Dear nurses at Peace Harbor Medical Center,

On Wednesday, July 12, we reached a final tentative agreement (TA) with PeaceHealth administrators for a new contract ending March 31, 2020. Our Oregon Nurses Association (ONA) bargaining team pushed the employer to agree to many of our proposals, probably beyond where they were willing to go when we began this process last November. Our team’s work was lifted by your show of support, as well as the support from many community members!

By our count, 68 of the 75 Peace Harbor nurses undertook at least one positive action that supported bargaining. Many nurses were very active in our contract campaign, including attending bargaining sessions and other meetings, distributing signs to local businesses, writing letters to the editor, attending our April 4 community meeting, and, of course, participating in our very successful informational picket on May Day. This show of unity surprised the employer and allowed our team to press successfully for many of our proposals.

Our bargaining team used that help to accomplish a nearly year-long effort to win a strong contract. This bargaining marathon began with our first planning session on August 23, 2016. Collectively, our team has spent approximately 834 hours working on contract negotiations, including 426 hours spent in bargaining across the table with our employer. Thus, each of our six negotiators spent more than 70 hours at the table!

We can thank our team in many ways. One way you can help is by donating paid time off (PTO) hours. Our new contract will allow nurses the opportunity to transfer PTO hours to our negotiators. If every benefited nurse donates eight hours of PTO, our team could be made whole for the time they spent in actual bargaining. If our contract is ratified, we will distribute forms that will allow you to donate PTO to them.

Watch for our announcement of the dates for the contract ratification vote. It will probably be held in early August. Our bargaining team unanimously endorses the final TA and recommends a “yes” vote to ratify. Meanwhile, we are holding two informational meetings at the hospital on Wednesday, July 19, 2-4 p.m. and 5:30-7 p.m. in conference room F (across the hall from conference room D).

Here is a highlight of the proposals agreed to on July 12:

- Reduction in the gap between steps: most mid-career nurses will see a wage increase of 6.6% to 10.4% in the next year.
- Immediate cost of living increase of 3% for all nurses, paid retroactively to Jan. 1, 2017.
- Future annual wage increases of 3% in the first pay period of 2018, 3% in the first pay period of 2019, and 2% in the first pay period of 2020.
- Excessive on-call pay: nurses in surgical services will earn double the call rate ($8/hour) for call beyond 84 hours in a 4-week period; home health and hospice (HH&H) nurses will earn double the call rate for call beyond 64 hours in a 5-week period.
- Safe workplace for HH&H nurses: the employer must either (a) provide a suitable workspace in the main facility on weekends and nights, or (b) make security available to escort nurses to the Kingwood building.

Of course, we didn't receive everything we wanted. In particular, we withdrew our proposals on changes to the health insurance plan and employee discounts on clinical services. We heard you loud and clear: this was the number one issue on our survey (84 percent of respondents reported dissatisfaction with the current plan). However, we could not move our employer at this time. We were very disappointed in our employer's ironic unwillingness to provide good health insurance benefits to health care workers. We will explore and develop opportunities to join together with employees at other PeaceHealth facilities as well as our coworkers here at Peace Harbor to move the employer on these issues.

Also, the final TA offers no changes to short-notice premiums (9.15.3, "Unscheduled shifts"). Our efforts to make this language clearer, i.e., any shift changes after the schedule is posted would receive premium pay (time-and-a-half), were not accepted by our employer. The existing language remains. Since nurses have received this premium pay in the past, individual nurses can insist upon premium pay when they are asked to alter their schedule after it is posted. Alternately, nurses may refuse the opportunity to take a different/additional shift or a different start time. Questions about this complex issue should be directed to members of our bargaining team.

Our employer also declined our multiple attempts to address low census. We pointed out to the employer's negotiators the inconsistency of their position. Other PeaceHealth critical access hospitals have collective bargaining agreements with other nurses associations around low census, including a low census bank at Ketchikan Medical Center in Ketchikan, Alaska, and a maximum on low census at Peace Island Medical Center in Friday Harbor, Washington. Our ONA leadership team is committed to finding a solution to this issue by continuing to work with the employer.

Finally, please remember, federal policy encourages workers to engage in concerted action, including the discussion of workplace policies with other workers. The National Labor Relations Act allows workers to talk to other workers about union issues while in the workplace, though participants must be clocked out. These discussions cannot interrupt the workflow, so conversations should occur while the workers are on break, off the clock, and in a suitable area like the breakroom or outside the building. Even in 2017, these rights are protected by federal law and an employer's actions to quash them may constitute an unfair labor action.