Jan. 13, 2021

We began bargaining with our employer on Wednesday, Jan. 13. We are led by a strong cadre of officers and stewards, who are committed to representing our entire bargaining unit of 384 members.

Our bargaining team (Curt Stupasky, Crow Bolt, and Candy Bigbee) and 34 stewards have spent the last year listening to our members. We heard loud and clear that a large majority of the membership wants to address wage parity with our regional comparators.

In November, 59 percent of our survey respondents reported an across the board wage increase as their number one bargaining priority. Furthermore, 85 percent of those surveyed ranked wages among their top three priorities. We rarely see this kind of unity on any issue!

Our conversations with nurses about wages focused on patient care concerns. We have too many position vacancies. Nurse turnover is too high. Many of our coworkers are leaving.

When we have too few nurses, patient care suffers. Vacant shifts mean not enough nurses to provide adequate care. High turnover means seasoned nurses are spending time precepting new hires instead of caring for patients. We need a stable base of experienced nurses to provide a continuity of high-level patient care.

Our nurses are not greedy, they realize they are well paid as compared to other workers. However, we are facing an extreme nurse shortage both nationally and regionally.

We need to recruit and retain experienced nurses here at McKenzie-Willamette Medical Center (MCW). Nursing administrators also recognize we are losing nurses to Sacred Heart and to other regional hospitals because of wages. Recently, both our chief nursing officer and the director of perioperative services have sought ways to retain experienced nurses.

We have a solution! Our wage scale at MCW should be the highest in our region. If we have a reputation as the best paid nurses, others will flock here. New grads will quickly learn the best paying jobs are at MCW. Those moving to our region will look here first. And seasoned nurses who are thinking about retiring are likely to extend their nursing career another few years.
Why Are We Asking For Higher Wages Now?

What are we hearing? In the last year, our conversations with nurses about wages focused on patient care concerns.

- The pandemic has exacerbated the existing nurse shortage. A high demand for travelers means they earn more money. Often, travelling nurses don’t even need to relocate, but can still commute to regional hospitals from their home!

- The employer can afford higher labor costs:
  - For seven consecutive years, McKenzie-Willamette has ranked as the most profitable major hospital in Oregon.
  - For at least two consecutive years, McKenzie-Willamette has produced more profit for Quorum Health Corporation (QHC) than any other hospital in the corporation.
  - QHC recently emerged from bankruptcy with a solid balance sheet. They wrote down one-half billion dollars in debt!

- Nursing administrators recognize we are falling behind our peers in our wages.

- With fewer position vacancies, lower turnover, and less precepting, nurses can spend more time on patient care.

- In our last contract, we agreed to 2.25% annual wage increases, but inflation was around 3%. Over the life of that contract, our purchasing power decreased by about 3%. For a Step 7 nurse that equals about $2,500 in lost annual wages.

- Regional prices continue to rise during the pandemic:
  - Zillow reports home prices have soared in Lane County by 10.7% in the last year, and they predict home prices will continue to rise in our county by another 10.6% in the next year. http://bit.ly/ZillowLaneCoHomes.
  - According to Redfin, the median sale price of a Lane County home was $352K last month, which is similar or higher than other non-metro housing markets. http://bit.ly/RedfinHousingMarket.
  - In the last twelve months, food prices jumped by 4.8% in the Western United States. And protein prices rose even faster at 7.4% (i.e., meats, poultry, fish and eggs). http://bit.ly/ConsumerPriceIndex.

Proposal Highlights

Wages and Differentials

On Jan. 13, we offered 39 proposals to improve our collective bargaining agreement (i.e., our contract) in 16 articles. The complete list can be found on our website here, or go to www.OregonRN.org/70. The redline version contains our actual proposed language changes here.

We proposed across the board wage increases, which will ensure that we are the highest paid nurses in our region at the end of our three-year contract.

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Proposal Highlights

We also proposed two additional steps at the top of our scale. Sacred Heart has three more steps than our wage scale.

Increase Existing Differentials

We reviewed contracts from our peers on our differentials. We propose to match or exceed current standards in our region:

- Increase current night shift differential from 15% to 20% to exceed Sacred Heart’s 18.3% differential.
- BSN to 3% and MSN to 4% from current 2% and 3% respectively
- Increase certification differential to $2.00 per hour (over the current $1.00 per hour).
- Increase the weekend differential to $3.00 per hour (compared to the $2.00 per hour among our comparators).
- Increase standby/on-call and add an additional tier as described in this table:

<table>
<thead>
<tr>
<th>Hours</th>
<th>Regular</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 48 hours</td>
<td>$7.50 (from current $5.00)</td>
<td>$10.00 (from current $7.50)</td>
</tr>
<tr>
<td>48 – 96 hours (current second tier is 64 hours and above)</td>
<td>$10.00 (from current $7.50)</td>
<td>$15.00 (from current $11.25)</td>
</tr>
<tr>
<td>Above 96 (new third tier)</td>
<td>$16.00 (currently $7.50 like above)</td>
<td>$24.00 (currently $11.25 like above)</td>
</tr>
</tbody>
</table>

It has been 14 years since the last three differentials (i.e., certification, weekend and standby/on-call) have changed.

New Differentials

Further, we propose to create new differentials, which don’t exist in our region. We propose a 5 percent differential for nurses with bilingual skills. Nurses can demonstrate their competency by testing or completing secondary education in a country whose native tongue is a foreign language.

We also propose a community crisis incentive of $2.00 per hour to incentivize nurses who prioritize community health needs over their familial responsibilities during a state of emergency declared by the Hospital, county, state, or federal government.

We propose adding Christmas Eve as a seventh paid holiday.

Additional High-Priority Noneconomic Proposals

We also proposed additional noneconomic items that are a high priority for nurses:

- Part-Time positions. We propose a minimum number of positions with less than 32 hours per week in larger departments.
- Low Census Cap/Guaranteed minimum of 75%. Nurses’ shifts cannot be cancelled below 75% of their FTE in any pay period.
- Pandemic Sick Leave. We propose improving our side letter so that pandemic sick leave can be used anytime a nurse is quarantined by the employer or their provider. Currently, only those who test positive may use the pandemic sick leave. That is, those who currently test negative but are symptomatic and quarantined cannot access the pandemic sick leave bank.
- Shared governance. Empower both the Staffing Committee and the UPC via improved democracy and transparency.

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Men’s Facial Hair

The employer has posted notices about male facial hair during the pandemic. Our understanding of the PPE Committee’s recommendation is that the facial hair restriction specifically applies to mask function, so the area that is to be clean-shaven is the sealing surface of the mask. N95’s and CAPR’s are not an option for a full beard but work perfectly fine for many facial hair configurations. Here is a link to a CDC infographic on facial hair and filtering facepiece respirators.


We are sympathetic to concerns raised to us, because some nurses have had their beards for many years. Some may have to shave it down to properly wear an N95 or CAPR.

Several CAPR’s work with facial hair. Unfortunately, some of these are out of stock for the next three months and cost more than a thousand dollars. Recent guidance from the PPE Committee indicate they are willing to allow elastomer half-face respirators (like EMS has been using for the last year) with a fit test.

Before shaving down or getting fitted for a new mask, we suggest talking to your manager and your ONA steward. If a manager approaches you to talk about male facial hair and begins to ask questions that you believe might lead to discipline, our advice is to assert your Weingarten rights. We regularly remind you of your Weingarten rights as a union member. The employer is required to arrange a meeting with a steward present for conversation where you are asked questions that may lead to discipline.

The employer has an existing policy on body presentation (i.e., hair, piercing and tattoos) and cannot change it indiscriminately. They must inform ONA whenever policy changes affect our working conditions. Then, we can bargain the effects. If we discover they changed a policy without informing us, we can ask for an opportunity to bargain over it.

A BIG SHOUT TO ALL OF THE 23 NURSES WHO ATTENDED OUR ZOOM BARGAINING.

We appreciate your time to show your solidarity with our negotiators. Of the 23, we had representatives from eight departments. Nine Women’s Health Birth & Child Center nurses Zoomed in!

The single best way to participate in ONA is to show up for bargaining, even for a few minutes.