On April 9, the CMH bargaining team met with ONA bargaining team to present their opening economic proposal. It included a 1.5 percent cost of living increase each year for 2019, 2020, and 2021. Inflation is projected to be larger than 1.5 percent, this proposal could effectively end up being a wage freeze or wage cut.

Just like our 2016 negotiations, management is again trying to divide older and younger nurses by offering a 3.5 percent wage increase in 2019 only for steps one through ten, but not for the rest of our nurses. Our bargaining team has already stated to management that not only will we be seeking equal pay increases across the board for all steps, but we intend to add three new steps at 17, 22, and 30 to make up for those at higher steps not getting as large of raises in previous negotiations. We don't leave members behind, we bargain for all nurses.

Our ONA bargaining team asked management to explain how they can operate with a 10 percent profit margin at a non-profit hospital, while compensating our nurses below market levels, increasing workload, and cutting scheduled hours in some departments. Management said they will speak at an upcoming bargaining session about the financial picture and budgetary decisions of the hospital.

Management claimed that the wage levels they were offering put us very close to Mid Columbia Medical Center (MCMC) in The Dalles, which is a very similarly sized hospital. The primary issue with comparisons to MCMC is that hospital recently was in a dire financial position and had to run wage freezes and made other cuts to retirement and paid time off (PTO). This occurred at the same time as CMH experienced 7 percent and 10 percent operating margins. While our hospital is operating incredibly successfully, they asked us to consider wage levels similar to a hospital that may have been at risk of closing its doors.

Management also compared us to Ocean Beach, Providence Seaside Hospital, and Longview saying that our direct geographic area is the most important comparison, despite not all those locations being hospitals of our size/scope. We provided management data on where we stood for each step across all ONA hospitals in the state of Oregon between 100 and 200 nurses. On that chart, we were with the five lowest paid hospitals directly above locations in far eastern Oregon with much lower costs of living. Even with the comparison to MCMC in The Dalles, the median home value there is $175,500, while Astoria is $234,400*. With housing as expensive as it is in Astoria, nurses need serious wage increases to keep up with those costs.

Overall, we know that our nurses are the core source of our hospital operating at a 10 percent margin. The work that we do rushed, overworked, missed breaks and still provide the high quality care that our patients receive is the reason our hospital is so financially successful. Our work brings in that revenue, and yet the hospital offers us raises that may or may not even keep up with inflation.

Progress on Non-Economic Proposals

Our ONA bargaining team noticed a very sharp change in tone and direction from management when it came to non-economic proposals. We knew that standing together was starting to have an impact on negotiations. Now it’s clear, that packing the bargaining room, wearing buttons, stickers, wearing black on bargaining days, putting up signs in local businesses and filling the parking lot with cars with supportive signs, has caused management to take these negotiations much more seriously.

As a result on May 9, we received counter proposals from management on nearly all articles, and were able to reach Tentative Agreements on six articles detailed below.

We haven’t reached agreement on many other articles, but made progress. One highlight was management finally made some movement to improve:

♦ Tuition reimbursement program, to better support education for nurses. The amount they offered is still quite small compared to what we’re asking for, but we’re getting closer.

♦ They offered to increase the charge nurse differential from $1.25 to $1.50 and increase cell phone reimbursement for Hospice nurses from $15 to $30.

♦ We asked that nurses be eligible for health insurance upon hire, rather than waiting 90 days, and management has now offered to start at 30 days.

♦ They backed off of two concessions they had proposed; no longer do they want the right to fire nurses after they transfer between units without just cause and they’re no longer asking to get rid of protections for free physicals.

Please click here to read our full summary of the status of all proposals from management and ONA.

Our First Tentative Agreements!

What is a TA?

A Tentative Agreement (TA) over a single article of the contract is an area where both negotiation teams tentatively have decided they can agree to specific changes on that particular article. However, those changes are not final until we’ve reached TAs on all articles requested, and then take the full list of TAs for all CMH ONA members to review and vote if we want to ratify as a complete new agreement.

We successfully reached Tentative Agreements (TAs) on six articles involving smaller non-economic items which is typical for this stage of negotiations. These TAs are a good indicator that negotiations are moving forward and management is starting to respond to nurses standing together for a fair contract!

Please review and let us know if you have questions about the summary of our recent TAs on page 3.

continued on page 3
Our First Tentative Agreements

(Continued from page 2)

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<th>Articles</th>
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| ARTICLE 1. RECOGNITION AND MEMBERSHIP | -Old contract said hospital would give union orientation packet, ONA will now be listed as providing that and timeslot guaranteed at hospital wide orientation.  
-Monthly lists of nurses provided to ONA will now be guaranteed to include addition information like shift (day/night/evening/variable) |
| ARTICLE 2. NON-DISCRIMINATION | -Protected categories for our non-discrimination article will now include veterans status, gender identity, and gender expression to match federal and state law.  
This is an important expansion for people of all gender identities to not experience discrimination in their workplace. |
| ARTICLE 10. SENIORITY | -Seniority can now be retained if someone leaves and returns to the hospital within twelve months, rather than just six months. |
| ARTICLE 13. LEAVE OF ABSENCE | -When a nurse takes a FMLA leave they are required to use up earned leave, but now they can save 160 hours rather than 120 hours.  
-Update of a policy reference number. |
| ARTICLE 16. GRIEVANCE PROCEDURE | -If someone has been fired and would like to file a grievance they will now be allowed to take it directly to a Step 2 grievance removing 42 days of the process, so that nurses can get a faster resolution.  
-The Chief Nursing Executive will now be involved with Step 2 grievances instead of just HR, and the Chief Operating Officer will now be involved with Step 3 grievances instead of the CEO.  
HR can be involved at any step. |
| ARTICLE 28. IRS SECTION 125 PLAN | -Update contract to the current practice of allowing some nurses (depending on the benefit) to enroll before 90 days. |

CMH nurses gathered at a variety of events May 6—11 to celebrate Nurses Week. Spending time getting to know people from other units has been key to building solidarity across our hospital so we are ready to have each others backs and win a strong contract!

How Can Every Nurse Do Their Part to Win a Strong Contract?

1) Continue to wear buttons and stickers every day.

2) Pack the bargaining room and wear black on bargaining days.

3) Put a sign in your car window and ask local business to put up signs of support as well. Get a sign from your contract action team (CAT) representative.

4) Sign the banners going around your department. Having signatures from every nurse to show support is key!

5) Pose for a picture holding a white board with a message of what is important to you! Send those pictures in as we are collecting them from all nurses for our PR efforts.

6) Talk to your coworkers about how we need every single nurse to take part to win a strong contract. Be sure to learn about what is important to them and share what is important to you. Discussions are key to supporting and standing behind each other to build a strong workplace!
Don’t Miss Important ONA Emails

ONA wants to make sure all members receive timely communications, ensuring you have the most up-to-date information on your contract, bargaining issues, upcoming votes, nursing research, practice issues and workplace policies. If you are not receiving ONA emails, we can help.

First, check to make sure ONA emails are not being filtered into a junk, spam or clutter folder. Many email providers, like Comcast, Yahoo and Gmail, have built in Spam/Junk filters or blockers. The filters are intended to prevent you from getting junk mail or spam, but can unintentionally block emails you want to receive. If ONA emails are in one of these folders, flag them as “not junk” and add News@OregonRN.org to your safe sender list.

If there are no ONA emails in those folders and you still aren’t receiving ONA emails, there are various causes listed to the right.

You can fix most problems by simply emailing ONA at News@OregonRN.org with your name, personal email address and the name of the facility you work at in the body of the email.

We will update our records to ensure you don’t miss future ONA emails.

Common Reasons for Not Receiving ONA Emails

1. **Spam/Junk Filters**: Emails from ONA are being flagged as junk or spam by your email service provider.

2. **No Email**: ONA does not have an email on file for you.

3. **Bad Email**: ONA has an incorrect or outdated email on file.

4. **Blocked**: Due to several failed delivery attempts, our system has stopped attempting to send emails to your email address.

5. **Opted Out**: You have opted out of receiving emails.

6. **Work Email Filters**: Some health care systems filter out ONA emails so nurses don’t receive ONA-related emails. This is why we encourage nurses to use their personal email addresses instead of work emails.

Fixing Problems to Receive ONA Emails

1. **Check your junk/spam/clutter folder for ONA emails**: Flag ONA emails as “not junk/spam” and add News@OregonRN.org to your safe sender list.

2. **Email ONA**: To fix reasons 2-6, simply email ONA at News@OregonRN.org, and include your name, personal email and facility you work at in the body of the email.