WHAT IS A STRIKE?

A strike is a democratic decision to not work voted on by every Providence Home Health and Hospice clinician at the request of our bargaining team. Workers don’t get paid, and the employer must attempt to continue operations without our labor. A strike is powerful escalation and places another level of pressure on Providence to step up and do the right thing. It is also an opportunity for us to engage and educate the public to garner support from our colleagues, labor partners, and the community at large.

WHY DO HEALTH CARE WORKERS STRIKE?

- Strikes are union workers' most powerful tool when employers refuse to listen to caregivers and patients!
- Strikes are also an essential way that workers can protest and try to stop an employer from committing unfair labor practices.
- The value of our work and ONA clinicians’ strength in numbers make a strike a very powerful form of leverage at the bargaining table or to stop the employer from continuing to break the law.

WHAT KINDS OF STRIKES ARE THERE?

- There are Unfair Labor Practice (ULP) Strikes and Economic Strikes.
- Unfair Labor Practice Strikes occur when an employer broke the law and the union filed unfair labor practice charges (ONA has filed several at Providence Home Health and Hospice).
- Economic Strikes are directly related to an unwillingness of the employer to provide fair economic proposals.

WHO CALLS A STRIKE AND HOW IS IT AUTHORIZED?

The bargaining team may call a strike, but it must first be authorized by a vote of the entire bargaining unit (all Providence Home Health and Hospice clinicians) and sanctioned by the statewide elected leaders of ONA, the ONA Labor Cabinet. For a strike authorization vote to pass, we require support by greater than 80% of the bargaining unit.
ARE CLINICIANS’ JOBS SAFE IF THEY STRIKE?

- It is illegal to terminate workers for striking.
- Thousands of health care workers have gone on strike across the West Coast and consistently return to their positions at the end of the strike.
- Also, for a strike that is protesting unfair labor practices, it is unlawful for an employer to permanently replace a clinician.

WHO WILL CARE FOR THE PATIENTS IF CLINICIANS GO ON STRIKE?

- If clinicians at Providence Home Health and Hospice go on strike, it will be to make sure patients have better patient care, now and in the future.
- Participating in a strike does not constitute patient abandonment.
- By standing up for improved conditions, clinicians are advocating to better care for patients.
- As required by law, ONA will give the employer 10 days’ advance notice before a strike so that Providence can move patients onto service at other agencies and cease admissions.
- Providence may also try to secure temporary clinicians at much higher cost to offset the impact of a strike. The financial burden of securing such clinicians helps provide incentive for Providence to meet our demands.
- If a legitimate emergency arises, the emergency will be assessed and the decision to provide clinicians will be made.

IS IT ETHICAL FOR A CLINICIAN TO GO ON STRIKE?

Clinicians, just like workers from every profession, are sometimes left no other option but to go on strike.

After years of being stretched beyond our capacity, while fragile healthcare systems collapsed around us, our employer has not made substantial enough movement at the bargaining table. Management rightfully calls health care workers heroes, but they won’t commit to workplace improvements so that clinicians will stop feeling demoralized and instead will feel valued and rewarded. Management and others supportive of the employer will attempt to spin this and say, “you are abandoning the patients and your community!”

This is the same language they use when they impose out-of-control caseloads and unattainable productivity standards on exhausted, overburdened staff. Even more than this, the pandemic exposed vulnerabilities in our healthcare system that were created by executives fixated on extreme efficiency at the expense of the workers and patients.

Let’s remember; nurses are the most trusted profession in America because of their strong code of ethics and moral compass, and executives will always try to exploit those virtues for their own gain. The same is true for other clinicians.

Our patients and communities know the truth: clinicians aren’t avoiding hard work. We are advocating for their patients, their community, and themselves.
WHY ARE WE TALKING STRIKE NOW?

For nurses who have been at the bargaining table since October, the discussion of strike authorization may feel overdue, not too soon. For OTs, PTs, SLPs, Bereavement Counselors, and Social Workers who have only been at the bargaining table the past 4 sessions, this escalation may feel very quick. Our bargaining survey showed strong unity across all disciplines around top priorities for bargaining—wages, productivity, PTO, paid leave, and healthcare. On these issues, we have been bargaining for almost 7 months with NO movement from Providence except on wages. Even on wages, they are offering up to $3/hour below what they gave St. Vincent nurses last year, proposing to chop the top of the wage scale for other clinicians, and yearly increases of only 2.5% (2024) and 3% (2025)—less than half the rate of inflation.

Nurses at Providence Portland Medical Center and Providence Seaside Hospital are moving forward with strike authorization votes this week. We have collectively brought the strength of almost 2000 ONA members to the bargaining table every time we negotiate. Strike authorization votes at three Providence hospitals last year brought the Providence bigwigs from Renton to the table to negotiate with all three units and finally reach agreements in one marathon session after months of stalled negotiations.

In addition to moving proposals around shared priorities, your ONA bargaining team has worked to craft proposals that speak directly to the unique needs expressed by newly organized clinicians—improvements to RCAP pay, creation of a clinical ladder for Social Workers and Bereavement Counselors, increased education hours and funding, pay for certifications, a transparent and fair wage scale, and much more. These proposals are on the table and also prioritized by your bargaining team.

WHO DECIDES THE DURATION OF A STRIKE?

A strike may be limited (e.g., one day, five days, two weeks) or unlimited in duration. The duration of the strike is determined by your elected ONA bargaining team and approved by the ONA Labor Cabinet, the highest elected officers of our statewide union. Decisions about the length of a strike are often strategic, balancing the impact on the employer's operations and the ability of clinicians to successfully execute a strike.

WILL WE RECEIVE FINANCIAL SUPPORT IF WE STRIKE?

ONA is Oregon's largest health care union with 16,000 members, who are affiliated with our more than a million-member national union The American Federation of Teachers. Our union is dedicated to ensuring every ONA member can stand together to build power, including in the execution of successful strikes. The strength of our local and national organizations ensures resources like hardship funds, loan options, and other forms of support. The amounts are not equivalent to normal pay, but they help support workers in cases of hardship, and have led to successful strike efforts throughout the country.
ARE MY HEALTH BENEFITS PROTECTED IF WE STRIKE?

Depending on the duration of the strike and its timing, health benefits could end the beginning of the next month following the beginning of the strike (e.g., if a strike begins Jan. 10 benefits would stop on Feb. 1 if an agreement has not been reached). Most strikes do not last long enough for health care workers to face an interruption in health benefits for participating in a strike. However, it is possible they could be impacted if the strike were to last long enough. Your ONA bargaining team, like you, depends on our health care benefits and will make strategic decisions to protect benefits to the best of our ability.

CAN I STRIKE WHILE ON PROBATION?

Yes, you can strike on probation. ONA will vigorously protect every striking clinician’s right to engage in the federally protected right to strike.

MAY I USE PTO TO COVER A STRIKE?

Clinicians are not able to take PTO to cover time lost while on strike. If a clinician has been approved to take leave that is described in the contract, policy, or by law, and a strike is called during the period of the approved leave, the employer must honor the leave and pay the clinician for the approved time off according to terms of the contract, policy, or law. If a strike continues beyond the period of approved leave, the clinician would be on strike and not get paid.

WHAT CAN I DO TO PREPARE?

- Save a little money, and perhaps pick up a few shifts in anticipation of potential lost pay. Consider getting signed up for an On-Call/Resource/Per Diem position at another local employer if that’s feasible for you.
- Get together with your coworkers and demonstrate strong support for our bargaining proposals. If we can demonstrate to Providence that we have a willingness and ability to strike, we may not have to. Either way, we intend to be prepared.

WHERE CAN I GO FOR MORE INFORMATION?

Visit https://www.oregonrn.org/phhh for access to a range of PHHH newsletters and updates. Make sure ONA has your correct address, phone number and email address. Visit https://www.oregonrn.org/update to submit the information. We have found the quickest way to disseminate information is through text message, so be sure that ONA has permission to send you texts.