Welcome Your New Executive Committee Members!

Our newly elected executive committee met with all seven members in attendance. They elected Clarissa Varihue (Critical Care Unit) as Chair, pictured here on the left, and Jeff Crow Bolt (ED) as Secretary-Treasurer. They set a 2023 monthly meeting schedule for the second Wednesday of each month to prepare for bargaining.

Call for Additional At-Large Bargaining Team Members!

Our Executive Committee wants to expand our bargaining team by including up to two at-large bargaining team members. According to our bylaws, the executive committee may appoint up to two additional positions.

Our team decided to open up self-nominations to any ONA dues-paying member of our bargaining unit. They note that we have no representatives from Women’s Health, Birth, and Children’s Center, Medical Care Unit, or Surgical Care Unit. Also, none of the seven are per diem nurses.

They encourage nurses from those units and per diem nurses to apply.

To apply, please email Aguiar@OregonRN.org by Friday, August 18 at 9:00 a.m. with the following:

► A description of your previous ONA or other union activities.

► An explanation of why you want to serve on our bargaining team.
REMEMBER WHEN?
Flashback to 2016/2017 Negotiations

In our 2016/2017 bargaining round, we negotiated these changes to our contract:

**STAFFING**
- Clearly defined meal break as time uninterrupted by ANY work.
- Nurses can only be required to float once per shift.
- When floated, modified team defined as fewer and/or lower acuity patients.
- Hospital can reorganize a unit every 18 months, instead of previous 12 months.
- Twelve-hour shifts can take a meal before the 7th hour instead of 6th hour.
- Education leave: broader definition of experiences, 3,240 hours (instead of 300 days), total of $30,000 (instead of $26,000).

**SCHEDULING/POSTING**
- Full-time nurses can recruit resource nurses to take a shift, once the resource nurse has met their obligations and there are no holes in schedules.
- Resource nurses must sign up for five credits every month.
- Newly posted positions are not to be scheduled more than four consecutive days for 10 hour shifts, nor three consecutive days for 12 hour shifts.
- Newly hired nurses cannot transfer positions for six months.

**DISCIPLINE**
- When managers investigate possible discipline or actually discipline/coach, it must occur in face-to-face meetings (managers cannot use social media in place of such meetings).

**PTO**
- On earned leave request: if there is no response with ten days, a nurse may use a new expedited grievance process to get a response.
- Additional vacation days added after 15 years of service.

**WAGES**
- All differentials based on position wage scale (either 8/10 hour or 12 hour shifts).
- Advanced education differential 2% BSN, 3% MSN (instead of annual lump sum payout).
- Preceptor pay 4.5% (instead of previous $1.35/hour).
- Wages: 2.25% increase after ratification and 2.25% increase in January of each successive year, until the contract expired in 9/1/2020.

Continue to the next page to see photos from 2016-2017 negotiations.
Photos from 2016/2017 Bargaining Round
Important Roles of Bargaining Team & CAT in 2016 & 2017

In 2016 and 2017, the contractual changes described on page 2 were accomplished by our bargaining team of Angie Kimani (WHBCC), Dana Pauls (ICU), Helen Collett (ED), and Kate Morris (SCU). They were supported by eighteen Contract Action Team (CAT) members led by Leslie Palstring. These CATs came from every department in the hospital and included: Andra Smith, Crow Bolt, Crystal Hubbard, Curt Stupasky, Daysha Mitchell, Dianna McMahon, Janet Palo, Janet Strand, Joe Walch, Kristin High, Lainey Rasmussen, Leah Emmett, Phil Johnson, Rachel Leonhardt, Rauchel Lyons, Tammy Craig, and Teresa Brown.

We began negotiations with the employer on October 20, 2016, and reached a final agreement on February 17, 2017. Seventy-nine nurses, 26% of our bargaining unit, attended at least one bargaining session (in person!). Coupled with selfies displaying messages of support, which we posted on the bargaining room walls, the in-person participation moved the employer on many of our issues.

We announced ratification on March 14, 2017, with 108 votes cast. Ninety-seven nurses voted to ratify our contract (89.8%). Turnout was 34.4%.

Our four bargaining team members put in 372 total hours in 13 preparatory meetings and ten bargaining sessions. They each received a stipend of $600. Forty-eight nurses donated a total of 197 PTO hours, which were divided among the team. These considerations did not make them whole; they volunteered the remaining hours.

Our bargaining team and most of our CATs were trained by Sarah Laslett from the Labor Education and Research Center (LERC) of the University of Oregon on August 20, and October 8, 2016. Her curriculum taught us how to assemble a campaign to build power, with a focus on one-on-one conversations by CATs. These interactions are designed to concentrate on listening and educating. CATs try to understand which issues would drive people to participate in job actions.

Our pre-bargaining survey closed on October 6, 2016, with 58% of nurses submitting a response. The department with the highest response rate was our Short Stay Unit at 77% followed by WHBCC with 62%.

Staffing/workload issues dominated the responses we received on the survey. The number one job dissatisfier was nurse staffing where 75% of respondents agreed. Two thirds (67%) of respondents reported that (1) there were too few RNs on staff to allow them to provide quality patient care and (2) inadequate support services did not allow them to spend time with their patients. A majority of respondents (57%) said the pace and intensity of patient care/load is the lead factor affecting whether they would stay or leave MWMC.
Bargaining Primer - Part One

Our current contract expires on June 1, 2024. We plan to begin negotiations early next year. This newsletter features the first in a series of articles to prime us for that experience.

Negotiating a labor contract is a complex and often messy process. Initially, each side prepares and presents bargaining proposals to change the language of our existing contract. Thus, it is often called “bargaining a successor agreement” as compared to the situation where newly represented employees bargain a first contract.

Many people suggest bargaining a labor contract is similar to buying a house or a car. The seller sets their price high, and the potential buyer lowballs their initial offer. With the sale of a single asset, the marketplace is full of potential buyers and many commodities are available for sale.

In a labor contract, we are a monopoly, the sole provider, or seller of nurse labor. And, the employer holds a monopsony position, they are the sole purchaser of our nurse labor skills. Economists characterize this relationship as “imperfect market conditions,” where normal pricing pressures are absent.

Moreover, we also negotiate a myriad of non-economic working conditions, like scheduling, hiring, and PTO. Perhaps, a better analogy is a marriage, where the two parties are wedded together. We have had a labor contract with McKenzie-Willamette Medical Center for many years.

Alternately, our contracts could be conceptualized as a series of temporary compromises. Every time we bargain, each side gets some—but not all—of what it wants.

A second misconception that many people bring is that the work is only done at the negotiation table. Our bargaining team does hard work at the table but spends more hours outside the negotiating room before and during the bargaining round. They listen to nurses, develop and draft proposals, research facts and arguments, ask questions of the employer, and try to find resolutions.

Our experience teaches us that the best bargaining team, the smartest lead negotiator, and well-researched proposals are not enough to move the employer. We know that when a bargaining unit comes together in visible solidarity actions, the employer responds.

Restated, to move our employer we need to show our unity in job actions like wearing buttons/stickers, displaying car signs, showing up at the bargaining table, sharing selfies/groupies of why we support our proposals, and unity breaks. When workers unite, we move the employer.

Will you commit to participating in our job actions so we can show the employer we are unified? Are you willing to encourage others to become active in our job actions?
Regional News

Sacred Heart Team Reaches TA

After 30 bargaining sessions, Sacred Heart finally achieved a tentative agreement (TA) for the Sacred Heart Medical Center. Although, Home Care Services negotiations continue with the help of a federal mediator as the employer is still trying to give Home Care a much lower wage increase. While we have victories to celebrate, we still have a lot of work to do to make sure Home Care wages stay in parity with the Medical Center’s.

The SHMC bargaining team recommends a “yes” vote on this TA. This is one of the best contracts we have achieved at Sacred Heart and something for all of us to be proud of. Below are some highlights.

Tentative Agreement Highlights:

- 4-year contract with an option to increase wages in the fourth year
  - Year 1 – a $1.00 market rate adjustment added to all steps plus 6% which equates to an 8% increase.
  - Year 2 – 5.5%
  - Year 3 – 4%
  - Year 4 – 3%
- Significant increases to almost all differentials including:
  - Compensation for Extra Shift (CES) = $22 Year 1; Increasing to $23 July 1, 2024
  - Charge Nurse = $5.50 Year 1; Increase to $6.00 July 1, 2024
- Facilitator = $3.75 Year 1; Increase to $4.00 July 1, 2024
- Evening Shift = $3.75 Year 1; Increase to $4.00 July 1, 2024
- Night Shift = $8.50 Year 1; Increase to $9.50 July 1, 2024
- Evening and Night Shift differentials to be paid for the entire shift.
- On-call:
  - Voluntary - $5.50 Year 1; Increase to $7.00 July 1, 2024
  - Mandatory - $6.50 Year 1; Increase to $8.50 July 1, 2024
- NEW Float Differential = $1.50

Samaritan Bargaining Units Prepare for Bargaining

Two Samaritan bargaining units are preparing for negotiations. Our Samaritan Albany General Hospital team is hosting a bargaining training on September 20 and a planning session for the entire team in October. Our team is assembling a Contract Action Team (CAT) to reach out to the 220 nurses at Albany.

Several nurses at Samaritan Pacific Communities Hospital have stepped forward to join our executive committee to bargain next year. Our negotiators will represent the 110 nurses in our bargaining unit in Newport.

Both contracts expire the same day: June 30, 2023. We expect to begin negotiations in early 2024.
Regional News  continued from page 6

Nurses Uniting to Raise Standards

PROVIDENCE STRIKES PRESSURES
EMPLOYER

The 1,800 ONA caregivers' strike made it clear to Providence that working three years with the same contract through the pandemic and then having to wait nine months of bargaining for a sensible agreement is unacceptable. Our negotiating teams across three units (Providence Portland, Providence Seaside, and Providence Home Health & Hospice) met with the employer over forty times before our strikes, offered dates during the ten-day notice period that Providence illegally declined, and proposed dates for the two weeks immediately following the strike. The power we built during our strike, with incredible participation on the strike lines and massive community and political support, puts pressure on Providence to agree to deals that make the largest health system in Oregon the best place to work for its caregivers and patients. Learn more here: ONA Providence-wide Updates (www.oregonrn.org/providence)

CASCADE HEALTH

Many nurses at Cascade Health have raised concerns about workload/staffing and managerial bullying. This 50-member bargaining unit has nurses in home health/hospice outpatient and the 14-bed Pete Moore Hospice House based in Eugene. We are hosting membership meetings August 8 and August 14, off-campus, to listen to members and develop an action plan.

Crow Bolt (right), was recently elected co-chair of the Nurse Staffing Committee. Also pictured is our labor representative Gary Aguiar. We look forward to exciting developments as the revised staffing law is implemented in the next year. We now have a direct care rep from every department on the MWMC committee. See the roster here: 2023-08-03_mcw_staffing_rost.pdf (ymaws.com)
A New Labor Mural for Springfield

The current mural portraying “Springfield Community, Labor, and Industry” has been on the side of the building at 448 Main Street since 2001. Unfortunately, the building’s present owner has gutted the place and is currently removing the mural, pictured below.

So, a group of labor and arts supporters has secured a site for a new mural on the side of the Academy of Arts and Academics (A3) at 645 Main. They have raised over $18,000 in the last year to pay for the needed paint, materials, and other site work. Our ONA bargaining unit at McKenzie-Willamette has donated $500 towards this project.

The theme will be “Labor Builds Community / El Obrerismo Construye Comunidad.” Alejandro Sarmiento from the Lane Arts Council is our lead artist, and he will be assisted by students and teachers from A3. The work will be done on aluminum panels, so the painting will occur inside A3. We expect the finished mural will be mounted on the A3 building this summer.

We will notify you of the public dedication ceremony. This mural will be a lasting reminder of the positive role workers and unions play in our community and the importance of working together to bring about change.