

Forced-Unionism Abuses Exposed

The facts Big Labor bosses would rather you didn't hear about.

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Compulsory unionism breeds corruption. In each issue of "Exposed," the National Right to Work Committee will highlight yet another example of union-boss abuse spawned and perpetuated by Big Labor's government-granted privilege to force workers to pay union dues, or be fired.

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Strike Against Red Cross Disrupts Blood-Bank Operations in Five States

Back in July 1974, Congress passed and President Richard Nixon, in one of his last executive acts before being driven from office for his role in the Watergate cover-up, signed legislation extending the pro-union monopoly National Labor Relations Act (NLRA) to nonprofit hospitals, nursing homes and clinics.

In the more than three decades since the federal government first authorized the forced unionization of health-care employees in nonprofit facilities, supposedly to promote "labor peace," what has actually spread throughout private health-care is workplace strife. And one frequent manifestation of this strife is work stoppages that threaten public health and safety.

A recent and shocking example is the decision late last month by top bosses of Local 13000 of the Communications Workers of America union (CWA/AFL-CIO) to order employees of blood banks and bloodmobiles in five states out on strike.

The three-day strike disrupted blood-bank operations in Pennsylvania, Maryland, Ohio, West Virginia and Virginia. Pennsylvania blood drives in State College, New Castle, and Brighton Township had to be canceled. In Wheeling, W.Va., the Red Cross had to lower its 1000-unit goal for a blood drive to 300 units because of the strike. Donors who braved CWA picket lines had to wait in line for up to 90 minutes.

As State College's local newspaper, the *Centre Daily*, pointed out in a January 31 editorial, this CWA-engineered strike "jeopardized the public's health by making it more difficult, or in some cases impossible, to collect life-saving blood," and represents "a stain" on CWA Local 13000 officials and their credibility.

The CWA hierarchy's rationale for its reckless action was that it disagreed with the Red Cross's

plan to put unionized health historians, phlebotomists and drivers on the same health-care plan as the Red Cross's nonunion employees, including managers. As the Red Cross affiliate for the five-state region hit by the strike noted, many other unionized Red Cross employees are already on this standard health plan.

By the end of last month, Local 13000 bosses had at least temporarily called off their strike, but their rancorous dispute with the Greater Alleghenies Region Red Cross goes on. And the fact that American volunteers who take time out of their schedules to go donate blood, so that others may live, cannot do so any more without the risk of running into a scary union picket line is a sure sign that Congress's 33-year-old experiment in bringing "labor peace" to the nonprofit health industry is a failure.

Back in the 1960s, when he was still a relatively obscure college professor, future U.S. Solicitor General and Supreme Court nominee Robert Bork unsparingly laid out the facts about how the NLRA provisions empowering Big Labor to foist "exclusive" union representation on all employees, including union nonmembers as well as members, in a government-delineated "bargaining unit" promote strife in the American workplace.

"Our labor law," wrote Professor Bork, "and the ideology that supports and suffuses it, encourages the organization of employees into fighting groups, and lets the wage bargain depend on the outcome of the fight. The rhetoric of union organization and struggle is the rhetoric of war."

And Sen. Robert Wagner and the other architects of the original 1935 NLRA must have been aware at some level that the law would actually help union bosses foment a "hate-the-boss" mentality in countless factories, stores and offices.

This awareness helps explain why for nearly four decades after the NLRA was first passed all nonprofit businesses, including hospitals and other health-care facilities, were exempt from all of its provisions. Even a dyed-in-the-wool supporter of union monopolies like Mr. Wagner did not want to see health-care institutions disrupted by bitter strikes or threats of strikes.

It's long past time for Congress to admit its mistake and repeal the 1974 NLRA amendment that foisted Big Labor monopoly bargaining and compulsory union dues on employees of the Red Cross and other nonprofit health-care providers.

The restoration of employees' individual freedom in this sector is especially urgent because, in a hospital or nursing home, the economic warfare engendered by union monopoly bargaining directly threatens public health. And one may also hope that rolling back monopoly bargaining in nonprofits will pave the way for flat-out repeal of the monopoly-bargaining provisions in the NLRA and other federal labor laws.

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