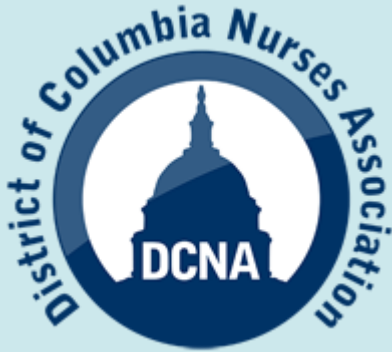


DCNA Together – Making a Difference in DC

February 2026



Contract Negotiations

George Washington University Hospital

DCNA/GWUH nurses from ER, ICU, L&D, and PAT attended bargaining sessions on February 24th and 25th to prepare and present proposals and negotiate with management. During bargaining, DCNA and GWU ICU nurse Libby Deal explained the need for more consistent rounding of security throughout the hospital, proposing that an officer be assigned to each floor for continual rounding so staff would feel safer knowing security is close-by and can respond faster than coming from ED. ***UHS Corporate Representative Windy Reyes responded that “patients would be happier if nurses responded to your call lights quicker and not congregate around the nursing station”***

DCNA’s proposal included: 1. Installation of screening equipment to detect concealed weapons at all entrances; 2. Health and Safety committee which will include Union Nurses as members. These meetings will be scheduled with management to address health and safety concerns and issues; 3. Require security staff to increase rounding on each floor for immediate availability when needed; and 4. Health and safety hands-on education when needed. *The employer showed more interest in their HCAP scores than installing screening equipment or addressing other staff safety concerns.*

Safe Harbor - DCNA proposal. Safe Harbor is a method that provides protection when an RN is given an unsafe patient assignment. A nurse can fill out a Safe Harbor Documentation Form (similar to an ADO - assignment despite objection form), which protects one’s license and protects the RN from disciplinary action. DCNA proposes that Safe Harbor paperwork be sent to both the Union and management to ensure proper follow-up and resolution of current safety issues occurs.

Technology and Artificial Intelligence – DCNA Proposal. Nurses and nurse-led decision making should not be replaced by Artificial Intelligence (AI); and UHS must notify the Union prior to implementation of new technology that includes AI.

Dues and Fees - Union dues are the lifeblood of any union. Unions cannot operate without dues. DCNA proposes that member dues be deducted from the paycheck just like every nurse union contract. DCNA member dues are currently \$30.16 per pay period (nurses will not pay any dues until there is a contract in place).

Union Representatives and Stewards - DCNA proposal. Paid time for Union officers/representatives and members for grievance meetings, investigatory meetings, and disciplinary meetings

The next bargaining sessions are scheduled for March 10th and 11th, April 14th and 15th, May 20th and 21st, and June 16th and 17th.

Children’s Hospital

On February 23rd, the parties executed agreement on the groundrules for negotiations. DCNA and Children’s will commence negotiations on March 24th and have agreed to nine additional sessions through mid-June. The current agreement expires on June 30, 2026.

DCNA Files Impasse on Compensation Negotiations with the Dept. of Behavioral Health

On March 4th, DCNA filed automatic impasse with the DC Public Employee Relations Board (PERB). The petition asserts that, pursuant to DC law, automatic impasse in contract negotiations may be declared if no agreement is reached in negotiations after 180 days. DCNA and the Department of Behavioral Health agreed on groundrules for compensation negotiations. Despite numerous requests to meet and negotiate over proposals initially submitted by DCNA in May 2025, the DBH has repeatedly refused to bargain. The notice of impasse, if granted by the DC PERB, will result in the appointment of a mediator to assist the parties in reaching an agreement. Absent agreement through this assistance, an arbitrator will preside over a hearing to issue a binding award on all compensation issues.

Nurses at Columbia Heights Clinic (Children’s Hospital) Join DCNA

Nurses at the Columbia Heights Clinic (Children’s Hospital) recently signed union authorization cards and the Employer agreed to a card check to determine whether a majority of the nurses desired DCNA representation. On February 24th, Arbitrator Joshua Javits found that DCNA obtained authorization cards signed by a majority of the Unit Employees. Negotiations will commence in the very near future.

DCNA Files Petition to Represent DC Schools' Nurses

On March 4th, after months of unsuccessful discussions with District officials to insure representation of the DC Schools' nurses, DCNA filed a formal petition to include school nurses in the DC Government wide bargaining unit, known as Compensation Unit 13. The petition asserts that because DCNA is certified as the exclusive bargaining representative of all non-supervisory nurses employed by the District Government, school nurses, now employed by the Department of Health, must be included in the bargaining unit represented by DCNA. The District has claimed, without credibility, that all school nurses are supervisors. DCNA remains committed to representation of all nurses in the DC Government.

DCNA Files Representation Election for Nurses at the Anacostia Clinic (Children's Hospital)

On March 4th, DCNA filed a representation petition seeking an election for five RNs working at the Anacostia Clinic (Children's Hospital). DCNA intends to negotiate with Children's Hospital a similar authorization card check agreement for recognition. Such an agreement will allow DCNA representation of these nurses in a more expedited manner. We expect these nurses to soon become part of the DCNA family.

DCNA Nurses Testify on Operations at St. Elizabeths Hospital



On Thursday, January 22, 2026, 30 dedicated nurses and hospital workers took time out of their day off to gather at The John Wilson Building, passionately voicing their concerns to the Committee on Health. Under the leadership of Council Member Henderson, who has tirelessly advocated for our enduring issues, we courageously brought the SEH management to account. With Council Members Zachary Parker, Crawford, and Charles Allen voicing an unnerving concern with us, we highlighted the substandard hospital conditions, neglected facilities, and unsafe staffing levels due to the growing forensic population. Council Member Henderson captured the situation poignantly, describing it as a jail with a medical clinic

attached. Our concerns were so profound they made their way into the pages of the Washington Post, where President Nancy Boyd boldly expressed, "We have no faith in the leadership or what they can do to make this a safe and operational facility to function at its optimal capacity!"

Upcoming Events

DCNA Board of Directors' Meeting, Tuesday, March 17, 2026, 5:30pm, in-person, 1220 12th Street, SE, Suite G10, Washington, DC 20003. This meeting is open to all members. Should you wish to join the meeting, please contact Ms. Vickie Spence (vspence@dcna.org), no later than March 10th to confirm attendance.

DCNA Labor Relations Training, Wednesday, April 22nd, 1:00 – 5:00 pm, 1220 12th Street, SE, Suite G10, Washington, DC 20003. Seats are limited; register via email to esmith@dcna.org, no later than April 1st.

Please visit DCNA on our website at www.dcna.org or on Facebook at www.facebook.com/DCNursesAssociation.

For Assignment Despite Objection and Grievance forms, visit www.dcna.org.

DCNA is located at 1220 12th Street, SE, Suite G10, Washington, DC 20003. Telephone – (202) 244-2705