullivan C. PMID: 16124546.
27. *Mod Healthc.* 2005 Oct 24; 35(43):14. **“Applying the Brakes. UAW Deal to Affect Providers As Well As Workers.”** Taylor M. Publication Types: News PMID: 16276745.
28. *Mod Healthc.* 2005 Feb 14; 35(7):24-5. **“Labor's Success. Unions Make Strides Recruiting Healthcare Workers.”** Evans M. Publication Types: News PMID: 15736793.

29. **Mod Healthc.* 2004 Dec 6; 34(49):26-9. **“Labor Pains. As Membership Slides, Unions Have Turned to Provocative 'Corporate Campaigns' to Aid Organizing. But Critics Say They're Just a Way to Increase Flagging Numbers, Dues.”** Evans, M. PMID: 15624688.
30. **Nursing Homes.* 2004 Jul; 53(7):26-28. **“Reducing the Threat of Labor Problems.”** Cabot, Stephen J.
ABSTRACT:
 For long-term care organizations, a written strategic communications action plan can be one of the most important steps to ending adversarial relationships with employees and reducing the threat of labor problems. Although the importance of open communication is well understood and sounds simple and easy, few long-term care facilities implement a communications plan that specifies responsibilities and imposes a schedule. A scenario in which management and employees talk and listen to one another and resolve problems together will increase employees' trust in management. If employees are to believe management's words, there must be open and ongoing communication, both verbal and written, based upon a specific strategic action plan. By not asking, not listening, not talking, not taking action and not opening numerous channels of communication, companies will feed the adversarial relationships that lead to unionization and to slowdowns, walkouts and strikes in companies where unions already are in place. ISSN: 1061-4753.
31. *Nursing Management.* (Harrow). 2004 May; 11(2):8. **“Collective Thinking.”** Gordon S. PMID: 15148697.
32. *Nursing Standards.* 2006 May 31-Jun 6; 20(38):32-3. **“Bridge the Gap.”** Duffy A. Community and District Nursing Association. PMID: 16764364.
33. *Old Nurse.* 2005 Nov-Dec; 24(6):8-11. **“New Directions? Forster Report Released.”** Forster P.
ABSTRACT:
 Consultant Peter Forster handed over his final report on the Queensland Health Systems Review to the Premier and Health Minister on 30 September 2005. It was then immediately released to the public. The 491-page final report provides a broad overview of the reform needed in Queensland Health and details an initial three-year reform program. It also contains 388 recommendations including nursing specific recommendations. The QNU believes that the massive changes needed to deal with the problems identified in the report will require at least 10 years to implement in full. The review took place over five months, received 1,500 submissions including those from the QNU, its branches and individual members. PMID: 16375076.

34. **Online Journal of Issues in Nursing*. 2004 Jan 31; 9(1):9. “**Traditional and Non-Traditional Collective Bargaining: Strategies to Improve the Patient Care Environment.**” Budd KW, Warino LS, Patton ME. Kent State University, USA. Kbudd@kent.edu Kbudd@kent.edu

ABSTRACT:

Acquiring organizational autonomy and control over nursing practice, through a combination of traditional and non-traditional collective bargaining (CB) strategies, is emerging as an important solution to the nursing shortage crisis. For the past 60 years, nurses have improved their economic and general welfare by organizing through traditional CB, particularly during periods of nursing shortages. During the past decade, however, the downsizing of nursing staffs, systems redesign, and oppressive management practices have created such poor nursing practice environments that improvement in wages no longer is viewed as the primary purpose of CB. Much more essential to nurses is assuring they have a safe practice environment free of mandatory overtime and other work issues, and a voice in the resource allocation decisions that affect their ability to achieve quality health outcomes for patients. The thesis presented in this article is that traditional and non-traditional CB strategies empower nurses to find such a voice and gain control over nursing practice.

This article describes the current shortage; discusses how CB can be used to help nurses find a voice to effect change; reviews the American Nurses Association's history of collective action activities; explains differences between traditional and non-traditional CB strategies; and presents a case study in which both strategies were used to improve the present patient care environment.

PMID: 14998358.

35. *Online Journal of Issues in Nursing*. 2004 Jan 31; 9(1):1. “**Shared Governance: Is It a Model for Nurses to Gain Control Over Their Practice?**” Porter-O'Grady T. Emory University in Atlanta, GA, USA. tim@tpogassociates.com tim@tpogassociates.com
PMID: 14998345.

36. *Revolution*. 2003 Oct-Nov; 4(5):18-23. “**The Road Taken.**” Miller K. PMID: 14631720.

37. *Sante Publique*. 2004 Jun; 16(2):207-24. “**Challenges Facing Nurses' Associations and Unions: a Global Perspective.**” [Article in French] Clark PF, Clark DA.

ABSTRACT:

Departement des etudes sociales et relations professionnelles, Universite d'Etat de Pennsylvanie, USA.

Abstract:

Nurses are at the heart of every country's healthcare system. What sort of problems do they face at work? What are the coping strategies that they and their organizations pursue? Drawing on the findings of a global survey of nurses' associations and unions, the authors provide clear answers to these and related questions at a time when population aging, epidemics, privatization and understaffing are putting heightened pressures on healthcare systems around the world. Interestingly, the priority concerns of nurses' organizations the world over have much in common despite the widely differing national contexts in which they operate. PMID: 15360175.

Books and Videos

1. ***Anatomy of Healthcare Strikes** [Videocassette]. N.Y., NY: Adams, Nash, Haskell and Sheridan Labor Relations Consultants. 2000. 40-minute sound, color, ½ inch.

Wunnava, Phanindra V., **The Changing Role of Unions: New Forms of Representation (Issues in Work and Human Resources)**, Sharpe, M.E. Sharpe, 2004. 402 p.
2. Osborne, William W., Jr., **Labor Union Law and Regulation, With 2005 Supplement. ABA Section of Labor and Employment Law**, William W. Osborne Jr., editor. BNA Books, 2005. 329 p.
3. ***New Jersey Labor Unions**, Jeanne Graves, editor. Austin, Texas: Research Communications, Inc., Fall 2005-2006. 119 p.
4. Gordon, Suzanne, **Nursing Against the Odds: How Health Care Cost Cutting, Media Stereotypes and Medical Hubris Undermine Nurses and Patient Care**. ILR Press, April 2005. 504 p.
5. ***Kruger, Kenneth F, When Health Care Employees Strike: A Guide for Planning and Action**, Second ed. San Francisco, California: Jossey-Bass; Chicago: AHA Press, 2002. 152 p.

Local and General Union Web Sites

(Compiled by NJHA's Human Resources Department)

1. **AFT Healthcare: American Federation of Teachers, AFL-CIO**
<http://www.aft.org/healthcare>
General information. Contract language page helpful.
2. **American Hospital Association (AHA)** <http://www.aha.org/aha/advocacy/legal/legal-resource-library-index.html>
Legal Resource Library. Compendium of Legal Resources.
 - **AHA – Compliance Index**
<http://www.aha.org/aha/advocacy/compliance/index.html>
3. **Health Professionals and Allied Employees: AFT/AFL-CIO** <http://www.hpae.org>
Web site updates members generally, each local has it's own page with updated specific local information.
4. **JNESO: The Professional Health Care Union** <http://www.jneso.org>
General union information, news briefs and legislative and regulatory sections are helpful.
5. **Labor Research Association** <http://www.laborresearch.org>
Research and educational services for trade unions. News, positions
Statistics and data.
6. **New Jersey State Nurses Association** <http://www.njsna.org>
General information. Links are helpful.
7. **New Jersey Nurses Union (NJNU)** <http://www.njnu.org>
New Jersey Nurses' Union Web site.
8. **New York State Nurses Association** <http://www.nysna.org>
Press releases are informative. Some N.J. hospitals have NYSNA representation.
9. **National Labor Relations Board (NLRB)** <http://www.nlr.gov/nlr/home/default.asp>
Comprehensive Web site.
 - **NLRB Watch.com** <http://www.nlrwatch.com>
Newsletter and links.

- **NLRB - Jackson Hospital Corporation d/b/a Kentucky River Medical Center and United Steelworkers of America, AFL-CIO-CLC and Anita Turner. Cases 9-CA-37734, 9-CA-37795-1, -2, 9-CA-37875, 9-CA-38084-1, -2, 9-CA-38237, 9-CA-38468, and 9-CA-37796 9/30/03, Decision and Order by Chairman Battista and Members Schaumber and Walsh**
[http://www.nlr.gov/nlr/shared_files/decisions/340/340-71.pdf#search='Kentucky%20River%20Decision'](http://www.nlr.gov/nlr/shared_files/decisions/340/340-71.pdf#search='Kentucky%20River%20Decision)
Decision and order
- **NLRB - The Prospects for Continued Protection for Professionals Under the NLRA: reaction to the Kentucky River Decision and the Expanding Notion of the Supervisor, Jeffrey M. Smith.**
http://home.law.uiuc.edu/lrev/publications/2000s/2003/2003_2/JSmith.pdf#search='Kentucky%20River%20Decision'
Reaction to Kentucky River Decision.
- **NLRB – Weekly Summaries of NLRB Cases**
http://www.nlr.gov/nlr/shared_files/weekly/w2832.asp?useShared=
List of decisions of administrative law judges. and index.

10. **Service Employees International Union, AFL-CIO** <http://www.seiu.org>
Some local information and a healthcare section includes information for hospital employees, nurses, nursing home and home care.

- **SEIU/Hospital Systems - Nurse Alliance** <http://www.seiu.org/health/nurses/>
- **SEIU - Major Class Action Lawsuits Filed in Four Cities Allege Hospitals Colluded to Hold Down Nurses Wages**
http://www.seiu.org/media/pressreleases.cfm?pr_id=1319
- **New Lawsuits Exposes Conditions Driving Shortages**
<http://www.valuecarevaluenurses.org/>

11. **United American Nurses, AFL CIO** <http://www.uannurse.org/va/tools.html>
General Information.

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