As we strive to improve working conditions for nurses around COVID-19, the employer rejected our two highest-priority proposals at the bargaining table. In their counter proposal last week, the employer refused to agree to our proposals for a separate COVID-19 leave bank and shared governance.

**Our Pandemic Leave Bank Proposal Rejected**

Employers throughout the state, especially healthcare providers, protect their employees by offering pandemic sick leave. Workers at many Oregon hospitals can access two weeks (or 80 hours) of pandemic leave when excluded from work due to COVID-19 symptoms. Yet Samaritan, the leading healthcare provider and the largest employer in the mid-Valley and the central coast, requires its employees to use their own PTO when excluded from work. (see table below “Comparison of Pandemic Sick Leave”)

Smaller and less profitable hospitals than our hospitals offer pandemic sick leave to their employees. For example, 25-bed St. Anthony Hospital in Pendleton and 171-bed Mercy Medical Center in Roseburg provide 14-day pandemic sick leave banks.

We estimate the total annual costs to the employers to be less than one percent of the $38 million in federal pandemic funds the four hospitals received. (See article on page 2) In a worst-case scenario, where 97 benefitted nurses received 72 hours of pandemic sick leave, we estimate it would cost the employer less than $336 thousand. (That is, 97 is one-tenth of 970 nurses in our four bargaining units who the employer excluded from work due to COVID-19. We use a base wage of $48.00/hour.)

**Nurse Representation on Pandemic Task Forces Proposal Rejected**

They also rejected our shared governance proposal that direct care nurses should serve on pandemic task forces at the system and hospital levels. We think that point of care employees provide valuable information that should be considered at the highest levels. They argued that nurses have avenues

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**Table: Pandemic Sick Leave for COVID-19 Related Absences**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Pandemic Sick Leave for COVID-19 Related Absences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samaritan Health Services</td>
<td>Zero</td>
</tr>
<tr>
<td>OHSU</td>
<td>112 hours!</td>
</tr>
<tr>
<td>Mercy Medical</td>
<td>14 days</td>
</tr>
<tr>
<td>St. Anthony</td>
<td>14 days</td>
</tr>
<tr>
<td>Benton County</td>
<td>80 hours</td>
</tr>
<tr>
<td>Columbia Memorial</td>
<td>80 hours</td>
</tr>
<tr>
<td>Providence system</td>
<td>80 hours</td>
</tr>
<tr>
<td>State of Oregon (Stabilization and Crisis Unit / Pendleton Cottage)</td>
<td>80 hours</td>
</tr>
<tr>
<td>Sacred Heart</td>
<td>80 hours for 0.5 FTE or higher</td>
</tr>
<tr>
<td>Kaiser system</td>
<td>80 hours prorated by work schedule (FTE)</td>
</tr>
<tr>
<td>Asante Rogue Regional</td>
<td>Paid Administrative Leave (no cap)</td>
</tr>
<tr>
<td>Legacy system</td>
<td>Paid Administrative Leave (no cap)</td>
</tr>
<tr>
<td>Hillsboro Medical Center (formerly Tuality)</td>
<td>Paid Administrative Leave (no cap)</td>
</tr>
<tr>
<td>McKenzie-Willamette</td>
<td>Two weeks</td>
</tr>
</tbody>
</table>
to bring that information forward to the task force. However, several bargaining team reps report sharing their concerns with the task force but not receiving responses back until weeks later. Nurses need a direct and immediate presence to share our concerns to the task forces.

Our third bargaining session, is scheduled for Thursday, Nov. 19. Please support our team by displaying ONA buttons and car signs. Stickers will be distributed soon! ONA nurses need to show our unity across the Samaritan system.

SHS Receives $38 Million In Federal Funds

Samaritan Health Services received more than $38 million in federal funds this summer at the four hospitals represented by ONA (Good Samaritan Regional, Samaritan Albany, Samaritan Lebanon (SLCH), and Samaritan Pacific Communities (SPCH)). These federal funds, under two programs, are intended to ensure that hospitals remain afloat by backfilling their revenue loss during the pandemic shutdown.

Under the Federal Provider Relief Fund (PRF), each hospital automatically received these grants on May 15, 2020—no application necessary—based on previous years’ Medicare and Medicaid reimbursements. The four hospitals received nearly $27 million in PRF monies, which are a grant not a loan. These funds are distinct from the highly publicized Payroll Protection Program, which required employers to continue to pay their employees of the Oregon Health Authority report (See table “Federal Funds” on page 3). https://www.oregon.gov/oha/FOD/Documents/Hospital-PRF-Allocations-051420.pdf

Unlike the Payroll Protection Program, the hospital bailout (i.e., PRF) has almost no strings attached. Hospitals can stockpile the cash, use it to buy back their own stocks, or pay off debts. According to an article in The New York Times, the only restriction is that they cannot use it for executive compensation, but there is little accountability. https://www.nytimes.com/2020/05/25/business/coronavirus-hospitals-bailout.html

More recently, another set of federal grants was provided to small and rural hospitals specifically for pandemic relief, according to Business Oregon, a state agency. Together, SLCH and SPCH received another $11 million which can only be used to cover necessary expenditures arising from the pandemic, including payroll and PPE, through the end of the year. https://development.oregon4biz.com/acton/rif/14786/s-0411-2008/-/l-0007:1cc/q-007c/showPreparedMessage?sid=TV2:Btevk7is0

When we raised the issue, the employer complained to us that the PRF rules have changed recently and they may have to pay back some of these funds. So, instead of using the funds to stimulate the economy, they are sitting on these the monies!

We are confident the federal government will allow the employer to keep these funds. Recently, two groups of US Senators have moved to block the repayment: https://revcycleintelligence.com/news/senators-call-for-changes-to-provider-relief-fund-reporting. We think the employer should spend these funds as intended. The employer should agree to our proposal to create a COVID-19 Leave Bank for employees who are excluded from work by the employer due to COVID-19 symptoms and burning their PTO.
During the pandemic and at all times, workers have a right to report concerns about health and safety to third parties, including regulators and media without fear of unlawful reprisal or discipline. The pandemic crisis did not abrogate our First Amendment rights to free speech. Nor does it prevent us from reporting unsafe practices to any governmental agency. Federal law continues to protect employees from retaliation or retribution from speaking out.

We all value and honor the privacy rights of our patients. We know we cannot divulge any HIPAA personal information. We recognize our employer has a legal duty to ensure patient information is not released inappropriately. However, nurses have an obligation, under certain circumstances, to speak up about unsafe patient care under the Nurse Practice Act.

Before doing so, we strongly urge nurses to discuss their concerns with our local ONA leaders and our labor rep. Together, we can have conversations with the employer before we communicate with outsiders. Using our internal chain of command is a productive first step in addressing our concerns. We often find that many nurses share the same apprehensions. We have greater power when nurses speak with a single voice.

The American Nurses Association (ANA) is committed to meeting the needs of nurses and has launched a NEW Nurse Suicide Prevention and Resilience Resource site to provide information and tools to address the critical issue of suicide prevention.

Research indicates that nurses are at a much higher risk of suicide than the general public. During this unprecedented time, nurses are struggling with mental health issues like fear, anxiety, depression, and post-traumatic stress as they respond to COVID-19 and continue to care for all patients.

Effectively managing these mental health issues is essential in nurse suicide prevention.

ANA’s Resilience and Nurse Suicide Prevention Resource site provides information and tools to:

- Build resilience
- Assist in active crises
- Support suicide survivors
- Offer grief and bereavement coping strategies
- Honor a nurse’s memory

We encourage all nurses to check out the site, bookmark the pages, and share the resources with a colleague or a friend in need.

Nurses, you are not alone. Help is available. Learn more here.
Nurses Out Front: The Future of Nurse-Driven Health Reform

Nurses have not always been full partners in making decisions about health care reform despite their extensive frontline experience.

♦ What are nurses’ health reform priorities?

♦ How can nurses influence health policy?

If you are looking to make a difference, log on to an upcoming discussion on Friday, Dec. 11, 2020, hosted by Oregon Health Forum (OHF) and sponsored by Oregon Nurses Association (ONA). The event will also cover addressing systemic inequities and how they will shape future policy.

Register for this free event today:
www.oregonhealthforum.org/2020/10/01/december-3-2020-nurses-out-front-the-future-of-nurse-driven-health-reform/

ONA Nurse Leadership Institute - Build Your Leadership Skills

Are you interested in taking your career to the next level? Apply today for the Oregon Nurses Association’s Nurse Leadership Institute (NLI). This free, year-long program is designed to help you improve your leadership and communication skills. Join a dynamic group of people who want to make positive change in health care through politics, practice and labor. In 2021, the NLI will focus on equity in nursing and health care during a series of monthly classes, a group project and a mentorship opportunity.

Space is limited, to learn more and complete your application, visit:

www.OregonRN.org/NLI