MCMC Asks for Mediation

Mid-Columbia Medical Center (MCMC) did not respond to our packaged proposal and has asked for federal mediation.

After some encouraging movement at our last session on Aug. 25, our ONA/MCMC Bargaining Team came to the session on Sept. 15 with a package proposal that made some significant concessions — while holding the line on our top priorities — in order to reach a deal with MCMC. During the session, there was robust discussion about self-scheduling, vacation requests, and how positions are awarded, and both sides seemed to make ground on understanding each other’s interests. But two hours later, rather than bring a counter-proposal, MCMC told our bargaining team that they were too far apart and that they were moving these negotiations into mediation. We still hope we are close to reaching a deal with MCMC. This was disappointing, but does not change our course. We still want:

- Better staffing
- Uninterrupted breaks
- More control over our schedule
- Better PTO accrual
- Ability to take vacations
- Fewer varied shifts
- Better night shift differentials
- Across the board raises that reflect the rising cost of living AND recognizes our incredible sacrifices for MCMC

Union nurses win strong contracts when we apply enough pressure to move our employers, and that often requires an escalating series of actions. We saw progress in the big moves that MCMC made after our rally on Aug. 19, but we may need to do more to win.

MCMC ALL NURSE MEETING!

It’s time for all of us nurses at MCMC to come together again and make decisions about where things stand and what escalating actions we are willing to take. We have many options of escalating actions including picketing, petitioning, or even making a commitment to go on strike (see strike Q&A on pages 2-3).

Please plan to attend one of the two available times:

Wednesday, Sept. 22 at 8 p.m.
https://aft.zoom.us/j/7986480989?pwd=enNheVdiQ21kd2hQek9UV0lRZG
Uzdz09

Thursday, Sept. 23 at 4 p.m.
https://aft.zoom.us/j/7986480989?pwd=enNheVdiQ21kd2hQek9UV0lRZG
Uzdz09

Password for both meetings: UnionRNs

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WHERE THINGS STAND

Things we’ve won so far include:

- New step increase at 34 years
- $7 differential for OR and PACU (currently $5.75)
- BSN/MSN differential increase to $2 in 2022 (currently $1)
- $15 premium for all extra shifts (currently any extra shifts picked up after schedule is posted is only $8)
- Minimum two-hour pay for mandatory education, training, and staff meetings
- Vacancies and new positions will be posted for 12 days (currently 10)

- Guaranteed paid education leave hours to individual nurses: 12 hours per year for full-time and part-time core; eight hours for part-time, non-core (currently one bucket of 1,600 hours for everyone)
- Patient Nurse Navigators will be covered under the contract (though we still need to clarify a few details on this)
- Any nurse who accrues PTO can cash out when they leave (currently restricted to non-probationary, full-time nurses)
- EIH can be used for quarantine
- New tier of EIH accrual for nurses after 30 years

See page 3 for a side-by-side comparison of everything that’s outstanding in our packaged proposals at this time.

WHAT IS MEDIATION?

Mediation is a process that can be called for by either side. A mediator is a neutral third party assigned by Federal Mediation and Conciliation Service to facilitate negotiations and ostensibly improve the bargaining process, and may or may not lead to an agreement. During mediation the parties may still meet together at times, other times the mediator will bring offers back and forth between the parties. The mediator’s motivation is to reach a deal as fast as possible regardless of the issues and will not in itself help us to win a great contract. It’s still up to us to put pressure on MCMC. It may take a few weeks to be assigned a mediator and schedule sessions with them.

Strike Q&A

WHAT’S A STRIKE?

A withholding of our labor to pressure our employer into a fair contract agreement.

WHEN WILL IT HAPPEN?

There are no plans to strike as of right now. The first thing we would have to do is vote, and it would require an overwhelming majority of nurses vote in favor. Such a vote would give our bargaining team the power to call for and schedule a strike if needed. They’ll pick the most strategic date(s) based on input from the membership and the bargaining calendar.

Additionally, there will be at least a five-day notice to nurses before a strike vote. After the vote, we are required by law to give the hospital a 10-day notice of a scheduled strike.

DO STRIKES WORK?

They aren’t a silver bullet, but past nurse and teacher strikes show us striking is one way to improve our working conditions together and encourage the employer to reach a fair contract.

WHAT’S THE DOWNSIDE?

It’s also a huge risk. We need to consider our standing in the community, our patients, and our income. It would mean that over 90% of the nurses are ready to commit to each other are willing to take that risk. We would have to stay totally united.

Continued on page 4
<table>
<thead>
<tr>
<th><strong>ONA’S PACKAGE ON SEPT. 15</strong></th>
<th><strong>MCMC’S PACKAGE ON AUG. 25</strong></th>
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<tbody>
<tr>
<td>Staffing plans must maintain levels that allow for meals and breaks.</td>
<td><strong>MCMC has not agreed to this.</strong></td>
</tr>
<tr>
<td>In the interests of reaching a deal, our bargaining team moved from proposing dedicated break relief nurses to accept MCMC’s language, contingent on the language above that staffing plans must maintain levels that allow for meals and breaks.</td>
<td>MCMC and nurses will collaborate to create a workflow for meals and breaks on each unit.</td>
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<td>Across the board pay increases of 4.5% this year, 4.25% in 2022, and 4.25% in 2023.</td>
<td>2.25% this year; 2% in 2022, and 2% in 2023.</td>
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<td>OR/PACU nurses should accrue PTO/EIH from on-call hours.</td>
<td><strong>MCMC has not agreed to this.</strong></td>
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<td>Extended hours for night shift differentials to 7 p.m. to 7 a.m. (currently 11 p.m. to 7 a.m.).</td>
<td><strong>MCMC agreed to extend night shift but taking away evening shift differentials altogether which would be a major hit for day shift nurses.</strong></td>
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<td>Each department can vote to self-schedule and will collaborate with their manager to draft their own methods. The final version will be approved by a majority vote of the nurses in that department.</td>
<td>Nurses record preferences in their electronic time-card system, then nurses and management to collaborate to develop self-scheduling guidelines that can be supported by the electronic time-card system.</td>
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<td>Add Christmas Eve to list of recognized holidays.</td>
<td><strong>MCMC has not agreed to add Christmas Eve, but offered Juneteenth instead.</strong></td>
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<td>Meetings, trainings, and orientations should be included in the posted schedule.</td>
<td><strong>MCMC has not agreed to this.</strong></td>
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<td>One break can be combined with lunch.</td>
<td><strong>MCMC has not agreed to this.</strong></td>
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<td>Reduction of variable nurses to no more than 15% (currently 35%) in a single unit by June 2022.</td>
<td>Went down to 25% for variable, however IF a job is posted for more than 30 days it will be posted variable and not be included in 25% calculation.</td>
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<td>Additional tier of PTO accrual for nurses with 20+ years at MCMC, compromised by leaving the same max as previous tier.</td>
<td><strong>MCMC has not agreed to this.</strong></td>
</tr>
<tr>
<td>Hospital will make a good faith effort to approve PTO requests, if denied must provide reasons in writing.</td>
<td>This was a new proposal and <strong>MCMC did not respond to our package.</strong></td>
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<tr>
<td>Our bargaining team has continually rejected this.</td>
<td>Nurses may be placed on late start and directed to report four hours after the start of their shift, in which case they will be paid straight-time for the remainder of their regularly-scheduled shift. If the nurse is placed on standby then they are eligible for call-back pay if called in prior to the time designated for the late start.</td>
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<tr>
<td>In an effort to work with MCMC, our team counter-proposed that nurses can cash out once quarterly so they don't lose hard earned PTO.</td>
<td><strong>PTO can only be cashed out once annually in December (for tax liability purposes).</strong></td>
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WHAT WILL HAPPEN TO MY PATIENTS?
As stated above, we are required by law to give MCMC a notice of 10 days minimum to strike. This would give MCMC time to make contingency plans to keep patients safe.

CAN MCMC OR THE OREGON STATE BOARD OF NURSING DISCIPLINE ME FOR GOING ON STRIKE?
Absolutely not. Your right to strike is protected by federal law under the National Labor Relations Act. Nurses across the country strike every year to protect their patients and profession. Nurses cannot be charged with patient abandonment for going on strike.

WHAT DOES A SUCCESSFUL STRIKE LOOK LIKE?
Strikes work when we stand together. We need almost every nurse withholding their labor for the duration of the strike.

HOW LONG IS A STRIKE?
Your bargaining team will determine the length of a strike based on input from the membership and so that it places maximum pressure on MCMC.

IS THERE A STRIKE FUND? HOW WOULD I ACCESS IT?
Yes, there is some money set aside at ONA and at our national affiliate. It will not replace a regular paycheck but can help those who need it most so that a strike is not catastrophic for anyone. If a strike is approved by the membership, your team will authorize a strike that minimizes the impact on nurses. Requests for strike fund money will be evaluated by our executive committee and approved according to needs.

WILL MY PTO STILL ACCRUE?
No. When you are on strike, you are not working so any benefits associated with working don’t apply.

WHO WILL VOTE ON WHETHER OR NOT TO AUTHORIZE A STRIKE?
WE are making this decision as a group, every ONA/MCMC nurse member will have a right to vote on strike authorization.

HOW MUCH SUPPORT DO WE NEED TO PASS THE VOTE?
A strike may be authorized by a majority vote of the membership. However, in order to maximize the leverage of a strike and win at the table the things we need to address patient care concerns, we would want a large majority of nurses committed to walk out on strike and honor the picket line. That means we want an equally large majority to vote to authorize the bargaining team to call a strike.

I LIVE PAYCHECK TO PAYCHECK. WHAT HAPPENS IF I CAN’T AFFORD TO STRIKE?
Many people live paycheck to paycheck and going without pay is not something many people can do. If you are concerned about the financial impacts, we encourage you to pick up extra shifts now if you can.

WHAT IF I’M OUT ON FMLA OR DISABILITY OR WORKER’S COMP AT THAT TIME?
Nothing changes for you during that time because you are not working anyway.

WHAT IS A LOCKOUT?
A lockout is when a strike has officially ended but management continues to use replacements through the end of their contracts instead of calling everyone back to work right away. This is a part of the risk that nurses take by making this decision.

HOW DO I GET RECALLED BACK TO WORK?
We would negotiate a return to work. Typically, it is based on census, seniority order and unit.