

MAIN STREET CONTRACT FOR THE AMERICAN PEOPLE



National Nurses United has embarked on a campaign to reverse national priorities and policies that have placed the interests of Wall Street over the crisis facing American families today. The goal is to chart a new contract for the American people — for a better life today and a more secure future for our children and future generations.

We seek to challenge conventional wisdom that demands more sacrifice from working people while all the gains go to those at the top. We oppose the push by legislators who emphasize further budget cuts rather than restoration of programs to rebuild our communities. To achieve these goals, NNU has proposed a Main Street Contract. Key provisions include:

Jobs at living wages for everyone

Economic opportunity has become a mirage for far too many Americans, especially with the sharp drop in manufacturing jobs in this economy. While corporate profits have soared, and income disparity is at the highest point since the Great Depression, wages for most working people have fallen or stagnated. The “working poor” are fast becoming the norm — one in three American families lives at twice the poverty level or less — exactly why so many people struggle to meet

housing costs, food, medical bills, and other basic needs. The “official” unemployment rate of nearly 9 percent fails to include the real long-term jobless rate, which exceeds 17 percent. Workers’ wages are not the problem — they are the drivers of our economy.

Guaranteed healthcare for all

Enactment of a national law has not solved the healthcare crisis. Healthcare costs for American families have doubled in the past nine years. Medical bills account for more than 60 percent of personal bankruptcies. Big insurance giants deny more than one-fourth of all claims. More employers are dropping or reducing health coverage and shifting more costs to employees. Growing numbers of people delay basic medical care, waiting until they arrive in overcrowded emergency rooms. Children are showing symptoms of diseases long associated with adults.

Healthcare should be a right, not a privilege. Nurses have long fought for a more humane healthcare system, based on individual patient need, not ability to pay. The only solution remains expanding and improving Medicare to cover everyone, with a single standard of care for all.

A secure retirement, with the ability to retire in dignity

Nearly half of elderly Americans face a future at or below the poverty line. For African-American seniors that number is two in three. Yet leaders in both major parties have proposed big reductions in our most significant retirement programs, Social Security and Medicare, while state and city governments and private employers alike seek to sharply cut pensions and other retirement plans. We must keep the promise made to Americans and assure that we will never return to the days when our seniors, who have given a life of service, must work far into their retirement years or face a future of poverty, homelessness, and health insecurity. The pensions of workers, destroyed or undermined by Wall Street’s casino culture, should not be reduced to satisfy those same Wall Street financiers.





Equal access to a quality education

Mirroring other disparities in our society, slots in major universities and colleges are increasingly being taken by the wealthiest American families. Across the nation, public schools have seen budgets severely cut, and a number of governors and legislators are seeking to privatize or contract out education, limiting access for many. The U.S. continues to fall behind other countries in educational equality and opportunity, symbolized by the UNICEF report last December ranking the U.S. just 19th among industrial nations in education well-being for our children. Teachers are not the enemy, they are essential to quality public education.

Good housing and protection from hunger

One in five children in the U.S. today lives in poverty. Nearly 700,000 homes were foreclosed, just in the 10 most populous states, in the first quarter of 2011 alone. Homelessness, substandard housing, hunger, and near hunger exist in every American city and are on the rise. Some 15 percent of U.S. households, 17.4 million families or about 50 million

people, were too poor to buy adequate food last year, according to the U.S. Department of Agriculture. More than a third of these households, with as many as one million children, were missing meals on a regular basis, the study found. Rising food prices are fueled by Wall Street speculation in commodities, enriching the financiers and increasing hunger.

A just taxation system where corporations and the wealthy pay their fair share

Corporate profits in 2010 increased at the fastest rate in 60 years. Nearly 90 percent of the total income growth over the past 25 years has gone to the wealthiest 10 percent. CEOs now are paid as much as 344 times as much as the average worker. Yet Congress and the White House last December extended tax cuts for the wealthiest Americans. Many legislators continue to call for reducing corporate taxes — even though a General Accounting Office study found that 42 percent of large U.S. companies paid no U.S. income taxes for two or more years the past decade. U.S.-based corporations are rewarded for earning and reinvesting profits in foreign countries. It is long past time to restore a fair taxation system.



RN VOICES ON HOW THE ECONOMIC CRISIS HITS HOME

Keep It Together

The last year has been very challenging for our family. My husband is a self-employed window installer. He was the main breadwinner for our family. With the loss of auto jobs and other job losses in Michigan, we lost a lot of our customers.

I am an RN, with my BSN. I had been working part-time, three eight-hour days one week and four days another. We have two children, now 15 and 14. My daughter is special needs. Her diagnosis is BOFS and moderate cognitive impairment, hearing impaired. She only has 30 percent hearing in her left ear, and is speech-impaired with cerebral palsy. In the last year we have found she has a bleeding disorder as well. This caused an emergency admission to the hospital among her many other appointments for other specialists. But we have declining coverage of hearing aids, and rising prescription costs and doctor co-pays. Juggling this with a son who is very healthy, but still has needs as well, can be challenging alone.

Last September we realized that there was no way I could afford to work part time without risking our home, and made huge changes in our lifestyle. My husband continues to work hard to keep our business going, but this really affects self-esteem, and can cause a lot of depression, anxiety, and increased stress. There is no doubt that the economic hardship in our society has played a role in our families' lives. I am just thankful to have the career I have. — *Dearborn Heights, Michigan*



The Spirit of Giving

My younger brother has been battling cancer for the last two years. He is now coming to the end of his time here on earth. I have come to be with him and with my niece and nephews to help them care for him at home. There is a hospice nurse, Marilyn, who comes every morning for four hours to help with ADLS and give us moral support. While we were clearing the kitchen table we found a disconnect notice from the power company. The bill was \$119. This morning Marilyn came and gave me \$120 to pay the bill. I told her it was greatly appreciated but I could pay the bill myself. She refused to take the money back.

This nurse is 70 years old and her husband is retired. He collects scrap metal and the money they make from scrapping they use to help people who are less fortunate. I have not been able to stop welling up with tears for her unselfish generosity. She has only known my family for one week. She is an angel sent to help ease our pain at the loss of a loved one; she fills us with faith and the true meaning of love. — *Chicago, Illinois*



Tell us your story at www.nationalnursesunited.org/story



A Lifetime of Work

I am a 56-year-old registered nurse. I have been a nurse for 28 years. I always had a steady job and was able to raise my four children without much economic difficulty. Approximately 2.5 years ago I suddenly went into renal failure and had to start dialysis. I had to have several surgical procedures and was unable to return to work.

Unfortunately, I had just started a new job and was eligible for minimal disability. For the first time since I had purchased my home, I found myself unable to afford my mortgage payment. I receive Social Security disability and that is not enough to pay my bills, which include paying for my Medicare insurance, my prescription insurance, and huge co-pays on some very expensive medication. And, oh yeah, I have to eat. There seems to be no help from the government for me. I don't even qualify for food stamps because my annual income is \$2,000 over the limit.

I am not strong enough to return to work in my field and even if I were, I have strict guidelines on the amount of money I can make before my benefits are affected. And I need my insurance because, with my existing condition, I am pretty much uninsurable. My dialysis treatments cost over \$25,000 per month. I have worked and paid taxes into this system for over 40 years, yet I am treated like a charity case begging for help. I am severely frustrated and disappointed in my country that allows a taxpayer of so many years to suffer the way I do. I shouldn't have to choose whether I eat or buy the medicines I need. — *Memphis, Tennessee*

That Could Be Me

During a recent shift as a charge nurse I was happy to learn that one of the patients wanted to compliment her RN for the care she received. The patient, who was in her 50s, was eloquent and carried herself elegantly, shaking my hand when I entered the room. A former executive secretary for more than 30 years, she penned her comment card in a beautiful handwritten script. Later that shift, I realized that the patient was the same person I had seen on the boards two weeks ago but never met: a homeless woman. I would have never suspected that this former executive secretary with impeccable penmanship was the same homeless woman if it weren't written right there in the charts.

The discovery brought me to tears. I went back to visit the patient and learn her story. It's an all-too-common one: After losing her job, she lost her healthcare, then lost her home and her family. The face of homelessness in America has changed. We have prototypes in our heads of what homeless people should look like, but they look like you and me. Her story also struck a nerve for me because some years ago, after a back injury at work, my husband and I also struggled to pay \$1,400 a month in COBRA premiums to maintain our health insurance while I was on medical leave. I was just crushed by this woman, thinking that could be me. — *San Bernardino, California*

Tell us your story at www.nationalnursesunited.org/story

CALLING ON [YOUR ORGANIZATION] TO SUPPORT THE MAIN STREET CONTRACT FOR THE AMERICAN PEOPLE

WHEREAS, American families continue to suffer the consequences of an unrelenting economic crisis with the highest levels of unemployment in decades, underfunded schools, and decreasing healthcare, retirement, and housing security; and



WHEREAS, wages for American workers have fallen or stagnated for much of the past three decades, eroding the American promise of a better life for our children and future generations; and

WHEREAS, in contrast, Wall Street and U.S. corporate profits last year grew at the fastest rate in 60 years, and more than 40 percent of U.S. corporations paid no federal income taxes for two years or more during the period of 1998 to 2005; and some of the largest U.S. corporations, including Exxon/Mobil, Bank of America, and General Electric, paid no taxes last year despite billions in profits, yet received federal tax refunds; and

WHEREAS, in dozens of states, governors and legislators are promoting deep cuts in education and social safety net programs and limits on democratic rights of working people, while giving new tax breaks to corporations and super-wealthy individuals; and Congress is considering substantial cuts in vital federal programs while extending tax cuts for the wealthy and discussing further cuts in corporate taxes;

THEREFORE BE IT RESOLVED, that [your organization] endorses the Main Street Contract for the American People, which calls for jobs at living wages, guaranteed healthcare, equal access to quality education, a secure retirement, good housing and protection from hunger, a safe and clean environment, and a just taxation system where corporations and the wealthy pay their fair share;

THEREFORE BE IT FURTHER RESOLVED, that [your organization] calls for an end to blaming working people for the economic recession and budget deficits caused by Wall Street greed, corporate tax loopholes, and bailouts, and opposes cuts in Social Security, Medicare, and other safety net programs and regressive taxes on poor and middle-income families.



TIME FOR A MAIN STREET CONTRACT FOR THE AMERICAN PEOPLE

With the erosion of living standards for many, and new attacks from Wall Street-funded politicians, all Americans need a new contract, a binding relationship for their security, for their families and for future generations. To achieve these goals, National Nurses United is supporting a new campaign for fairness and justice: The Main Street Contract for the American People.

Key measures in the Main Street Contract include guaranteed healthcare with a single excellent standard of care, a secure retirement, jobs at living wages, and a just taxation system where corporations and the wealthy pay their fair share.



WHAT KIND OF FUTURE DO WE WANT?

A future in which all of us share in the prosperity of our nation or one in which Wall Street denies our families and communities healthcare, decent jobs, good education, and hope for a better future?

WHICH SIDE ARE YOU ON?

On the Side of Wall Street

- Tax cuts for the rich and powerful
- Replacing Medicare with vouchers
- Gutting Social Security
- Shipping more and more jobs overseas
- Weakening our environmental laws and regulations
- Privatizing public education
- Destroying unions

I'm On Wall Street's Side

Signature _____

Name _____

Date _____

On the Side of Main Street

- **Guaranteed healthcare** with a single excellent standard of care
 - **Medicare for All:** The American Healthcare Security Act, S. 915 / H.R. 1200, sponsored by Senator Sanders and Rep. McDermott.
 - **Safe Patient Ratios:** S. 992 sponsored by Senator Boxer.
- A **secure retirement** with the ability to retire in dignity. No cuts to Social Security, Medicare, or Medicaid.
- A **just taxation** system where corporations and the wealthy pay their fair share.
- Restoring the promise — **life, liberty and the pursuit of happiness for all.**

I'm On Main Street's Side

Signature _____

Name _____

Date _____

National Nurses United, its members, allies, friends, and community supporters in your district and state invite you to participate in a celebration of your pledge to **support the Main Street Contract for the American People.**

We want to plan the event for a time and place during the Congressional summer recess that will enable you to attend this important event.

If instead you have decided to be on the side of the Wall Street agenda, our members would welcome the opportunity to hear you speak about the reasons behind your decision.

Please advise us of the dates, times and locations for which you would be available to share some time with the dedicated, hardworking registered nurses of your district or state.

See you in the District!

TIME FOR A MAIN STREET CONTRACT FOR THE AMERICAN PEOPLE

- **Jobs** at living wages to reinvest in America.
- Equal access to quality, public **education**.
- Guaranteed **healthcare** for all.
- A secure **retirement**, with the ability to retire in dignity.
- Good **housing** and protection from hunger.
- A safe, clean, and healthy **environment**.
- A **just taxation** system where corporations and the wealthy pay their fair share.



Yes, We Want a Main Street Contract for the American People

We/I support the goals and want to be a part of the Main Street Contract Campaign

Organization/Individual Name: _____

Contact Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone: () _____

Email: _____

Please contact us/me about:

- Telling my story about the impact of the economic crisis and the need for new national priorities.
- Reaching out to community organizations and civic leaders.
- Turning out people for Main Street community forums and protest actions.
- Meeting with my member of Congress.

Please send completed form to Sarah Frierson, National Nurses United:
fax: 240-235-2019; email: sfrierson@nationalnursesunited.org;
mail: 8630 Fenton Street Suite 1100, Silver Spring MD 20910



TIME FOR A MAIN STREET CONTRACT FOR THE AMERICAN PEOPLE

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Yes, I Want a Main Street Contract for Me and for the American People

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

I belong to the following organizations that I think would be great allies in the campaign for a Main Street Contract for the American People:

1. _____

Civic/Community Religious Professional Labor Other _____

2. _____

Civic/Community Religious Professional Labor Other _____

3. _____

Civic/Community Religious Professional Labor Other _____

4. _____

Civic/Community Religious Professional Labor Other _____

5. _____

Civic/Community Religious Professional Labor Other _____

Please send completed form to Sarah Frierson, National Nurses United: fax: 240-235-2019; email: sfrierson@nationalnursesunited.org; mail: 8630 Fenton Street Suite 1100, Silver Spring MD 20910



What does the bill do?

The bill will establish a small fee on each Wall Street trade of stocks, credit default swaps, derivatives (a financial instrument whose value is derived from something else, i.e. a bank selling the value of a home mortgage debt it is owed) or other financial transactions. This fee is known as a “financial transaction tax (FTT),” or “market speculation tax.” It does not apply to ordinary consumer actions, such as ATM withdrawals.

Is this like a Wall Street sales tax?

This bill would be the equivalent of sales taxes that Americans have long paid for on most goods and services—every time they buy clothing, a lottery ticket, or other products, pay their utility bill, eat at a restaurant, or have their hair cut. There presently is no such tax on Wall Street transactions.

How much revenue would be raised?

Estimates project a range of \$175 billion to \$350 billion depending on the percentage of the fee on transactions, what is covered, and how much market activity would be reduced as a result of the fee. Applied to the full range of Wall Street actions,

including stocks and equities, swaps, bonds, options premiums, foreign exchange transactions, and futures, progressive economists estimate it would raise at least \$1.7 trillion over 10 years even if trading volume was reduced by half.

How would the tax affect ordinary investors?

The tax targets the major traders and speculators on Wall Street who carry out most of the market activity. For ordinary investors, the costs will be negligible. The tax would likely discourage many of the worst excesses on Wall Street, such as the excessive speculation on derivatives and other activity that largely prompted the Wall Street crash of 2008 and subsequent recession. Big corporations, in particular the financial industry which dominates the economy, and speculators favor this casino-style capitalism to make windfall profits over long-term investments that build wealth broadly over time; they should pay their fair share.

How will the revenue from the Wall Street tax be used?

New revenue from the tax would be available to rebuild America for everyone on Main Street who has been so harmed by the abusive practices on Wall Street and the diversion of national resources to those who need it the least. The billions raised from the FTT would be available for creating jobs at living wages, healthcare, education, housing, and other community investment programs.

Who supports a Wall Street tax?

Great Britain has a similar tax on each stock trade which has been very successful in raising revenues while not inhibiting financial activity; the London Stock Exchange remains the largest in Europe and the fourth largest in the world. The European Union is actively considering extending an FTT throughout the EU. Other nations in Asia, South America, and Africa have similar taxes. After the 1987 U.S. Wall Street crash, a number of U.S. politicians endorsed similar measures, including then-Senate majority leader Bob Dole and the first President Bush.

Endorsers of this proposal include National Nurses United, the AFL-CIO, and Public Citizen.



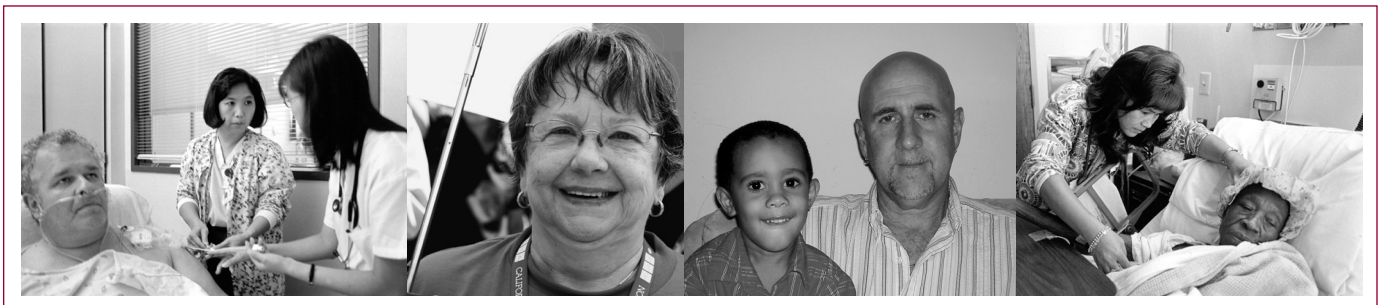
PROTECT SOCIAL SECURITY

Every few years, conservatives in Congress make a run at slashing Social Security benefits for one reason or other

First, as the fever pitch rises on general deficit issues, Social Security looks like a huge slice of the pie, and therefore worth gutting. Deficit hawks claim it is irresponsible to leave Social Security out of the deficit conversation basically just because it is really big, which is actually a very short-sighted, irresponsible way to look at Social Security.

What are the facts?

1. Social Security doesn't contribute to the deficit. It is by law self-financed and will never contribute to the deficit.
2. Even if you buy the idea that Social Security has a long-term financing problem, it's decades off. But really, if you assume that long-term economic growth is close to historic economic growth levels, there isn't a long-term financing crisis.
3. In the worst case scenario, if we never did anything to fix Social Security, and rather pessimistic long-term growth assumptions are true, the system will still be able to pay three-quarters of benefits when the trust fund runs out in 2037.
4. In the case of the president's Deficit Commission, the Paul Ryan plan, the Graham/Lee/Paul plan and others, they are actually saying we need to cut benefits MORE than one-quarter. That means they want to cut benefits by more than they would be cut if we did nothing. Essentially, they're saying that to avoid a potential benefit cut of one-quarter in the future, we have to accept benefit cuts by a third or more today.



What's really going on here?

If point four above seems ludicrous, that's because it is. Anti-government ideologues have been pointing to an imminent crisis in Social Security as a reason to scrap the program since its inception. Huge financial interests funded the work of the deficit commission because they want your Social Security money. The huge surpluses that grew as a result of the 1983 Greenspan Commission fix to Social Security have been propping up the budget and masking more massive deficits for decades now. In the near future, the Treasury will have to make good on the debt it owes the program. In order to avoid having to pay back what is owed to the system, some in Washington are trying to scare the public and tell them that the system is broken and they shouldn't expect a benefit. **The only way they win is if we believe them.**

Please call your senators and tell them to sign onto Senator Bernie Sanders' Social Security Protection Act (S. 582), which would require a supermajority to pass cuts to Social Security benefits.



AMERICAN HEALTH SECURITY ACT OF 2011

S. 915 | Senator Bernie Sanders, I-VT

HR. 1200 | Representative Jim McDermott, D-WA

Establishes a progressively financed, single-standard of high-quality healthcare for all

The American Health Security Act (AHSA) of 2011 provides every American with comprehensive, guaranteed healthcare by requiring each participating state to set up and administer a state single-payer health program. Private health insurance sold by for-profit companies could only exist to provide supplemental coverage.

Cornerstones of the AHSA of 2011

- Expanded Medicare for all, universal coverage with benefits emphasizing primary and preventive care, and free choice of providers. In-patient services, long-term care, a broad range of services for mental illness and substance abuse, and care coordination services will also be covered;
- Cost control and deficit reductions through fixed, annual, and global budgets, and large-scale bulk purchasing. Budget increases would be limited to the rate of growth of the gross domestic product;
- Public accountability and measures of quality based on outcomes data designed by providers and patients;
- Establishes Health Security Trust Fund and progressive financing based on appropriate payroll tax on employers, fair income-based tax for workers, surcharge on high-income individuals, current health program receipts, and securities transaction taxes.
- A new Office of Primary Care and Prevention Research will be created within the Office of the Director of the National Institutes of Health (NIH).



The program seeks to ensure medical decisions are made by patients and their healthcare providers, not insurance company executives acting on behalf of profit-driven interests.

AHSA of 2011 incorporates Medicare, Medicaid, the Children's Health Insurance Program, the Federal Employees Health Benefits Program, and TRICARE (the Department of Defense healthcare program), but maintains healthcare programs under the Veterans Affairs Administration.

The bill relieves businesses from the administrative burdens of providing healthcare coverage, putting all businesses on an even playing field in healthcare coverage. It increases the global competitiveness of American companies with every other industrialized nation that has been able to use the power of a public authority to provide universal healthcare.

Major sponsors include National Nurses United and the AFL-CIO.



NNU RNS ACROSS THE NATION TAKE UP THE FIGHT

S. 992 | Senator Barbara Boxer, D-CA

House Bill | Representative Jan Schakowsky, D-IL



Proposed RN Ratios

Critical Care	1:2
Neonatal Intensive Care	1:2
Emergency Critical Care/ Intensive Care	1:2
Operating Room plus at least one additional scrub assistant	1:1
Post-anesthesia	1:2
Labor and Delivery	1:2
Antepartum	1:3
Combined Labor, Delivery, & Postpartum	1:3
Well Baby Nursery & Postpartum (3 Couplets)	1:6
Intermediate Care Nursery	1:4
Pediatrics	1:3
Emergency Room	1:3
Trauma Emergency	1:1
Step Down	1:3
Telemetry	1:3
Medical/Surgical	1:4
Coronary Care	1:2
Acute Respiratory Care	1:2
Burn	1:2
Other Specialty Care Units	1:4
Psychiatric	1:4
Rehabilitation	1:5
Skilled Nursing	1:5

The NNU ratios campaign is committed to improving upon the standards won in California

Key Components

1. Patient advocate duty and right
2. Unit-specific RN-to-patient ratios for acute-care hospitals
 - RN-to-patient ratios for all shifts at all times without averaging
 - Prohibition on using mandatory overtime to meet ratio requirements
 - Restrictions on use of unlicensed assistive personnel
 - Patient classification system to determine additional staff, based on an acuity tool
 - Monetary fines for violations
 - If a state imposes more favorable ratios, this law shall not override the state law
 - These ratios shall be publicly posted
3. Whistleblower protections with substantive monetary fines and legal recourse for the nurse
4. Requires government agencies to study the importance of nurse staffing levels in retention and patient safety
5. Provides grants for nurse workforce development through proven mentorship programs

