In our [bargaining update last week](#), we promised to give a further update about the progress of bargaining to date. Last week’s ice storm delayed us a bit. It also put us in mind that we formed a union for the precise reason that we want to be able to proactively address situations like the ones we faced last week – a Legacy system-level senior leadership who, despite best intentions, was not prepared for the emergency; nurses trapped at home having to use APL just to maintain their wages; nurses who were able to come into work faced with overwhelming patient loads; and no incentive pay for the heroic work we did. The hospital expects us to go above and beyond to provide the best patient care we can in extraordinary circumstances, while treating us poorly in ordinary times.

We formed a union so that we can sit at a table with Legacy leadership as equals and have them listen to our ideas on how to address issues like the ones we faced this past week. We believe that the nurses who are on the front lines of triaging and treating patients in emergencies like this have ideas about how it can be done better. When bargaining works best, this is what it is all about – workers having a voice in their workplace and a say in how patient care and nurse working conditions can be improved.

Although bargaining is still in early days, there are signs that our negotiations with Legacy will not be bargaining at its best. At our second session in December, we proposed to their team a Letter of Agreement that would address their non-negotiated increase to our health insurance costs. We proposed the easy solution of splitting the cost of increased premiums and deductibles with each nurse enrolled in the plan. Our estimate of the cost to the hospital of our proposal was roughly $25,000. They have not responded to this proposal, telling us they are still looking into it.

More ominous was their decision to surprise us with a “comprehensive” counter proposal that was little more than the contract the nurses have now at the Silverton hospital. In doing so, they completely ignored the proposals we had made up to that point. While our proposals to that point were not the most consequential proposals we will make, they were crafted and presented with care. By ignoring our proposals when giving us a counter proposal, they were sending us the message that they will continue to disrespect our work, our voice, and our union.

Their proposal was largely just a statement that they will follow current Legacy policies. Except, they don’t want nurses to be able to grieve when they don’t follow policy, which undercuts their commitment somewhat. Maybe, we could, sometimes grieve, they allowed, but could not say when those times might be. They also could not say what current practices in the hospital their proposal would change, if any. From this, we heard that their proposal was not about finding ways to make patient care and working conditions better.

Over the course of the next several months, we will be introducing proposals that reflect the thousands of conversations we have had, the bargaining survey you filled out, and our ongoing dialogue. We will continue to work to improve Legacy Mount Hood. We hope the Legacy team with begin to engage with us in these ideas, because we truly believe the best workplaces are those in which senior leadership and employees all share a vision for success.

You can join us at our [next bargaining session this Thursday, January 25, at 3 p.m. in the Cascade Rooms](#). Our ground rules specifically allow for 25 nurses at a time to observe bargaining. We’d be thrilled if you would join us and offer your support.

In solidarity,
Your Bargaining Team